

Portfolio Assignment:
A Journey of Perspective

Student Example Paper

Graduate School of Social Work and Social Research, Bryn Mawr College

B567: Social Work with Substance Use Disorders

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Introduction

In looking at my own personal and clinical ideology, I would begin to define addiction as a 'dis-ease.' I wrote this in my first journal entry, and it still resonates within me. I conceptualize addiction in this way because at its core, addiction contributes to people losing their sense of ease. Somewhere across the contextual and inter-related systems at play in a person's life there is a loss of ease, be it behavioral, physiological, neurological, interpersonal, the list goes on. As this class has so poignantly highlighted, addiction has no one true definition. I see this closely related to the way that trauma has no one definition that is agreed upon, even by experts in the field. Like trauma, every person has their own experience with addiction, and there are so many aspects involved in its experience that to condense it under a singular definition feels reductive. I view addiction in this way because I believe that there is some experience around a lack of control for the person experiencing addiction; and to suggest otherwise feels like blaming or shaming that individual. The starting place of addiction could be up for debate, nature, nurture, brain, mental health, etc. but the result to me is a neurological shift leading to dis-ease comparable, in some ways, to other diseases.

Recovery is another word thrown around in this work that is difficult to define. I would define recovery as lessening the impact of dis-ease. Recovery, in my book, is any step/s that can lead to a decrease in distress. In witnessing the potent power of a Narcotics Anonymous meeting, I have a renewed appreciation for the 12-step model and their abstinence-based treatment. That said, I do not define recovery as abstinence. Harm reduction is one of the most client-centered approaches to recovery that I am aware of, and I readily support its implementation and use. For someone to know themselves and that full abstinence is a high bar to reach, harm reduction is a

more accessible approach to treatment. Even in acknowledging that a cutback in use is a form of recovery feels like an empowered and self-determined approach to promote health and wellness.

In my work there are several values, frameworks, theories, and beliefs that accompany me wherever I go. They constantly inform my approach, engagement, assessment, and evaluation of the work and the impact of that work on those I am in place to serve. A value and belief that I hold is the idea that each person has the right to self-determination and should readily be empowered to advocate for it. Addiction and its treatment often strip so many rights and dignities away from a person that holding this value at the core of my work feels critical. A framework/theory that I use in every interaction is Bronfenbrenner's ecological systems theory (Randle, Stroink & Nelson, 2014). An ecological systems perspective is crucial to social work; and even more in the context of working with substance use, misuse, abuse, addiction, and recovery. Context is key. If addiction is a dis-ease, then a way to harmonize and balance towards recovery is to understand what component has fallen out of ease. Another framework that I would encourage loudly and often is peer-support. The peer-support model of addiction treatment is uniquely able to remind people on the road to recovery that they are not alone (Tracy & Wallace, 2016). There are so many others trying to recover alongside them and there are so many people that have been able to attain that goal before. By holding these components at the forefront of my work, I feel more able to sit with the human in front of me and work with them in the direction that they want to go. If I can work towards increasing self-determination, understanding the context of where the person is, and developing social supports I feel that it is a good starting point toward assisting someone on the path to recovery.

One of the points made in this class is that every population that social workers serve will inevitably be populations that have experience in some substance use, addiction or recovery,

even if not specifically stated. Serving these populations in and around substance use and addiction holds profound meaning for me. My own personal experience with substances and addiction means so much to entering this field. I feel an intense curiosity around, and affinity with, this population. Addiction and recovery are topics that I have been involved in and around since I was a young boy. I have had experiences with addiction and recovery through dear friends, blood family, generational alcoholism and my own personal experiences interacting with substance use. I have seen the tragic impact of addiction firsthand across various substances and objects of abuse, be it sex, porn, alcohol, cocaine, cannabis, heroine, meth, the list goes on. Working with this population for me, means that I can assist to minimize the harm done through the behaviors fueled by dis-ease. Given my experiences around addiction and recovery appropriate boundary-setting would be crucial (Nerenberg, 2009). This is also a population that often tests boundaries so having a firm grasp of my own would be necessary in this work. Without boundaries, I could see myself getting lost in this work and quickly burning out. I attempt to be continuously mindful of the use of self and self-disclosures, and the impact they can have. While my own experiences are unique, they provide me with a level of empathy and lived experience which can act as a gateway for greater compassion and compassion satisfaction. I think some self-disclosure is invaluable in sitting with and engaging this vulnerable population and making meaningful strides towards assisting recovery (Nerenberg, 2009). Anyone seeking recovery, in my opinion, have a need to be seen and should be assisted towards honest disclosure, I must be ready to know when and how to self-disclose so that it helps enhance connection rather than building greater barriers to the therapeutic alliance.

Self-care is something that is talked about and references so much in social work. The most recent edits to the Code of Ethics included bringing self-care ideology into the agency

setting (National Association of Social Workers [NASW], 2017). Self-care for me is a difficult thing to balance; yet in the context of work within substance use, it would be increasingly imperative. I am aware that the agencies that specialize with these populations are also typically some of the worst in prioritizing self-care, so it would be that much more important to hold it front and center for my own wellness. The populations that are in recovery treatment often have such heart-wrenching tales in terms of lived experience over the pursuit of their substance/object. Vicarious trauma would be something to have continuous awareness around and should be actively focused on to mitigate the negative implications of its experience. I try to embrace all of these aspects of the work to ensure that I will be able to continue on in whatever role I may play as a professional social worker.

Presentation of Artifacts

Artifact One: 'Shift Perspective'



This image is from a tattoo I received while in Ireland completing my undergraduate degree in Psychology. It represents the lesson I learned while studying in a different country from my birthplace that is also my ancestral home. In the ancient Celtic written language, Ogham, it says 'Shift Perspective' as read from bottom to top. I share this idea/image as an artifact because, for me, it all starts at perspective. If addiction and recovery are difficult to define in a singular fashion, it is because there are so many differing perspectives on what it might be. Starting with perspective allows for a more nuanced understanding and informed approach to meeting each client where they are at. What perspective does the client hold around their relationship to substance use? Do they see it as use, misuse, abuse, or addiction? What are their perspectives on the positives of use versus the negatives? Once some of these answers are gathered, it is there that so many aspects of treatment can begin. This artifact, which is quite literally attached in a permanent manner to my body, is significant in that it reminds me of that lesson I learned years ago and continues to inform my practice in and outside of substance use. We as humans, get so rooted in a singular perspective that it can be hard to move away from it. Our perspective becomes a comfort, it maintains homogeneity in our lives; yet it also may be what is holding us back. When we can step back and see things from another perspective, it allows us to shift from feeling 'stuck' to a feeling of, 'if I made that one small shift I can make infinitely more.' The possibilities suddenly become endless, and all becomes accessible. We can choose to hold onto perspectives that no longer serve us and accept the consequences; or we can make even the smallest of shifts which inherently create room for growth.

Artifact Two: Society's "Innocuous" Addictions



In any conversation about addiction, I think it is critical to consider how society perceives these substances/objects of abuse. This artifact is a picture of just a few of the items in my apartment that can, and actively does, lead to addictions. These are objects that are actively promoted and sold over the counter to just about anyone (over age 21 for alcohol in the United States). My point in highlighting this as an artifact is that addiction is everywhere. It is pervasive in our society and social interactions. Some substances/objects are socially acceptable and widely used while not acknowledged as addictive. Sugar and coffee are highly addictive substances, and they absolutely do have a physiological and behavioral impact on us (Favrod-Coune & Broers, 2021; DiNicolantonio, O'Keefe & Wilson, 2017). Yet in the context of perspectives around addiction, they are rarely brought in in any meaningful capacity. Other substances are deeply stigmatized with blame and shame being placed on the people that engage with them. The shame that society attaches to some objects of addiction likely only reinforces the underlying cause of the addiction (Matthews, Dwyer & Snoek, 2017)). I acknowledge that substances, such as heroine or opioids, have a more profound impact on the brain and body than coffee and sugar; but the point remains that we must have more honest and realistic

conversations about all substances we ingest. It all comes back to perspective. Current perspectives around addiction are arbitrary. For example, nicotine and alcohol are socially acceptable yet cannabis is not. They are often misplaced somewhere along the spectrum between social acceptance and stigma, with ignorance weaving in and around both. I greatly feel the need for more classes like this one to be required coursework and promotion of psychoeducation about what addiction is and is not. Such opportunities for education and understanding around substance use, addiction, and its treatment can only become invaluable in reducing ignorance. As more people become educated in and around these topics, policy and access to treatment will inevitably change. This change is so needed, and if education can be where it begins, then let it begin! Given where the climate of addiction is “post-” pandemic, now is the time to provide greater access to safety and treatment for those that walk with addiction.



Artifact Three: An Understated Impact (Rosanne, 2017)



In class we have discussed the profound impact of capitalism and consumerism in the role of substance abuse and addiction. This artifact, borrowed from Rosanne, (2017), represents where society's values lay. So much wealth and resources are sunk into producing advertisements for substances that are addictive and actively impact our bodies. Money is put in to ensure that people find drinking, smoking, etc., a cool and fun activity to engage with. “How

will you live the ultra life this year?” This question offers a blatant challenge to anyone seeing this poster in a subway station; a challenge to live “ultra” if they buy and drink this beer. Each ad provides a subconscious message that plays a role on people’s perspectives and what they want to consume (Verwijmeren, Karremans, Bernritter, Stroebe & Wigboldus, 2013). As a society, we have made it socially acceptable to place this next to an ad for a children’s movie. For each child that is excited about seeing “The Lorax” after seeing this ad, will have some unconscious memory of the ad for Ultra which could subconsciously impact their perspective on drinking in the future. Another point to consider is this, why is money put into advertising substances that can lead to addiction and yet so little money is put into treatment of those addictions? The answer is profit. We cannot diffuse the implications of living in a profit-driven society from the development and treatment of addiction (Bjerg, 2008). This macro-level issue must be addressed alongside individual- and group- levels of treatment. Each ad that is displayed on a billboard can put into question the negative impacts of using and blur the motivation for reducing use if the ‘right’ message is seen. It is an external factor that is constantly at play in the context of our environments. Understanding the societal perspective on where value is and how that plays a role in addiction and its treatment must be more greatly understood.

Artifact Four: MAT...A Hot Take (Wason, 2021)

PREFERRED LANGUAGE	
	
Say this...	Instead of this...
Person with a substance use disorder, person with addiction, person who uses drugs	Addict, junkie, crackhead, user, abuser, pill-popper, alcoholic
Risky or unhealthy alcohol or drug use	Misuse or abuse*
Medication for Addictions Treatment (MAT), Medication for opioid use disorder (MOUD), treatment, opioid agonist therapy	Medication-assisted treatment (MAT), replacement therapy, substitution therapy

Words and language are important. To some, they may be a matter of semantics; yet for others their very use of one word over another speaks volumes. In this class, I have appreciated several re-frames on how to approach the language we use around substance use, addiction, and recovery. This artifact highlights a reframe that I choose to challenge. This video claimed that to reduce stigma, practitioners should use MAT to mean ‘medication for addictions treatment’ rather than ‘medication assisted therapy’ (Wason, 2021). While I appreciate any effort to reduce stigma around substance use as it performs no valuable function in the recovery process; I feel as though this one missed the mark. Rather than specifying MAT under addiction treatment, let us open the definition to apply to so much more. Medication has assisted treatment for so long. Psychiatry as a practice utilizes medication to assist the ‘chemical balance’ of neurotransmitters within the brain. Why should MAT as a concept be used only for populations around substance use? I propose that we begin to claim MAT for what it is, a normal process within the realm of mental health treatment. If anti-depressants, anti-anxiety, stimulants, etc., are readily prescribed to clients, then those clients are a Medication Assisted Treatment model already. Why are substances like Naloxone, Methadone, etc. perceived any differently? Rather than reducing the definition of MAT to only encompass addictions treatment, let us normalize that medication is used to address so much in our society. Instead of reducing stigma by changing the wording of MAT, let us acknowledge the role of medication in our society and open MAT’s perceived meaning. This artifact represents my commitment to reducing stigmatized perspectives around harm reduction and MAT. So many people, even within this class, seem to have some philosophical buy-in to challenge the use of MAT for addiction treatment. I question why that is, especially when we as social workers regularly refer people to psychiatrists to be placed on other

prescribed substances. I challenge this field to see how MAT, when more widely applied, reduces stigma rather than isolating MAT to only addiction treatment.

Artifact Five: A Prayer for Ease from Dis-Ease

May we reconnect to our spirit, our compassion, our wisdom, our respect.

May we reconnect to the earth to relearn harmony and balance.

May we hold acknowledgement and accountability of atrocities committed, and actively seek out reparative experiences, so that we can move forward within the highest good.

May we all find ease from dis-ease.

I wrote most of this prayer/intention after class a few weeks back in my reflective journal entry. For me, I find solace and renewed hope every time I engage with my spirituality. This translates into my practice at every level. For me, it means that I hold space to allow for energies greater than ourselves, energy that I believe inhabits every person. This philosophy allows me to engage with each individual as they are and sit with their energy wherever or whatever it might be. I believe that so much of mental health treatment has forgotten or ignores spirituality. In sitting in on the Narcotics Anonymous meeting for the first assignment, I was shown the power of spirituality and a belief in something ‘greater’ in the context of addictions treatment and recovery. NA and AA are prime examples of the way that spirituality, when incorporated into treatment, can initiate meaningful connection for people. This artifact speaks to a dream for the future. The previous artifacts have highlighted that which I believe must shift, this artifact encapsulates all that and more. It will act as a continual reminder of this time in my life and the lessons I have learned in this and all my classes at Bryn Mawr. This prayer incorporates that which I feel we must come back to, both in work with populations around substance use and in the field of social work. Intention. Intention which is crucial to my practice and the therapeutic

environment that I create. Intention to meet my client where they are at, to do my best (with great humility) to understand the context of a person's circumstances across systems, to work meaningful to serve them in whatever their needs might be, and to admit with integrity when I may not be able to assist their individual needs. This class has highlighted to me how an intentional discussion, an intentional object, an intentional frame, can shift even the most determined of perspectives.

Conclusion

This course has certainly made an impact on me and my work in and around the substance use population. It has influenced my approach around education by creating greater space for honesty and transparency. It has highlighted the importance of meeting a person where they are, the person-in-environment perspective, and the importance of context in working with people. It has shown that education is paramount to address stigma and negative responses towards substance use, addiction, and its treatment. This course did a brilliant job at informing us of clinical perspectives against historical, systemic, and macro level issues. There is so much nuance in the work that we do as clinicians and policy-influencers. Addiction is truly one of those fields that has come so far in its approach to treatment; and still has so far to come. I think that social workers truly bring a skillset to this type of work because we are taught from the get-go how important it is to see each person as a human and not see them under their addiction. Social work has taught us to look deeper into the community- and systemic- barriers at play in the context of the development and maintenance of addiction. Above all, this class has allowed a level of inspiration for me to look at the power of difference and the resiliency that comes from each journey taken.

The five artifacts bring in different aspects on how I would and could approach working with substance use populations. The order of the artifacts is very intentional. For me, it all starts with perspective. The first artifact is an acknowledgement of where one's perspective lies from society's innate programming. The second artifact highlights the importance education on this issue. Once someone has more information their perspective inevitably shifts because they have heard the evidence, which may challenge their previous dogma. The third artifact attempted to bring recognition of how far society has influenced addiction, especially in where money is provided and where it is not. The fourth artifact tries to show the greater stigma's we attach to addiction treatment and argues for removing those by accepting that so many people in the world medicate for one reason or another. The final artifact closes with an intention moving forward. I truly believe that change is possible. I believe that with proper acknowledgement of the harm caused in the United States, and the world, that has built pathways into addiction there can be change. It is time to prioritize people over profit. With that shift, I dream that proper resources will be given to assist people on their pathway to recovery. We can find and promote healing for everyone.

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