Spring 5-22-2017

# A Study of the Attitude, Academic Preparation, and Practice Competence of Social Workers in Relation to Substance Use Disorders in the State of Georgia

Kay L. Gresham
*Clark Atlanta University*, kay.gresham@students.cau.edu

# ABSTRACT

SCHOOL OF SOCIAL WORK

GRESHAM, KAY LYNETTE B.S.W. UNIVERSITY OF ALABAMA AT BIRMINGHAM, 1986

M.S.W. UNIVERSITY OF ALABAMA, 1988

## A STUDY OF THE ATTITUDE, ACADEMIC PREPARATION, AND PRACTICE COMPETENCE OF SOCIAL WORKERS IN RELATION TO SUBSTANCE USE DISORDERS IN THE STATE OF GEORGIA

Committee Chair: Richard Lyle, Ph.D.

Dissertation dated May 2017

This study examined the attitude, academic preparation, and practice competence of social workers in relation to substance use disorder in the state of Georgia. Three hundred and one (301) survey participants responded to the study for which they were selected, utilizing non probability convenience sampling. The survey participants were composed of bachelor-, master-, and doctoral-level students and professionals who currently live in the state of Georgia. The survey questionnaire titled *A Study of Social Workers in Relation to Substance Use Disorders* consisted of 35 closed-ended questions. The findings of the study indicated that although there was a statistically significant difference in the attitude of BSW, MSW, and DSW/PhD social workers overall, there

was no statistically significant difference found with regard to academic preparation or practice competence.

# A STUDY OF THE ATTITUDE, ACADEMIC PREPARATION, AND PRACTICE COMPETENCE OF SOCIAL WORKERS IN RELATION TO SUBSTANCE USE DISORDERS IN THE STATE OF GEORGIA

A DISSERTATION

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE OF DOCTOR OF PHILOSOPHY

BY

KAY LYNETTE GRESHAM

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

MAY 2017

ACKNOWLEDGEMENTS

I am thankful for this tedious journey. I had to truly walk by faith and not by sight. It was Jesus who carried me. It was His footprints in the sand. I wish to thank my first committee chair, Dr. Robert Waymer, who did not give up on me. I am grateful to committee members: Dr. Richard Lyle, who, from the day that I started the Ph.D. program, called me by the title; Dr. Mary Langley, who agreed to do this just because it was me; Dr. Roslyn Harper, who anchored me; Dr. Jenny Jones, who came full circle with me; and Dr. Gerry White, who steered me to the end. I am forever indebted to all of them. I must also acknowledge my family and friends for their support in fulfilling this dream: my parents, Quinten Sr. (deceased) and Emma Gresham; Godmother Nollie (deceased); Aunt Zadel (deceased); brothers and sisters, Quinten Jr., LaVerne, Lola, and Harold; in-laws, James and Gertrude Morrison; nieces and nephews; godchildren; and support team, Carlos, Robin, Stephanie, Kathy, Joyce, Margarita, Ellen (deceased), Cassidy, Catherine, Lisa, and Robert. Every one of them helped in numerous ways. I dedicate this dissertation to my intelligent and handsome 13-year-old son, Bradley, who was my gift during this journey. I pray he is as proud of his mother as I am of him. I acknowledge the prayers of those that prayed and continue to pray for me. “The effectual fervent prayer of the righteous availeth much.” I can honestly say that “the race is not given to the swift nor the strong, but to the one who endures until the end.”

TABLE OF CONTENTS

CHAPTER

LIST OF FIGURES

Figure

LIST OF TABLES

Table

Table

# CHAPTER I

# INTRODUCTION

Substance use disorder is a pervasive problem that has been described as the most significant preventable health issue in the Western world (Elliott-Erickson, 2010). Substance abuse and dependence are defined as disorders in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) (American Psychiatric Association, 2000). A concise definition of substance use disorder, which combines both characteristics, is the overindulgence and dependence of a drug or other chemical substance, which is legal or illegal, despite the fact that the use of this substance is detrimental to the person's individual and mental health and the welfare of others (Grant et al., 2004).

The statistical reality of substance use disorder is revealed in the primary data source on the prevalence of substance abuse which is correlated annually through data in the National Survey on Drug Use and Health (NSDUH). The 2010 NSDUH report, which is compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA), estimated that 20.1 million Americans or 8% of the population 12 and older had used an illicit drug, and an estimated 75.4 million people or 30% of the population reported high levels of alcohol use during the month prior to the survey (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011). Illicit drugs were

defined as “marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically” (SAMHSA, 2011, p. 6).

The NSDUH also reported the following: a) marijuana is the most commonly used illicit drug with 15.2 million users (1.9 million reported cocaine users and 1.1 million reported hallucinogen users); b) an increase in the number of young adults between the ages of 18 to 25 who used illicit drugs and reported nonmedical use of prescription pain relievers from 2002 to 2008; c) 58.1 million binge drinkers (five or more drinks a day at least one day within a 30-day period); and d) 17.3 million people (6.9% of the 12 and older population) reported being heavy drinkers, which meant they had engaged in binge drinking on at least five days in the past 30 days (SAMHSA, 2011).

The economic impact of substance use disorder is equally staggering (Califano, 2009). In 2005, state governments spent almost 15% or nearly $136 billion on substance abuse and addiction, an amount only surpassed by public school education funding. Sixty-five percent of this amount is spent on substance abuse and addiction efforts related to health care, education, child and family assistance, mental health and developmental disabilities, and public safety; the remaining 35% is spent in corrections funding (Califano, 2009). Federal government spending is even more significant at $238.2 billion and local governments spent $93.8 billion, which equaled to $467.7 billion spent for federal, state and local governments on substance use disorders (Califano, 2009).

The magnitude of the substance use disorder problem in the United States is an alarmingly relevant issue that challenges the state and nation because it is linked to poverty, child abuse, violence, and family stress (Bina et al., 2008). There is also a significant disparity because most people who need treatment don't receive it (Mojtabai, Olfson, & Mechanic, 2002) and, among the 10% to 30% who seek treatment, there is often limited substance use disorder training provided to those responsible for either their intake or care, according to Amodeo (2000), one of the most often cited studies on the topic.

Social workers frequently encounter clients with substance use disorders in a variety of settings where they work (Straussner & Senreich, 2002). These settings include the "mental health system, child welfare system, family service agencies, health care system, school system, criminal justice system, geriatric services, employee assistance programs, homeless services, domestic violence, and services for the disabled" (Straussner & Seinreich, pp. 323-324).

Previous historical research has pointed out that in each of these settings there are persons with substance use disorders who interface with social workers (Young, Gardner, & & Dennis, 1998). For example, Woody (1996) reported that 44% of those with alcohol problems and 64% of those with drug-use disorders have psychiatric disorders, and Young, Gardner, and Dennis (1998) found that 40% to 80% of parents who receive welfare assistance have substance use problems that impact their ability to care for their children.

However, despite the multifarious nature of the profession, the evidence indicates that social workers have received limited training in their degree programs in regard to substance use disorders (Loughran, Hohman, & Finnegan, 2008). More than 20 years ago, Schlesinger and Barg (1986) summarized their findings by pointing out that "the amount of exposure to substance misuse which health care practitioners receive in their training may not be commensurate with the extent to which such misuse influences the health of their prospective patients." For some time, social workers have professed that they are competent in a range of social problems and maintain that the profession is well-positioned to serve addicted clients (Corrigan & Anderson, 1985). The evidence indicates that, historically, social workers have received limited coursework related to substance use disorders in their degree programs (Richardson, 2008), and that curricula for accredited social work programs currently do not offer an adequate number of courses in substance use disorder counseling on the bachelor's or master's degree levels (Straussner & Senreich, 2002).

## Statement of the Problem

Substance use disorder is a widespread problem in the United States requiring specialized treatment from professionals who are trained to offer care to this population of persons needing care (Copeland & Martin, 2004). Social workers are one group of professionals who routinely come into contact with those with substance use disorders and may be the first service providers to have contact with substance use disorder clients in child welfare, family service, employee assistance, schools, programs for the elderly,

and community-based multiservice center settings (Hall, Amodeo, Shaffer, & Vander, 2000). However, a majority of these social workers have received limited education and training in the delivery of substance use disorder treatment (Richardson, 2007). This lack of training of social workers may limit substance use disorder clients' access to appropriate and effective treatment and intervention.

Social work students should gain an understanding of addiction in the same way they learn about other social problems with multiple causes; that is, training would be grounded in research. The avoidance of addiction material in the classroom by Schools of Social Work, and the profession's failure to articulate a clear role for the social work practitioner in the addiction field suggests uncertainty about substance use disorder as an issue impacting clients/families served (Berg & Miller, 1992).

## Purpose of the Study

The purpose of this study was to explore and describe current levels of substance use disorder experience among bachelor's and master's level social workers by analyzing their attitudes, academic preparation, and practice competence. The researcher anticipated learning about the value system, preparedness, and practices of social workers when they encounter clients/families with substance use disorders.

## Research Questions

The research questions of the study were as follows:

1. Is there a statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder?

2. Is there a statistically significant difference in the academic preparation of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder?
3. Is there a statistically significant difference in the practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder?
4. Is there a statistically significant relationship between attitude, academic preparation, and practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder?

## Hypotheses

The null hypotheses of the study were as follows:

1. There is no statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.
2. There is no statistically significant difference in the academic preparation of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.
3. There is no statistically significant difference in the practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.

4. There is no statistically significant relationship between attitude, academic preparation, and practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.

## Significance of the Study

This study purported to examine the attitude, academic preparation, and degree of education and/or training in substance use disorder received by social workers. This information provided a basis from which to make recommendations regarding bachelor, master, and continuing social work education. The primary question this study answered is whether or not social workers have an appropriate foundation in theory and practice skills in substance use disorder. The answer to this question has obvious clinical and legal ramification, potentially placing social workers in violation of the Code of Ethics of the National Association of Social Workers, approved by the 1996 NASW Delegate Assembly, and revised by the 1999 Delegate Assembly, which states: Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, licenses, certification, consultation received, supervised experience, or other relevant professional experience (Congress & McAuliffe, 1999).

The Council on Social Work Education's (CSWE) Educational Policy and Accreditation Standards (2008) outlines the requirements for each level of social work education. A bachelor's degree in social work (BSW) is the minimum requirement to qualify for a job as a social worker. A master's degree in social work (MSW) is necessary

for state licensure in social work. Supervisory, administrative, and staff training positions also usually require an advanced degree (CSWE, 2008). College or university teaching positions and most research appointments normally require a doctorate in social work (DSW or PhD) (Healthcare, 2004).

The Council on Social Work Education's (CSWE) website indicated that, as of October 2012, there were 482 accredited baccalaureate social work programs, 219 accredited master's social work programs, 24 baccalaureate social work programs in candidacy status, and 15 master's social work programs in candidacy status. The program in social work, which leads to a Bachelor of Arts in Social Work, is designed to prepare students for beginning social work practice. The program builds upon a liberal arts foundation and integrates knowledge from required study areas within the professional curriculum, particularly as it applies to an understanding of human behavior, human diversity, political and social systems, and the helping process. Graduates of the program will have gained the knowledge, skills, and experience to function as beginning generalist social workers in such fields as child and family welfare, substance abuse, health, mental health, developmental disabilities, gerontology, income maintenance, and homelessness (Lehman College Department of Sociology, 2004).

Students enrolled in BSW programs typically select courses on substance abuse as electives. These courses help students examine the problems of alcohol and chemical dependence in the areas of study that include definitions, prevalence, etiology, policies, effects on family and society, and prevention and treatment approaches (University of Utah, 2003).

The major in social work is a professional practice program, which offers a nationally accredited program of studies that prepares its graduates for immediate entry into generalist social work professional positions. The curriculum in social work combines academic course work and professional internships in community-based human service organizations. The curriculum provides a professional foundation that is transferable to work in different settings, problem areas, and populations. Core course content includes human behavior, family and group dynamics practice with individuals, families, and groups, community and political practice, social policy, social work values and ethics, ethnicity and social diversity, special populations, research statistics, and practice evaluation. In addition, elective courses address such topics such as child welfare, HIV/AIDS, women's issues, group process, substance abuse, and domestic violence (Providence College, 2001).

Bachelor and master of social work programs recently have begun to focus on the issues of substance abuse in its curricular offerings. Programs are designed to prepare students to practice with individuals, families, groups, communities, and organizations in rural and urban settings. Students are prepared to engage in prevention, treatment, intervention, clinical practice, research, and administrative activities that promote human well-being. Programs also prepare students for advanced social work practice, research, and leadership by concentrating in children family services or in mental health and substance abuse services (D'aprix et.al, 2004). A broad liberal arts background, which includes courses in biology, English, the humanities, and a minimum number of courses

in basic social and behavioral sciences are required for admission into the master of social work (MSW) program.

Generalists' information is insufficient and social workers do not have a wide array of training in the field of substance abuse. Generalist practice is intervention with clients of diverse backgrounds, which is grounded in the liberal arts, scientifically informed, and ethical, using the social systems framework, problem-solving model, empowerment perspective, and strengths-based approach to practice (Carlsen, 1999).

According to Magura (1994), increases in substance abuse at all levels of society have made the roles of social workers more complex and demanding. The inclusion of social workers in substance abuse treatment programs would improve the effectiveness of service delivery.

# CHAPTER II

# REVIEW OF LITERATURE

The purpose of presenting this review of the literature was to lay a scholarly foundation in order to establish a need for the study. The literature provided in this review is expected to provide relevance to this study. It will begin with a review of the history of social work profession and social work education as it relates to substance use disorder.

The literature review will then discuss the attitude, academic preparation, and practice competence of social workers in the discipline of substance use disorders. These sections will be followed by a discussion on theoretical frameworks providing a foundation for the substance use disorder content.

## Historical Overview

The profession of social work has a long history of involvement in working with individuals, families, and groups impacted by substance use disorder (Richmond, 1917). During the late 19$^{th}$ and early 20$^{th}$ centuries, a self-defined group of friendly visitors from the Charity Organization Societies found themselves assessing, identifying, and responding to alcoholism in their efforts to provide supportive services to destitute families and individuals (Straussner & Senreich, 2002). The efforts of the friendly visitors were to offer support and supervision rather than donations to assist poor

people who were suffering from alcohol problems to gain control over overindulgence, laziness and carelessness (Trattner, 1999). These early efforts at providing services to those experiencing substance use disorder problems were largely based on a moral perspective regarding alcoholism, which presented the alcoholic as one whose moral corruption was responsible for the problem (Trattner, 1999).

Mary Richmond (1917), who contributed significantly to the development of social work as a profession, was one of the first to reject the moral model when she suggested in *Social Diagnosis,* published in 1917, that alcohol related problems represented a disease resulting in disability. According to Richmond, inebriety as a disease was distinct from those problems experienced by drinkers who drank in excess, recommending that both physical and mental factors should be assessed when diagnosing this disease. Richmond also emphasized that those diagnosed with inebriety were habitually dependent on alcohol, unable to use alcohol without drinking in excess and losing control, and were "incurable" as relapse would occur should they ever drink again.

Richmond (1917) further described persons suffering from the disease of inebriety as being more appropriately described as patients, rather than current societal assessments of these persons as sinners. Richmond interjected a clinical approach and stated that those with inebriety had an improved chance at recovery if the disease was dealt with during the early stages of development. To aid social workers and other clinicians in diagnosing inebriety, Richmond developed a questionnaire that included assessing current drinking patterns, prior family history of drinking, drug problems, mental health problems,

medical and psychiatric history, current family, social, and employment situation, and potential causal factors influencing the development of the disease.

Other significant historical landmarks identified by Straussner and Senreich (2002), during the beginning of the 20th century, that are associated with social work's continued involvement in working with those experiencing alcohol problems included the following:

1. After the repeal of Prohibition in 1933, social workers served as members of interdisciplinary teams at inpatient treatment centers (i.e., Yale Plan Clinics) opening in 1944 to serve alcoholics.
2. Gladys Price created the first field placement for social work students within an alcohol treatment center during the 1940s.
3. Margaret Cork, during the same time period, developed the first treatment program for children of alcoholics in her work as a social worker in Canada, and wrote *The Forgotten Children*, published in 1969.
4. The first formal training seminar for social workers was offered in 1955 at the Yale (now Rutgers) Summer School of Alcohol Studies, with the faculty including Gladys Price, Margaret Cork, and Margaret Bailey.
5. Bailey, another social worker, had written *Alcoholism and Family Casework* in 1968, representing a seminal monograph on working with alcoholics and their families. Bailey was also responsible for the administration of an alcoholism training project sponsored by the Community Council of Greater New York that included three family casework agencies. She is also credited with the

establishment of the Alcoholism Committee within the New York City Chapter of the National Association of Social Workers (NASW), which has continued to serve as one of the primary national alcoholism and other drug abuse training providers for social workers.

6. Members of the NASW Alcoholism Committee have also contributed significantly in the development of the professional literature on the treatment of alcohol and other drugs; a substance use disorder policy statement, later adopted by NASW; a guide for confronting fellow workers experiencing a substance use disorder problem while also establishing a hotline for social workers concerned about personal, family, and/or a colleague's use of alcohol.

7. After the passage of the Hughes Act in 1970, social workers assumed primary roles in the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Addiction (NIDA), contributing their expertise in bio-psychosocial and systems theory when working with clients as well as their knowledge and skills in working with groups, families, adolescents, and women. Two years after the passage of the Hughes Act, the National Association of Alcoholism Counselors and Trainers (NAACT) was founded in Atlanta, Georgia in response to the emerging need for counselors and trainers based upon this funding initiative (Montecino, 1992). One of the five region leaders of NAACT, who were responsible for this national training, was Clark Atlanta University School of Social Work professor, Robert Waymer. Waymer stated that the

> objective of this effort was to prepare persons who could be hired as alcohol abuse counselors and trainers (Montecino, 1992).

According to Montecino (1992), Waymer and his colleagues in the early NAACT efforts were alcoholism trainers who worked in higher education, so they had access to students who could be trained. The objective was to train these students to go into the community and help people deal with the growing alcoholism problem using a community development model rather than a clinical treatment model.

> We discussed the development of the disease concept, what counselor attitudes should be towards clients, what involvement churches and community organizations should have and we concentrated on the political structure since City Hall had the funding and resources we needed to provide our services. (Montecino, 1992, pp. 16-17)

This historical review of early alcohol training for social workers offers a review that is still evolving for drugs, according to Straussner (2001). The author explained that the history and ongoing efforts of social workers in drug treatment and the role assumed by the profession has yet to be fully documented. However, Straussner noted that, over the past 30 years, social workers have assumed increasing roles in both alcohol and drug treatment centers with the escalation of cocaine and poly-substance use disorder.

Social workers also continue to offer both administrative and programmatic expertise in therapeutic communities, recovery programs, methadone maintenance centers, programs serving the dually diagnosed, and in harm-reduction and prevention efforts associated with HIV/AIDS (Straussner, 2004). Social workers in the 21st century

continue to offer alcohol and other drug treatment services to schools, employee assistance programs, and the criminal justice, child welfare, domestic violence, and welfare reform systems (Straussner, 2004).

Berg (1995) previously documented the role of social workers in their efforts to provide meaningful brief treatment to individuals and families in which substance use disorder is a problem. Straussner's (2001) review cited a number of researchers and authors who have examined the contributions made by social workers in facilitating awareness of ethnic and cultural issues of relevance to substance use disorder treatment. Other previous evidence also exists in the literature that suggests that social workers have increasingly engaged in research of relevance to alcohol and other drug treatments (Zweben et al., 1998), and have been active in assisting with federal and state policies and grants associated with substance use disorder (Delany, 1997).

Currently, as explained by Bina et al. (2008), social workers are practicing in a variety of settings and are more than likely to have the opportunity to work with clients experiencing substance use disorder and related problems. These authors emphasized that, very frequently, social workers represent the first helping professionals who may come in contact with individuals with substance use disorders and their families (Bina et al., 2008). Working in child welfare, family service, juvenile justice, employee assistance, elderly programs, and community-based multiservice centers, the assessments, referrals, and intervention plans developed by social workers often represent the initial blueprints upon which other service professionals will develop their plans for working with clients as they enter the service system (Bina et al., 2008). Social workers continue

to serve key roles in the identification and assessment of substance use disorder problems, as well as the provision of and/or referral for appropriate treatment (Bina et al., 2008).

According to Magura (1994), regarding a 1991 National Drug and Alcoholism Treatment Unit Survey, the fact that social workers may serve as the initial contact for clients with substance use disorder problems is of historical relevance. The survey found that only 6% of total staff, across all treatment programs nationally, are social workers holding a master's degree or higher (Magura, 1994). A subsequent Alcohol and Drug Services Study (ADSS) on the relationships between substance use disorder treatment clients and facilities, conducted in 2003, found that licensed professionals comprised the smallest number of employees in alcohol and drug abuse facilities (SAMHSA, 2003). The medical and graduate-degree counselors were about 17% of the full-time staff, and bachelor's and non-degree counselors were about 32% of the full-time staff. These highly trained staff members were also more likely to be contract employees than full-time employees (SAMHSA, 2003).

In a review of the 1988 Drug Abuse Treatment System Survey, which was followed by additional studies in 1990 and 1995, the percentage of workers in the social work profession who work in treatment is a part of the questionnaire (Price et al, 1991). However, studies examining the impact of social workers in treatment facilities were only examined in the Burke and Clapp (1997) review of the 1988 Drug Abuse Treatment System Survey. Burke and Clapp found that 28% of all the managers in the substance use disorder treatment programs had social work degrees.

This discrepancy is confusing and difficult to assess in terms of retention in the profession, but Sun (2001), who examined this literature, found there is little evidence to suggest that research has been directed towards understanding what factors may be preventing social work graduates from entering the field of substance use disorder treatment. One possibility is an earlier finding by Rhodes and Johnson (1996), which stated that social work education does not indicate adequate substance use disorder education and training because many undergraduate and graduate degree program curriculums do not require substance use disorder courses. However, a more recent study indicates that when social workers receive adequate education and training in the area of substance use disorder, they feel more confident about assessment and treatment interventions (Straussner & Vairo, 2007).

## Substance Use Disorder Treatment

Kinney (1996) stated that, for the first time, the 1993 *American Society of Addiction Medicine* defined alcoholism as a disease. The definition clearly established alcoholism as a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation (Kinney, 1996). Often progressive and fatal, the disease is also characterized by impaired control over drinking, preoccupation with this drug, its use despite adverse consequences, distortions in thinking and, most notable, denial (Kinney, 1996). Each of these symptoms may be continuous or periodic (Kinney, 1996).

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV TR) provides the symptomatic criteria used to describe chemical abuse and dependency (Spitzer et al., 2003). According to Spitzer et al. (2003), the review's use of the term substance use disorder refers to alcoholism and chemical dependency. The essence of the DSM-IV TR definition of substance abuse has two parts: 1) a person uses a psychoactive substance when expected to perform significant tasks at home, work, or school although it is physically hazardous; and 2) the individual continues to use a psychoactive substance despite awareness that such use is causing major problems in one or more aspects of life, such as financial, legal, psychological, or marital (Spitzer et al., 2003). Dependent symptoms also include loss of control of use, inability to cut back, substance use replacing important activities or taking up considerable time, and indications of marked physiological tolerance or withdrawal (Spitzer et al., 2003). Spitzer et al. noted that in order to be classified as substance dependent, one must exhibit three or more of the nine symptoms of dependence.

It has, therefore, been explained that drug addiction is a complex disorder that can involve virtually every aspect of a person's functioning in the family, at work, and in the community (NIDA, 2003). Treatment for drug abuse and addiction is delivered in many different settings, using a variety of behavioral and pharmacological approaches (NIDA, 2003). Treatment may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education (NIDA, 2003). In the United States, more than 11,000 specialized drug treatment facilities provide rehabilitation,

counseling, behavioral therapy, medication, case management, and other types of services to persons with drug use disorders (NIDA, 2003).

## Substance Use Disorders and Social Work

Substance use disorders and the social work profession interface in a variety of settings from child protective and welfare services' cases to homeless shelters and HIV programs (Chipungu & Goodley, 2004), to assess and treat the complexities of substance use disorder. Young et al. (2004) found that a parent's substance use disorder is a factor in 16% to 61% of cases referred to child protective services, and is the primary factor for the referral in 2% to 44% of cases.

An evaluative study of drug treatment programs for pregnant and parenting women presented another set of findings (Porowski et al., 2004). Porowski et al. (2004) reported that 47% of the mothers in these programs had at least one child who had been removed from the household by child protective services. Additional findings from the Office of Applied Studies (OAS) (2005) revealed that among the 1.875 million persons who were admitted to government funded substance use disorder treatment programs in 2004, women represented 31.5% of the admissions. More than one third (36%) of these overall admissions in 2004 were criminal justice system referrals and five substances accounted for 95% of all admissions: 1) alcohol (40%); 2) opiates (18%, primarily heroin); 3) marijuana/hashish (16%); 4) cocaine (14%); and 5) stimulants (8%, primarily methamphetamine) (OAS, 2005).

A review of this data by Young, Boles, and Otero (2007) also pointed out that, while the statistics are available, the interfacing between substance use disorder and other social work programs is not always easy to monitor on the behalf of clients because data collection is not systematically correlated. For example, it is difficult to determine if a particular parent is participating in a treatment program because it is not recorded in child welfare system databases (Young, Boles, & Otero, 2007).

Nevertheless, for more than 16 years, the association between welfare benefits and addiction has been clear (Chipungu & Goodley, 2004). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 limits access to benefits for recipients whose abuse and addictions prevent them from finding work or participating in work related programs. As a result, when parents abuse substances and/or harm their children, they and their children are at greater risk for poverty.

Furthermore, the ability of the system's capability to care for these parents and children is increasingly strained due to organizational problems within most family and children services agencies (Chipungu & Goodley, 2004). Chipungu and Goodley (2004) asserted that large caseloads, high staff turnovers, and limitations related to data means that efforts to effectively serve and monitor these families are typically compromised.

This lack of monitoring and integration of the social work system systematically points to a systemic issue with long lasting impact. Stein, Leslie, and Nyamathi (2002), in their study of 581 homeless women who lived in shelters in Los Angeles, found that there were multiple indicators that served as predictors for homelessness. Their study revealed that childhood abuse and early parental substance use disorder had an impact upon

chronic homelessness, depression, and substance use disorder problems among these women (Stein, Leslie, & Nyamathi, 2002). These homeless women were in a vicious cycle of disenfranchisement that had an impact upon how they valued themselves, and also how they treated their children based upon their own childhood experiences (Stein, Leslie, & Nyamathi, 2002).

In other areas of social work, besides child welfare, the interfacing between social work and substance use disorder is also prevalent. Romero-Daza, Weeks, and Singer (2003), in their study of 35 socioeconomically disadvantaged women living in inner-city Hartford, Connecticut, found that there was a relationship between violence, drug use, prostitution, and HIV risk. These women, who were all street-level prostitutes, were continuously exposed to the trauma of violence (witnessed and experienced), which often led them to drug use as a coping strategy (Romero-Daza, Weeks, & Singer, 2003). The resulting drug use, along with their limited educational and employment experiences and opportunities, led many of these women, who were also mothers, into the profession of prostitution as a means of survival (Romero-Daza, Weeks, & Singer, 2003).

The criminalization of substance use disorder is also an overlapping social work dilemma that projects the unmet needs of individuals with this diagnosis, according to a 2010 Columbia University's National Center on Addiction and Substance Abuse (CASA) study. CASA collected data on prison inmates from 11 federal government studies and 650 articles, reviewed accreditation standards, the costs and benefits of treatment information, and professional organization best practices regarding the prevention and treatment of offenders involved in substance use disorder (Califano, 2010). The center

found that among the 2.3 million U.S. prison inmates, 65% or 1.5 million met the medical criteria established in DSM-IV for alcohol or other substance use disorder and addiction (Califano, 2010).

Additionally, 458,000 or 20% of inmates who did not meet DSM-IV criteria had been using substances at the time of their offense, had stolen money to buy the drugs or alcohol, had violated laws related to alcohol and drug use, or had one or a combination of these issues as a substance use disorder subject (Califano, 2010). It is no coincidence, then, that of the 2.3 million inmates in U.S. prisons, 65% (1.5 million) meet the DSM-IV medical criteria for alcohol or other drug abuse and addiction (Califano, 2010). Another 20% (458,000), even though they did not meet the DSM-IV medical criteria for alcohol and other drug abuse and addiction, nevertheless were substance involved; i.e., were under the influence of alcohol or other drugs at the time of their offense, stole money to buy drugs, are substance use disorder subjects, violated the alcohol or drug laws, or share some combination of these characteristics (Califano, 2010).

According to the National Center on Addiction and Substance Abuse (NCASA) (2012) website, substance use disorder has been related to a significant number of rapes and domestic violence cases – 75% of rape occurrences and 70% of domestic violence cases. For women, substance use disorder is inexorably linked to sexual assault, unwanted pregnancies, diseases such as lung cancer, cirrhosis, and AIDS, skyrocketing prison populations, and child abuse and neglect (Califano, 2006).

Most women date the onset of their substance use disorder to a specific traumatic event (e.g., incest, rape, sexual or physical abuse). For example, women in substance use

disorder treatment are five times more likely than men to have been sexually abused and are more likely to suffer eating disorders that are both risk factors for substance use disorder in women (Califano, 2006).

Beginning with Mary Richmond, the "mother of social casework," social workers have played a progressively more important role in the treatment of individuals and their families with substance use disorder problems (Straussner, 2001). Today, social workers are important players in program development, administration, and treatment of substance use disorders. Furthermore, social workers are involved in substance use disorder research and policy arenas.

## Attitude of Social Workers in Relation to Substance Use Disorders

In this study, attitude was defined as a mental predisposition or inclination to act or react in a certain way (Barker, 2003). The profession of social work has a unique role in preventing and treating alcohol and other drug problems. It is important that social work professionals be cognizant of what beliefs they hold and how their beliefs about substance use disorder treatment and prevention may affect practice (Burke & Clapp, 1997).

The social work profession needs to dispel existing beliefs among educators and practitioners that addiction is a unique social problem to which the profession has little to contribute, according to one of its most prolific researchers (Straussner, 2012). The research and reports from the field have suggested that the manner in which social workers and other clinicians respond to those with substance use disorders indicates a

need for adequate training in order to positively respond to clients with substance use disorder problems (Stein, 2003).

The problem of negative attitudes toward substance misuse and how it impacts the quality of care provided to those with substance use disorder problems is a pervasive one that extends to practitioners who treat mental health patients. Richmond and Foster (2003), in their study of 103 mental health professionals, found that postgraduate clinicians who were not as moralistic in their approach to substance use disorder were more optimistic about patient outcomes. The researchers also found that licensed social workers were more permissive in their attitudes than nurses. The study recommended that research should be conducted to determine which elements of postgraduate education can contribute toward a more positive attitude regarding working with substance use disorder clients (Richmond & Foster, 2003).

In a study that assessed post-master's clinician attitudes, values, knowledge, skills, and behaviors after participation in a comprehensive substance use disorder program, marked changes were noted (Straussner & Vairo, 2007). Ninety-one percent of the clinicians said the program was helpful to them in their profession, and they also reported that their attitudes and values improved because they felt more competent as a substance use disorder professional (Straussner & Vairo, 2007). Overall, this study pointed out that when clinicians participate in long-term comprehensive substance use disorder training, there are changes in their knowledge, attitudes, and behavior toward substance use disorder clients (Straussner & Vairo, 2007).

Another study, by Stein (2003), found that shorter-term training programs do not change social worker attitudes and beliefs. Stein found that when master's level social work students participated in short-term educational sessions, there was limited change. The study methodology for this study, a two-group pre-test and post-test quasi-experimental design, examined the attitudes of these students using *The Substance Abuse Attitude Survey* that was developed by Chappel, Veach, and Krug (1985). The study found that these students did not change their attitudes after participating in this short-term program (Stein, 2003). The researcher recommended that schools of social work need to spend more time effectively training students to work with substance use disorder clients (Stein, 2003). While the Stein study did not recommend more extensive training to develop social worker attitudinal improvements, a comparison between these two studies would suggest that longer-term training could be more effective.

In a study to investigate mental health professionals' attitudes toward substance use disorder clients, participants who were educated to a postgraduate level were less moralistic in their approach and had greater treatment optimism (Richmond & Foster, 2003). Also, participants who were qualified social workers had greater permissiveness scores than nurses. The results indicate that there are elements of postgraduate courses that contribute to less moralistic attitudes and a higher level of treatment optimism when working with substance use disorder clients.

Amodeo (2000) examined the influence of substance use disorder training on social workers in nonaddiction treatment settings. Master's level social workers who completed a nine-month training program were compared with a matched sample of

master's level social workers who did not enroll. At the completion of the training program, the trainees were significantly more likely than the comparison group to: 1) work with substance-abusing clients; 2) have substance use disorder-related roles; 3) seek jobs that increased their opportunities to work with substance-abusing clients; 4) assess and intervene with substance use disorder clients; and 5) obtain high ratings of optimism, confidence, and competence.

## Academic Preparation of Social Workers in Relation to Substance Use Disorders

In this study, academic preparation was defined as a defined program of study in an educational institution which includes a prescribed number of required and elective courses, field placement, and other educational experiences (Barker, 2003), or a comprehensive training program. Research by McCarthy and Galvani (2004) indicated that neither social work students nor those social workers practicing in the profession feel that they have adequate academic or training preparation as it relates to treating and assessing substance use disorder clients. In their study, which offered two models that social workers can use for working with clients, these researchers provided an analytical framework to assist social workers in quickly assessing which resources clients need in order to be successful in having their addictions treated (McCarthy & Galvani, 2004). The assessment for the McCarthy and Galvani DECLARE step-by-step model revealed that academic and training limitation among social workers is not isolated to this study.

Jani et al. (2009) stressed that social workers are on the frontline of caring for individuals with mental health problems and therefore must be equipped to handle and properly manage substance use disorder issues. A cross-sectional design was used to

interview 232 MSW graduates who completed a mail-in survey to determine the preparedness perceptions of these recent graduates (Jani et al., 2009). The results revealed that the respondents with more formal academic training in substance use disorder, who possessed knowledge of substance use disorder concepts and models, were the most likely to perceive themselves as being prepared to work with substance use disorder clients. Jani et al. stated that these findings support more substance use disorder education in social work curriculums in MSW programs.

In a state specific study, an explanatory cross-sectional investigation that assessed master's level social work (MSW) programs in New York, Straussner (2012) found that there were several gaps in what social workers were taught and what they need to know in order to work with those with alcohol abuse problems. Among the 89 MSW's, all who were members of the New York State Chapter of the National Association of Social Workers (NASW) during the fall of 2005, less than 3% had completed alcohol-related coursework as required MSW curriculum (Straussner, 2012). Only 29.5% had completed any type of alcohol-related field placement in preparation of practice in the field (Straussner, 2012). Straussner indicated that these percentages point to professionals who are not prepared, and substance use disorder clients whose problems may go undetected and untreated based upon this lack of training.

In their study of recent master of social work (MSW) graduates, Bina et al. (2008), who sought to replicate the belief section of the well-known Amodeo and Fassler (2000) model and study, also determined that beliefs regarding MSW graduates' preparedness to work with substance use disorder clients were inhibited by a lack of

overall training. In general, the perceived knowledge regarding substance use disorder among these MSW graduates ranged between having very little to moderate (Bina et al., 2008).

Using a cross-sectional design with 232 recent MSW graduates who completed a mail-in survey, this study found that these practitioners perceived themselves as being prepared to work with substance use disorder clients when they had more academic training including substance use disorder concepts and models in their school curricula (Bina et al., 2008). Essentially, the amount of knowledge perceived by social workers in substance use disorder was significantly associated with their perception of how prepared they were (Bina et al., 2008).

Another master's level research study by Hofschulte (2012), which used a quantitative design to survey 24 clinical social workers using the Substance Abuse Treatment Survey (SATS) (Housenbold Seiger, 2005), confirmed findings that overlapped with existing research. This student researcher's published findings indicated that perceptions regarding the treatment of chemical or substance use disorders were impacted by previous employment in related fields where they received training (Hofschulte, 2012). It was recommended that continued training must occur within the profession so that clinical social workers can be more effective in working with substance using populations (Hofschulte, 2012).

Loughran, Hohman, and Finnegan (2010) also conducted research on social worker training competency from the perspective of their perceptions on role adequacy and role legitimacy as it relates to substance use disorder clients. Loughran et al. (2010)

defined their role adequacy as feeling knowledgeable about their work, and role legitimacy as their beliefs concerning their right to address these clients on substance use disorder issues. Hofschulte (2012) reported that these two variables have been related to theoretical constructs on why many clinicians are less than enthusiastic about working with substance use disorder clients.

Among the 200 responses received by Loughran et al. (2010), less than one-fourth of the social workers in the online survey reported that they had little or no training in identifying alcohol and drug abuse. The social workers in the survey who had encountered more substance use disorder clients and had more experience in the identification of alcohol and drug abuse had higher legitimacy in their role and also felt more adequate in working with these clients (Loughran et al., 2010). According to Loughran et al., some of the most significant variables related to having high rates of role legitimacy and adequacy were having a master's degree and completion of the alcohol and drug licensure test. Social workers who worked in substance use disorder settings in this study also had high levels of role adequacy, but did not rank their role legitimacy as highly (Loughran et al., 2010). However, those social workers who reported more experience in working with substance abusing clients had higher feelings of adequacy and legitimacy in their work (Loughran et al., 2010).

McNeece (2003) confirmed the previous findings in a review of research on how social work programs in today's colleges and universities must respond in order to prevent harm to substance use disorder clients through better education and training. It

was reported that social workers are deficient in their ability to work with this population because they are not properly trained (McNeece, 2003).

Specifically, among the 420 accredited social work bachelor's degree programs and the 140 accredited master's of social work programs, there was no set standard or agreement regarding what constitutes a minimum training level needed for social workers to practice in the area of substance use disorder (McNeece, 2003). This is disconcerting when you consider 71% of social workers have handled clients with substance use disorders from 2000 to 2001 (DiNitto & McNeece, 1990).

Brocato and Wagner (2003) also provided a scathing critique in their examination of how social workers can reduce ethical conflicts in practicing their profession in relationship to current drug policies as agents of social control and social justice guardianships. These researchers confirmed that, since social workers do not believe that they are as effective in providing chemical dependency services and lack the skills and training necessary to provide intervention, schools of social work should prepare social workers better with specific substance use disorder coursework (Brocato & Wagner, 2003).

**Recommended Social Work Training**

Social work training in substance use disorder has been presented as a significant deficiency in today's schools of social work (Volland, Berkman, Phillips, & Stein, 2003). Volland, Berkman, Phillips, and Stein (2003) surveyed the health courses at a randomly selected sample of 30% of the 187 Council on Social Work Education accredited graduate schools of social work. The study reviewed the catalogs to determine which

schools had substance use disorder degree specializations and whether they offered specialty courses (Volland et al., 2003). The findings revealed that none of the schools offered a substance use disorder specialization, 26 offered at least one substance use disorder related course, and among the 26 that offered at least one course only 12 offered more than one substance use disorder course (Volland et al., 2003).

The Hall, Amodeo, Sjaffer, and Vander (2000) study, which remains to be the most widely discussed study on social work training, stated that the most effective means of improving social workers' substance use disorder assessment and treatment skills will likely be the improvement of substance use disorder education in social work degree programs. Hall et al. (2000) stated that while some MSW degree programs offer a concentration in the treatment of substance use disorder and others offer valuable elective courses in this area, most students do not take these courses.

Some of the suggestions highlighted in the Hall et al. (2000) study for improvements in educating and training social workers were: a) integrating substance use disorder content into required and elective practice courses; b) adding substance use disorder problems to cases being studied; c) offering student field placements in addiction agencies; d) providing addiction training to students not in an addiction agency; e) implementation of coursework related to alcohol and drug assessment and intervention; f) facilitating faculty development in substance use disorder; g) hiring full-time faculty with substance use disorder expertise ; i) offering continuing education in substance use disorder; and j) creating an advisory committee representative of the addiction community to advise social work programs on curriculum development.

As reported by Hall et al. (2000), social workers tended to rate their overall current need for professional development or training in substance use disorder treatment as high. Seventy-one percent of the respondents reported a moderate, significant, or maximum need for training; 76.9% reported that additional training would increase their effectiveness moderately, significantly, or a great deal; 66.8% reported that the amount of time they devoted to substance use disorder treatment should increase; and 55.2% of the respondents reported that they would like to make an intensive commitment to training in substance use disorder treatment. When compared to their co-workers who were not social workers, the study sample was also found to have higher levels of knowledge and skills in areas related to substance use disorder treatment (Hall et al., 2000).

The researchers reported that inadequacies in training were particularly found in relation to detoxification and assessment (Hall et al., 2000). In the findings of the study, Hall et al. (2000) concluded that, it appears that BSW and MSW programs have devoted effort to increase curriculum content to focus on special populations. The need remains for improving substance use disorder education in social work degree programs.

**Substance Use Disorder Curricula and Social Work Education**

The advancement of social work education as it relates to substance use disorder curricula is a need that is past due (Gassman, Demone, & Albilal, 2001). As evidenced within the literature, while the social work profession has had a long history of working in the substance use disorder field, social workers often have little or no training in relation to substance use disorder within social work education (Smith, Whitaker, & Weismiller, 2006).

Smith, Whitaker, and Weismiller (2006) reported the findings of the first Practice Research Network (PRN) survey that the National Association of Social Workers (NASW) conducted, with funding provided by the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration (SAMHSA). These researchers found that fewer than 2% of these social workers claimed that substance use disorder was their primary practice area, but 71% of these employed social workers had been responsible for substance use disorder diagnosis and treatment of a client within the previous 12 months. In addition, more than 25% of the clients they saw had primary or secondary substance use disorder (Smith, Whitaker, & Weismiller, 2006).

A sample of 2,000 NASW members were selected for this study from its membership of more than 100,000, which had a 81% response rate of 1,624 (Smith et al., 2006). Eighty-one percent of the respondents reported that they had received some type of substance use disorder training during the course of their career, the majority through a continuing education course, but only 1% were substance use disorder certified (Smith et al., 2006). The authors concluded that social workers need more education and training in the area of substance use disorder, continuing education hours in substance use disorder need to be increased for licensure, and schools of social work need to better prepare students with more coursework in the specified area under investigation (Smith et al., 2006).

The necessity of substance use disorder training continues to be evidenced within the literature through reports that explain that social work educators are aware of the curriculum pressures on MSW and BSW degree programs (Gassman, Demone, & Albilal,

2001). Gassman, Demone, and Albilal (2001) stated that educators understand the need to include and integrate curriculum content on knowledge and skills in relation to a number of specialized populations. According to Gassman et al., without question, social work educators continue to find themselves confronted with classic curriculum dilemma of most professions because they have too many demands and little time to fulfill them.

As explained by Straussner and Senreich (2002), most schools of social work fail to provide students with a basic knowledge of substance use disorder and the issues associated with the problem. The quagmire of what is needed and what is provided is a challenging reality in the social work profession, according to Straussner and Senreich. In their review of current standards, Straussner and Senreich noted that social work educators are challenged by the curriculum dilemma of having too little time and too many demands placed upon them, resulting in the paucity of substance use disorder education in social work schools. This discrepancy also appears to be condoned by the profession's accrediting body, the Council on Social Work Education (CSWE), because it does not mandate substance use disorder content in the social work curriculum (Straussner & Senreich, 2002).

The Curriculum Policy Statement was initially approved in 1992 and the Accreditation Standards in 1994 were published in CSWE's *Handbook of Accreditation Standards and Procedures*, 4th edition (1994). These editions have largely provided the guidelines and standards by which BSW and MSW degree programs have developed social work curricula (CSWE, 2003). In July 2002, these curriculum and accreditation standards were superseded by the new Educational Policy and Accreditation Standards

(EPAS), which were approved by the CSWE board of directors on June 29, 2001 (CSWE, 2001). In order to obtain and maintain accreditation, undergraduate and graduate social work programs must adhere to the new EPAS set forth by CSWE (2001).

In Johnson's (2003) highly regarded book, which provides an interdisciplinary review of more than 20 years of experience in substance use disorder, the author not only parallels current praxis with substance use disorder client needs but also provides a didactic model for students on the theories, pharmacology, treatment protocols and applied practice. This model facilitates students' use of the textbook once they become practitioners. Johnson explained that he wrote the book because of the dearth of substance use disorder education within college and university settings. Other books by DiNitto and McNeece (1990) and van Wormer and Davis (2008) also make the same assertion regarding the available curriculum in social work programs.

In a search of literature on substance use disorder curriculum, one recent peer reviewed article was found that outlined the curriculum of an evidence-based master of social work (MSW) program offering a substance use disorder concentration. Corrigan, Slater, and Bill (2009) provided a guideline for developing a substance use disorder curriculum based upon the Kennesaw State University's MSW substance abuse specialty concentration program.

These researchers used the biosocial view of human function to integrate six advanced courses: two practice, two behavior, one policy, and one seminar on substance use disorder for the concentration (Corrigan et al., 2009). This advanced practice in social work concentration was designed to follow a year of MSW foundational coursework that

included the history of social work, history of social work courses, and personal adaptation of the professional standards of the profession, which includes principles like nondiscrimination, and social and economic justice (Corrigan et al., 2009).

The concentration program was also designed to meet the education and training criteria established by the state of Georgia's certification board for alcohol and drug clinical counseling, so that MSW students can sit for this credential after graduation (Corrigan et al., 2009). After the completion of the coursework, each student is also required to engage in a field learning experience in a substance use disorder setting. The setting must be based upon the 12 core functions of an addiction counselor as established by the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse Inc., which is the national credentialing organization (Corrigan et al., 2009).

The established 12-steps include: 1) Screening; 2) Intake; 3) Orientation; 4) Assessment; 5) Treatment Planning; 6) Counseling; 7) Case Management; 8) Crisis Intervention; 9) Client Education; 10) Referral; 11) Reports and Record Keeping; and 12) Consultation with Other Professionals (Corrigan et al., 2009). Corrigan et al. (2009), in the discussion section of this article, explained that despite the presence of social workers in the substance use disorder profession, there has been limited attention paid to the need to develop this type of concentration within the education community. Also, there are few field supervisors with both of the credentials needed for substance use disorder specializations in the state (Corrigan et al., 2009). However, Kennesaw State University is credited with making an important step in initializing this level of expertise because they responded to a community need for more certified substance use disorder

counselors in their development of this program. Corrigan et al. (2009) explained that other schools should respond in the same way.

A module-based training on addictive disorders was implemented with social work foundation and advanced-year standing students (Lemieux & Schroeder, 2004). The pre-test post-test results indicated that foundation-year students increased their knowledge of theories of addiction. Foundation and advanced-year students increased their knowledge of treatment approaches. Both foundation and advanced-year students reported positive attitudes and behaviors toward persons with substance use disorders.

Advanced-year students reported increased confidence in their skills over time. They also reported that they were able to rule out substance use disorder among clients, and they were also able to make appropriate referrals over time. The study's findings are inconsistent with an existing body of research demonstrating negative student attitudes and indifference toward clients with alcohol-related problems (Lemieux & Schroeder, 2004).

Hall et al. (2000) described a study of the substance use disorder treatment training needs of social workers working in randomly selected substance use disorder facilities in New England. The study revealed that clinical supervision related to substance use disorder treatment had not been available to a substantial percentage of the respondents throughout their careers. In the study, despite limited previous training experience and barriers to current training, social workers surveyed reported significantly higher levels of knowledge and skill than other substance use disorder treatment providers (Hall et.al, 2000). Despite these high levels of knowledge and skill, the social

workers reported considerable need for and interest in additional substance use disorder treatment training.

An evaluation was conducted in a graduate school of social work to assess the integration of substance use disorder content into basic and advanced courses by faculty with and without specialized substance use disorder training (Amodeo & Litchfied, 1999). The results indicated that: (1) faculty with specialized substance use disorder training were more likely than faculty without such training to integrate substance use disorder content; (2) courses taught by trained faculty received higher rankings from students on the quality of the content; (3) both groups of faculty perceived that more substance use disorder content had been taught than their students identified; and (4) neither faculty nor students felt that too much substance use disorder content had been taught.

In 1989, all Certificate of Qualification in Social Work courses in the British Isles were included in a survey of the training offered to social work students on responding to substance use disorder (Harrison, 1992). A small percentage (11%) of the courses that responded provided no formal substance use disorder training. Those that offered training provided a median of 8 hours, with the majority of students (70%) receiving less than 11 hours, which indicates that many students were being given the briefest of summaries. The British Isles Social Workers training in 1988-1989 received less than adequate preparation to work with people with substance use disorder problems, despite evidence that they make up a large proportion of their caseloads (Harrison, 1992).

According to Amodeo and Fassler (2000), past research and reports from the field have described social workers as having a host of negative responses to substance use disorder clients. Some reports discovered that substance use disorder training increased social workers' sense of security and legitimacy in the therapeutic role with substance use disorder clients. In a study conducted by Amodeo and Fassler, 23 master's level social workers who completed an intensive 9-month substance use disorder training program and 22 MSW comparison subjects completed caseload forms identifying their clients by diagnosis. All participants self-rated their competence to assess and treat each client. The findings revealed no significant difference between trainees and comparisons on assessing, working with, and perceiving themselves competent.

Social workers trained in substance use disorder had more substance use disorder cases, with and without additional diagnoses, and rated themselves higher on two of six competency measures: in intervening with clients when all diagnoses were combined and in intervening when substance use disorder only diagnoses were combined (Amodeo & Fassler, 2000).

## Practice Competence of Social Workers in Relation to Substance Use Disorders

In this study, practice competencies were defined as the demonstrated ability to fulfill the professional obligations to the client, the community, the society, and the profession (Barker, 2003). Competence includes possession of all relevant educational and experiential requirements, validated ability through passing licensing and certification exams, and the ability to carry out work assignments and attain social work goals while adhering to the values and the code of ethics of the profession.

According to Sowbel (2012), the growing social work profession has shown an 88% increase in MSW programs from 1990 through 2004. Some of the emerging problems in the profession include low GRE scores, low entry-level salaries, lower passing rates on licensing tests, more ethical violations, and an increase in ethical violations (Sowbel, 2012). This study served as a compelling rationale for increased gatekeeping in the profession of social work to counteract these problems (Sowbel, 2012).

In addition to determining curriculum content, schools of social work are also challenged to be effective gatekeepers of the profession and a variety of underlying issues that may impact the competency of future social workers (Bogo et al., 2001). Miller and Koerin (2002) defined gatekeeping as the process of ensuring that those who graduate from MSW or BSW programs are capable of interacting with clients, colleagues, and the community in a way that is both ethical and competent. Schools of social work field instructors and their clinical supervisors are part of the gatekeeping process in professional education designed to ensure that graduates are capable of interacting with clients, colleagues, and the community in an ethical and competent manner (Miller & Koerin, 2002).

Regehr et al. (2001), in their study that reviewed the MSW applications of graduate level students, found that many students enter the profession with personal histories of abuse, neglect, and injustice that have drawn them to the profession. Many of these risk factors are not discovered until the students are at the field practicum level prior to graduation, according to these researchers. The researchers explained that field

practice educators and schools of social work must be capable of providing the support for students and their field supervisors with these risk factors.

Regehr et al. (2001) concluded that there must be competency criteria that help social work educators determine which students can move past their histories and who cannot. The authors also added that these educators must be gatekeepers of the profession and are responsible for protecting future clients from being harmed by those who should not be in the profession. A more recent study, which also included Regehr as an author, addressed the delicate balance that field educators in schools of social work must apply in their evaluation on the competency of social work students (Bogo et al., 2007). The Bogo et al. (2007) study also implicated the necessity of curriculum sensitivity to the issue under study. Bogo et al. found that current field evaluation tools seek to provide standardized yet impartial measures of competency in the profession, but that there are professional and relational contexts that may undermine what these tools seek to achieve.

Even though field instructors are expected to be gatekeepers who are able to negatively evaluate students who do not meet normative standards, gatekeepers are often challenged. Bogo et al. (2007) explained that the standardized evaluation may conflict with the gatekeeper's own professional and personal values; therefore, the profession must find new ways of addressing problematic students.

The implementation of evidence-based practices in the field practicum phase of social work education offers a solution to the current challenges of preparing competent social workers to work in practice settings (Homonoff, 2008). Homonoff (2008)

conducted a study of field instructors who had received the Heart of Social Work Award presented by the Council on Social Work Education to explore the challenges of working with social work interns. The best practices revealed by these exemplary social workers were that field educators must teach students how to assess and intervene, balance their skills with reflective encouragement, teach how to connect theory to praxis, develop a model of supervision that is integrative, supportive of these interns, and upholds the field education mission (Homonoff, 2008).

Tam and Coleman (2009) described the construction and validation of a scale to evaluate professional suitability for social work practice. Following factor analysis, the scale is a 33-item, seven-point Likert scale that evaluates five dimensions: Overall Suitability; Analytical Suitability; Practice Suitability; Personal Suitability; and Ethical Suitability. The authors outlined possible uses of such a measure (e.g., at initial application to a program, prior to field placement, and during/following field placement--all potential gatekeeping points), and also acknowledged the need for further studies to examine its validity and utility.

Role adequacy and role legitimacy are key theoretical constructs regarding explanations why social workers are reluctant to address substance use disorder problems with clients (Loughran et al., 2010). The concepts were examined in a sample of social workers and social work students. The results revealed that the social workers who had more clients with substance use disorder problems, had taken a course in addiction, and had support for their role were more likely to feel legitimate in their work with substance use disorder clients.

During the late 20th century, a record number of single-parent families entered the child welfare system because the mother had an identified problem of substance use disorder (Azzi-Lessing & Olsen, 1996). These developments have required child welfare agencies and substance use disorder treatment providers to take a new look at the needs of mothers with problems of addiction and their children.

## Theoretical Framework

A number of theoretical frameworks relevant to social workers' attitudes, academic training, and competence in relation to substance use disorders provide a solid foundation for the inclusion and/or integration of substance use disorder content within the social work curriculum. Some of the most relevant frameworks related to the diagnosis and treatment of individuals with substance use disorder will be reviewed in this section.

### Ecological Systems Theory

Systems theory in general has historically identified problems in the interaction between a person and their environment, whether the system is large or small (Compton & Galaway, 1994). Systems theory looks at how individuals, families, groups, organizations, or communities of people systematically interrelate and, from the perspective of social workers, it indicates that they as professionals must understand how these affect one another (Zastrow & Kirst-Ashman, 2004).

The ecological systems approach, which is a subset of a systems theoretical approach, has more emphasis on individuals and their families (Zastrow & Kirst-

Ashman, 2004). In regards to ecological systems theoretical framework, the premise is that social workers should not separate the person from his or her environment (Germain & Gitterman, 1996). Furthermore, social work clinicians must be intentional and nondiscriminatory in how they define that person's problem because it is a critical aspect of practicing their profession (Germain & Gitterman, 1996).

Working from an ecological systems theory perspective, the social worker takes into account all systems that influence the individual's life, and then seeks to resolve the person's problems by emphasizing their areas of empowerment by focusing on one's strengths (resources, abilities, and positive aspects) in life instead of their pathologies (problems, deficits, and inabilities) (Barker, 2003). The Kennesaw State University MSW substance abuse concentration program is based upon the ecological systems approach because the curriculum intent is to develop certified social workers who will be able to empower social workers who can coach, mentor, teach and empower individuals at their own pace (Corrigan et al., 2009).

Previous work on the ecological systems theory was emphasized by Compton and Galaway (1994), while the environment influences the individual's situation, the ecosystemic assessment of the client must begin with the client's perspectives of their environment as a starting point. As a foundation for substance use disorder curricula content, the ecological systems perspective aids in providing a basis by which substance use disorder is recognized as a problem that develops in relation to and influencing the environment of the individual (Corrigan et al., 2009).

For example, in the Cochran et al. (2002) study of gay, lesbian, bisexual, and transgendered (GLBT) youth, there were high rates of addictive substance use disorder among these homeless adolescents. Based upon the findings, it was recommended that clinicians responding to this type of client should be aware through their training and education that the best type of intervention is one that begins with focusing on preventing initial and re-occurring episodes of homelessness by working with the adolescents and their families (Cochran et al., 2002).

These researchers explained that substance use disorder is typically a way for GLBT adolescents to cope with the stressors of being homeless and not being accepted because of their sexual orientation (Cochran et al., 2002). These researchers emphasized that when therapeutic services are offered to the family members to assist them in dealing with their adolescent's sexual identity, the home environment of these adolescents improves and they are less likely to leave (Cochran et al., 2002). Therefore, an ecological model of substance use disorder suggests that both substance use disorder and treatment should focus upon treating both the individual and the systems where the individual interacts.

**Problem-Solving Model**

Perlman's (1957) formulation of the problem-solving model has represented an integral part of social work practice since its inception. According to Turner (2011), the problem-solving model, like the ecological systems model, emphasizes how individuals relate to their environment rather than concentrating on their inner psychological experience or the social structure they live in. The difference is that the problem-solving

model engages a step-by-step process to help individuals solve their problems (Turner, 2011). The steps include a process of releasing, energizing, and giving directions to the client; releasing and continuously exercising the client's capacity on a mental, emotional, and action level to cope with their problems; finding and making opportunities and resources available to solve or mitigate their problem; and then helping individuals and families in their ability to cope with those things that appear to be insurmountable to them in a way that maximizes their ability to make a conscious effort to choose with competency (Turner, 2011).

The problem-solving model essentially fosters the establishment of a helping relationship with clients for the purposes of assisting them in the problem solving process (Perlman, 1957). Within this process, problems are carefully delineated, and client needs and strengths are identified. This process is followed by the mutual development of goals, identification of resources, and plans to implement strategies focused on solving the problem(s) at hand (Perlman, 1957). An important assumption of the problem-solving theory is that problems in living do not represent weakness and failure on the part of individuals and/or families, but rather are the outcome of a natural process of human growth and change (Turner, 2011). The model also emphasizes a strengths perspective and the utilization of the client's identified strengths throughout the problem-solving process.

A necessary part of the problem-solving method is that the social worker must make a conscious effort to create a collaborative relationship that motivates and supports the clients so that they will engage in thinking through and expressing their feelings about

their problem (Cournyer, 2010). This is a complicated process of identifying and measuring all of the various factors that enable a social worker to help individuals, and it is even more complex for social workers who are working in a variety of settings for a wide range of populations (Cournyer, 2010). For example, social workers in today's workforce may serve patients in a variety of settings from families of infants in a neonatal unit to persons and their families incarcerated or in a substance use disorder program, and each setting requires problem-solving (Cournyer, 2010).

Overall, Turner (2011) explained that the conceptual foundation of the problem-solving model is provided to assist with understanding, assessing, establishing goals, and intervening with substance abusing clients. A problem-solving focus guides the social worker in engaging in the problem-solving process with the client to determine factors and issues associated with substance use and abuse. While accomplishing this goal, it is important to identify strengths and resources that can be utilized in establishing goals and outcomes directed towards resolving substance use disorder (Straussner & Senreich, 2002).

**Crisis Intervention Theory**

Lydia Rapoport (1965) made a significant contribution to the theoretical foundations of social work with her work in the area of crisis intervention theory. The model that has emerged is one that aids the social worker in recognizing that the problems experienced by individuals, families, groups, and communities are those that may have emerged as the consequence of a crisis that created a sudden discontinuity in the existing functioning and state of homeostasis of the client system.

Rapoport (1965) explained that clients who are in a crisis state are often overwhelmed. The strengths as well as the problem-solving capacities, which may have served them well in past problematic situations, are no longer working effectively in helping them to resolve the issues at hand. In such situations, using crisis intervention theory, clients are frequently more open to intervention and assistance directed at aiding them in resolving the crisis (Rapoport, 1965). However, since the crisis state is time-limited, as conceptualized within crisis theory, the importance of expediency in assessing the crisis and assisting to reduce its impact is emphasized as critical in working with clients.

As suggested by Straussner and Senreich (2002), crisis intervention theory provides a foundation for substance use disorder content in social work curricula that focuses both on assessment and intervention with substance abusing clients. As such, crisis intervention theory can be used to aid social work students in the development of knowledge and skill in assessing and identifying the consequences that frequently create crisis states for substance abusing clients and/or their families.

According to Straussner and Senreich (2002), crisis theory can also be used to assist students in learning knowledge and skill in the use of effective confrontation to facilitate opportunities for change. Crisis theory suggests that stressful life events can precipitate a state of crisis resulting in people being overwhelmed. Some people may experience a particular situation as a crisis, but others, even within the same family system, may not have that same experience.

**Family Systems Theory**

The social work profession has a long tradition of working with families. Social workers are often recognized as competent in their ability to provide services to families. The underpinnings of family systems theory are based on the work of biologist, Ludwig von Bertallanfy (1934), who researched living systems. Von Bertallanfy (1968) defined a system or organism as one that is comprised of parts and processes that are mutually dependent and mutually interact. From this biological premise, social scientists began to develop theories of family interaction and interdependence.

Family systems theories extrapolated von Bertallanfy's theory to say that, like all living systems, families are self-regulating and self-maintaining, and that change in any part of the system changes all parts of the system (Straussner & Seinreich, 2002). Like the ecological systems theory and the problem-solving model, family systems theory emanated from the general systems theory because it sought to understand how current family dynamics, generational families of origin, and family environmental factors impact individuals (Straussner & Seinrech, 2002).

The historical dynamic of family systems theory is related to the period after World War II, in the 1950s and 1960s, when there was a growing interest in the role that the family played in the development and maintenance of pathology or dysfunction (Straussner & Seinrech, 2002). As veterans returned from the war, there was government funding available to address many of the issues that they were bringing home from the war (e.g., psychological and physical impairment), and issues they were facing when they returned home (e.g., women staying in the workforce, consequences of hasty or delayed

marriages, and changes in sexual mores). The framework of family systems theory was further developed and became a foundation for social work curriculum and practice. Hepworth et al. (2012) explained that family systems theory provides a means for training social workers to gain further knowledge and skill in the importance of assessing and intervening with both the individual and their family. The theory also provides a means for recognizing the role family dynamics can have in the development and maintenance of the problem. In families, there is a set of rules regarding roles, power structures, communication types, and how they solve problems (Hepworth et al., 2012). Family systems theory essentially offers the social worker the opportunity to be aware of the long-lasting effects that substance use disorder can have on families, which reinforces the need to develop plans for intervening with all who have been impacted by problems within the family associated with substance use disorder (Hepworth et al.).

## Summary

This review of the literature began with a review of the history of social work education and training, and proceeded into a discussion of the most current articles, studies, and a few books on the topic of social workers' attitude towards substance use disorder, academic preparation, and practice competence. The chapter ended with a review of salient theoretical approaches for the clinical treatment of those with substance use disorder and how these approaches should impact what is being taught. The literature review produced a compelling argument for additional training and education for social workers regarding substance use disorder based upon current societal needs and limited

requirements for certification, and current master's of social work programs for this specialty. The next chapter, chapter three, will discuss the methodology of this study and the analysis.

# CHAPTER III

# METHODOLOGY

Chapter III presents the methods and procedures that were used in conducting the study. The following are described: research design; description of the site; sample and population; instrumentation; treatment of data; and limitations of the study.

## Research Design

A non-experimental and descriptive research design was employed in this study. The study was designed to ascertain data in order to describe and explain the attitude, academic preparation, and practice competence of social workers in relation to substance use disorder in the state of Georgia.

This research design allowed for the descriptive analysis of the demographic characteristics of the respondents. Also, this research design facilitated the explanation of the statistical relationship between the kind of attitude, academic preparation and training, and practice competence in relation to substance use disorder of bachelor, master, and PhD level social workers.

## Description of the Site

The research study was conducted throughout the state of Georgia. The surveys were mailed to persons on the mailing database of the Georgia Board of Professional Counselors, Social Workers, Marriage and Family Therapists, and the National Association of Social Workers Georgia chapter members. This site was selected because the researcher is a licensed clinical social worker in the state of Georgia as well as a member of the NASW Georgia chapter, with the specialty area of ATOD.

## Sample and Population

The target population for the research was composed of bachelor, master, and/or doctoral social workers in the state of Georgia. Four hundred (400) respondents were selected utilizing nonprobability convenience sampling from among the members of the mailing database, of which 301 returned the questionnaires

## Instrumentation

The research study employed a survey questionnaire entitled, *A Study of Social Workers in Relation to Substance Use Disorders*. The survey questionnaire consisted of four sections with a total of 35 questions. Section I solicited demographic information about the characteristics of the respondents. Section II related to the attitudes of social workers towards substance use disorder. Section III addressed academic training and continuing education in substance use disorder. Section IV queried social workers' competency to work with substance use disorder clients.

Section I of the survey questionnaire consisted of eight questions (1 thru 8). Of the eight questions, selected questions were used as independent variables for the study. The questions in Section I were concerned with gender, age group, racial category, college degree, and certification. These questions provided information for the presentation of a demographic profile on the respondents of the research study. Section II consisted of six questions (9 thru 14). These questions assessed the social workers' attitudes toward substance use disorder. Section III consisted of nine questions (15 thru 23). The questions in Section III reviewed the academic preparation social workers received through college courses or continuing education to provide services to persons with substance use disorder. Section IV consisted of 12 questions (24 thru 35). These questions allowed the social worker to rate their practice competency with substance use disorder clients.

## Treatment of Data

Survey data were analyzed using SPSS (Version 17.0). In order to test the first null hypothesis, cross-tabulations and a chi-square test of independence were used. Statistical treatment of the data employed descriptive statistics, which included measures of central tendency, frequency distribution, and cross tabulation. The test statistics for the study were chi square, Kendall's tau, and phi.

Frequency distribution was used to analyze each of the variables of the study in order to summarize the basic measurements. A frequency distribution of independent variables was used to develop a demographic profile and to gain insights about the respondents of the study.

Cross tabulations were utilized to demonstrate the statistical relationship between the independent variable and the dependent variables. Cross tabulations were conducted between the independent variable (social work degree) and dependent variables (attitude, academic preparation, and practice competence).

Three test statistics were employed. The first test was a chi square test of independence. Chi Square was used to test whether there was a statistical significance at the .05 level of probability among the variables in the study. The second test statistics employed in the research study was Kendall's tau, which is a non-parametric measure of association for ordinal variables. In combination with the chi-square tests of independence, an effect size was reported in the form of phi (Φ), which is a symmetric measure of association that is used to demonstrate the strength of the relationship between two variables.

## Limitations of the Study

There were two basic limitations of the study. First, the questionnaire was only distributed to social workers in the state of Georgia; therefore, the results may not be generalized to social work professionals in other states. Social work professionals in the addiction field may not choose to be affiliated with the Georgia Composite Board or NASW; instead they become certified by an addiction credentialing organization and are not captured in this study.

# CHAPTER IV

# PRESENTATION OF FINDINGS

The purpose of this chapter was to present the findings of the study in order to describe and explain the attitude, academic preparation, and practice competence in relation to substance use disorder in the state of Georgia. The findings are organized into two sections: demographic data and research questions and hypotheses.

## Demographic Data

This section provides a profile of the study respondents. Descriptive statistics were used to analyze the following: gender, age group, racial category, college degree, and certification.

A target population for the research was composed of bachelor, master, and/or doctoral social workers in the state of Georgia. Four hundred respondents were selected utilizing convenience sampling from among the mailing database of the selected site.

## Research Questions and Hypotheses

The purpose of this descriptive and non-experimental study was to learn more about the attitude, academic preparation, and practice competence of social workers in relation to substance use disorders. In order to explore the attitudes, academic preparation and competence of social workers in relation to substance use disorders, a closed ended questionnaire was administered to 301 social workers.

The purpose of this chapter is to present the data analysis findings in order to test the following null hypotheses:

1. There is no statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.
2. There is no statistically significant difference in the academic preparation of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.
3. There is no statistically significant difference in the practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.
4. There is no statistically significant relationship between attitude, academic preparation, and practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.

This chapter is composed of four major sections, which include a descriptive summary of the participants' demographic and background characteristics, a discussion of the data analysis procedures, the results for each null hypothesis, and a summary section integrating the overall research findings.

## Descriptive Summary of Research Participants

This section of the chapter provides a descriptive summary of the research participants. A total of 301 social workers completed the research questionnaire. Table 1 illustrates the frequency distribution of the demographic profile of study respondents.

Table 1

*Demographic Profile of Study Respondents (N = 301)*

| Variable | Frequency | Percent |
|---|---|---|
| Gender | | |
| Male | 62 | 20.6 |
| Female | 239 | 79.4 |
| Ethnicity | | |
| Caucasian | 178 | 59.1 |
| African American | 117 | 38.9 |
| Hispanic | 2 | 0.7 |
| Asian | 2 | 0.7 |
| Other | 1 | 0.3 |
| Missing | 1 | 0.3 |
| Age | | |
| Under 30 years | 29 | 9.6 |
| 30-39 years | 71 | 23.6 |
| 40-49 years | 64 | 21.3 |
| 50 years and up | 137 | 45.5 |
| Education | | |
| BSW | 12 | 4.0 |
| MSW | 260 | 86.4 |

Table 1 (continued)

| Variable | Frequency | Percent |
|---|---|---|
| Education (continued) | | |
| DSW-PhD | 29 | 9.6 |
| Setting | | |
| Social Agency | 68 | 22.6 |
| Other | 68 | 22.6 |
| Private Practice | 56 | 18.6 |
| Hospital | 36 | 12.0 |
| School (K-12) | 27 | 9.0 |
| Mental Health Center | 18 | 6.0 |
| Substance Use Disorder Treatment Center | 14 | 4.7 |
| Criminal Justice/Courts | 10 | 3.3 |
| Missing | 4 | 1.3 |
| Income | | |
| Under $30,000 | 27 | 9.0 |
| $30,000 - $34,999 | 29 | 9.6 |
| $35,000 - $49,999 | 87 | 28.9 |
| $50,000 - $59,999 | 50 | 16.6 |
| $60,000 - $69,999 | 40 | 13.3 |

Table 1 (continued)

| Variable | Frequency | Percent |
|---|---|---|
| Income (continued) | | |
| $70,000 and Up | 56 | 18.3 |
| Missing | 12 | 4.0 |
| Marital Status | | |
| Married | 176 | 58.5 |
| Never Married | 56 | 18.6 |
| Divorced | 56 | 18.6 |
| Widowed | 7 | 2.3 |
| Separated | 5 | 1.7 |
| Missing | 1 | 0.3 |
| License Status | | |
| Yes | 228 | 75.7 |
| No | 73 | 24.3 |
| Addiction Counseling Credentials | | |
| Yes | 53 | 17.6 |
| No | 248 | 82.4 |

The results in Table 1 indicated that the majority of the research participants were female (79.4%). The racial composition of the sample indicated that the majority of the sample was Caucasian (59.1%), followed by African American (38.9%). The remainder of the ethnicities represented less than 1% of the sample. Table 1 results showed that the most common age category was 50 or older (45.5%), followed by 30-39 years (23.6%), 40-49 years (21.3%), and finally under 30 years of age (9.6%).

The composition of the sample relative to academic credentials indicated that the vast majority of the participants held a MSW degree at the time of the study (86.4%). At the time of the study, only 9.6% of the sample held a DSW-PhD, and only 4.0% held a BSW. The participants' responses with regard to the setting in which they practice as a social worker showed that the distribution was bimodal with participants being equally likely to work in a social agency setting or to work in a setting characterized as other (22.6%). Private practice was the next most common setting (18.6%), followed by a hospital (12.0%), a school (9.0%), a mental health center (6.0%), a substance use disorder treatment center (4.7%), and finally the criminal justice or court system (3.3%).

Table 1 results regarding income indicated that the most common income category was between $35,000 and $49,999 (28.9%), followed by $70,000 and up (18.6%), between $50,000 and $59,999 (16.6%), between $60,000 and $69,000 (13.3%), between $30,000 and $34,999 (9.6%), and finally under $30,000 (9.0%). As indicated in Table 1, the marital status composition revealed that the majority of the research sample was married at the time of the study (58.5%), followed equally by the number of

participants who had never been married or who had been divorced (18.6%). Only 2.3% were widows or widowers, and finally only 1.7% were separated at the time of the study.

The results in Table 1 also indicated that approximately three-quarters of the sample were licensed social workers in the state of Georgia at the time of the study (75.7%), and the vast majority of the participants did not have addiction counseling credentials at the time study (82.4%).

The percentage of participants that were practicing with substance use disorder clients at the time of the study is summarized in Table 2.

Table 2

*Percentage of Participants Working with Substance Use Disorder Clients*

| Substance Use Disorder Clients | Frequency | Percent |
|---|---|---|
| Yes | 138 | 45.8 |
| No | 161 | 53.5 |
| Missing | 2 | 0.7 |
| Total | 301 | 100.0 |

The results in Table 2 indicated that the sample was fairly evenly split with 45.8% of the participants working with clients that have substance use disorder issues and 53.5% of the participants not working with substance use disorder clients.

The number and percentage of clients who were diagnosed with a substance use disorder or dependency based on the research sample is summarized in Table 3.

Table 3

*Number of Clients Diagnosed with a Substance Use Disorder/Dependence*

| Diagnosed with Substance Use Disorder | Frequency | Percent |
|---|---|---|
| None | 69 | 22.9 |
| Less Than Half | 145 | 48.2 |
| More Than Half | 50 | 16.6 |
| All | 8 | 2.7 |
| Missing | 29 | 9.6 |
| Total | 301 | 100.0 |

The results in Table 3 indicated that the most common response was that less than half of the participants' clients were diagnosed with a substance use disorder or dependency (48.2%). The next most common response was none (22.9%), followed by more than half (16.6%), and finally all (2.7%).

The number of clients who were not diagnosed but who were suspected of having a substance use disorder problem is summarized in Table 4.

Table 4

*Number of Clients not Diagnosed but Suspected to have a Substance Use Disorder*

| Not Diagnosed but Suspected | Frequency | Percent |
|---|---|---|
| None | 84 | 27.9 |
| Less Than Half | 149 | 49.5 |
| More Than Half | 35 | 11.6 |
| All | 1 | 0.3 |
| Missing | 32 | 10.6 |
| Total | 301 | 100.0 |

The results in Table 4 indicated that the most common response was that less than half of the participants' clients were not diagnosed with a substance use problem but were suspected of having a substance use disorder problem (49.5%), followed by none (27.9%), more than half (11.6%), and finally all of one's clients (< 1%).

A summary of the number and percentage of clients who were in recovery from substance use disorder problems is provided in Table 5.

Table 5

*Number of Clients in Recovery from Substance Use Disorder Problems*

| In Recovery from Substance Use Disorder | Frequency | Percent |
|---|---|---|
| None | 77 | 25.6 |
| Less Than Half | 150 | 49.8 |
| More Than Half | 34 | 11.3 |
| All | 7 | 2.3 |
| Missing | 33 | 11.0 |
| Total | 301 | 100.0 |

Table 5 results indicated that the most common response was that less than half of the participants' clients were in recovery from substance use disorder problems (49.8%), followed by none (25.6%), more than half (11.3%), and finally all of one's clients (2.3%).

The number of clients who had family histories of substance use disorder problems is summarized in Table 6.

Table 6

*Number of Clients with Family Histories of Substance Use Disorder Problems*

| Family History of Substance Use Disorder | Frequency | Percent |
|---|---|---|
| None | 29 | 9.6 |
| Less Than Half | 112 | 37.2 |
| More Than Half | 123 | 40.9 |
| All | 6 | 2.0 |
| Missing | 31 | 10.3 |
| Total | 301 | 100.0 |

The results in Table 6 indicated that the most common response was half of the clients (40.9%), followed by less than half (37.2%), none (9.6%), and finally all of one's clients (2.0%).

## Data Analysis Procedures

This section of the chapter discusses the data analysis procedures that were used to test each null hypothesis. All of the survey data were analyzed using SPSS (Version 17.0). In order to test the first null hypothesis, cross-tabulations and a chi-square test of independence were used. The chi-square test of independence is appropriate given that the independent variable (social work degree) is ordinal and each of the three attitude questions on the survey was nominal (yes/no). The chi-square test of independence

determined whether or not there was a statistically significant difference between the three degree groups (BSW, MSW, and DSW-PhD) in the way that they respond to the attitude questions (Cronk, 2008; Minium, King, & Bear, 1993; Proctor & Badzinski, 2002). Statistical significance was determined by an alpha of .05.

The second null hypothesis was tested using cross-tabulation and the chi-square test of independence. The independent variable for the second null hypothesis was the participants' degree and the dependent variable was a nominal (yes/no) response to three academic preparation questions. In addition, since the three academic preparation questions were summed to create an overall academic preparation variable, the relationship between degree type and the ordinal level composite variable was tested using Kendall's tau, which is a non-parametric measure of association for ordinal variables (Proctor & Badzinski, 2002). Statistical significance was determined by an alpha of .05.

The third null hypothesis was also tested using cross-tabulation and the chi-square test of independence. The independent variable was the participants' degree and the dependent variable was a nominal (yes/no) response to three practice competence questions. In addition, since the three practice competence questions were summed to create an overall practice competence variable, the relationship between degree type and the ordinal level composite variable was tested using Kendall's tau. Statistical significance was determined by an alpha of .05.

The fourth and final null hypothesis was tested by correlating the three attitude variables, the composite academic preparation variable, and the composite practice

competence variable for all participants as well as for each level of the social work degree using Kendall's tau. Statistical significance was determined by an alpha of .05.

Finally, in combination with the chi-square tests of independence, an effect size was reported in the form of phi ($\phi$), which is a symmetric measure of association that is used to demonstrate the strength of the relationship between two variables (Bohrnstedt & Knoke, 1995). The following are the interpretations of the values associated with phi ($\phi$):

| | |
|---|---|
| .00 to .24 | "no relationship" |
| .25 to .49 | "weak relationship" |
| .50 to .74 | "moderate relationship" |
| .75 to 1.00 | "strong relationship" |

## Results

This section of the chapter provides the results for each null hypothesis. Therefore the results from the chi-square tests of independence and the results from the Kendall's tau analyses are presented in this section. In addition, the decision to reject or retain the null hypothesis was determined based on the obtained significance values.
Each null hypothesis was tested independently.

### Null Hypothesis One

The first null hypothesis states "There is no statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder." The cross-tabulation results are presented in Table 7.

Table 7

*Cross-Tabulations: Social Work Degree and Attitude*

| | Environment | | Genetic Factors | | Low Morals | |
|---|---|---|---|---|---|---|
| Degree | Agree | Disagree | Agree | Disagree | Agree | Disagree |
| BSW | 58.3 | 41.7 | 33.3 | 66.7 | 50.0 | 50.0 |
| MSW | 59.5 | 40.5 | 56.9 | 43.1 | 8.5 | 91.5 |
| DSW-PhD | 69.0 | 31.0 | 48.3 | 51.7 | 6.9 | 93.1 |

The results in Table 7 indicated that the higher the degree, the higher the level of agreement with the statement that substance use disorders are caused mostly by environmental factors (58.3%, 59.5%, and 69.0%, respectively). However, the differences between the BSW group and the MSW group were very small.

The results in Table 7 also indicated that the MSW group was most likely to agree with the statement that substance use disorders are caused mostly by genetic factors (56.9%), followed by the DSW-PhD group (48.3%), and finally the BSW group (33.3%). Finally, the results in Table 7 indicated that the higher the degree, the less likely the social worker was to agree with the statement that substance use disorders are caused mostly by low morals in the individual (50.0%, 8.5%, and 6.9%, respectively). However, the MSW group and the DSW-PhD group were very similar with regard to their responses.

The chi-square test of independence results are provided in Table 8. The chi-square test determined if there was a statistically significant difference between the social work degree held by participants and their attitude.

Table 8

*Chi-Square Test of Independence: Social Work Degree and Attitude*

| Question | $\chi^2$ | *df* | *p* | $\phi$ |
|---|---|---|---|---|
| Environmental Factors | 1.01 | 2 | 0.61 | 0.06 |
| Genetic Factors | 3.19 | 2 | 0.20 | 0.10 |
| Low Morals | 22.39 | 2 | < .01 | 0.27 |

The results in Table 8 indicated that the only statistically significant difference found pertained to the participants' perceptions that substance use disorders are caused by low morals in the individual [$\chi^2(2) = 1.01$, $p < .01$], although the effect size (e.g. the strength of the relationship) was weak ($\phi = .27$).

The results for null hypothesis one indicated that an overall statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder was detected. Therefore the null hypothesis must be rejected.

**Null Hypothesis Two**

The second null hypothesis states "There is no statistically significant difference in the academic preparation of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder." The cross-tabulations for the individual questions relating to academic preparation are provided Table 9.

Table 9

*Cross-Tabulations: Social Work Degree and Academic Preparation*

| | Course Offered | | Course Required | | Practicum Training | |
|---|---|---|---|---|---|---|
| Degree | Agree | Disagree | Agree | Disagree | Agree | Disagree |
| BSW | 54.5 | 45.5 | 9.1 | 90.9 | 27.3 | 72.7 |
| MSW | 55.0 | 45.0 | 11.2 | 88.8 | 40.2 | 59.8 |
| DSW-PhD | 69.0 | 31.0 | 6.9 | 93.1 | 55.2 | 44.8 |

The results in Table 9 indicated that as the educational level increases, the likelihood to agree that a substance use disorder course was offered in the school's social work curriculum also increases, although the BSW and MSW groups were almost identical (54.5%, 55.0% and 69.0%, respectively).

The results in Table 9 also indicated that MSW social workers were the most likely to agree that a substance use disorder course was required in their school's social

work curriculum (11.2%), followed by the BSW group (9.1%), and finally the DSW-PhD group (6.9%). However, the three groups were relatively similar with all three groups having a very low agreement rate.

Finally, the results in Table 9 indicated that as the educational level increases, the likelihood of agreeing that substance use disorder training was received during the practicum experience (27.3%, 40.2%, and 55.2%, respectively).

The chi-square test of independence results for null hypothesis two are provided in Table 10.

Table 10

*Chi-Square Test of Independence: Social Work Degree and Academic Preparation*

| Question | $\chi^2$ | *df* | *p* | $\phi$ |
|---|---|---|---|---|
| Course Offered | 2.07 | 2 | 0.36 | 0.08 |
| Course Required | 0.54 | 2 | 0.77 | 0.04 |
| Practicum Training | 3.36 | 2 | 0.19 | 0.11 |

The results in Table 10 indicated that although some differences were found with regard to the percentages, especially with regard to substance use disorder training having been provided in the practicum experience, no significant differences were found ($p > .05$). Furthermore, none of the effect sizes suggested a relationship between social work

degree and likelihood of agreement with the three academic preparation questions ($\phi <$ .24).

When examining the relationship between educational level and the summed academic preparation variable using Kendall's tau (refer to Table 11), the relationship was found to be non-significant and non-existent ($r_K = .09$, $p = .11$). Therefore no relationship was found even when using the composite academic preparation variable.

Table 11

*Social Work Degree and Summed Academic Preparation*

| Relationship tested | *r* | *p* |
|---|---|---|
| Social work degree and academic preparation | 0.09 | 0.11 |

Figure 1 displays a comparative bar chart, which illustrates the level of agreement within each social work degree group when examining academic preparation. Summed academic preparation ratings of three (response of disagree across all three questions) were labeled as "none" while ratings of six (response of agree across all three questions) were labeled as "high."

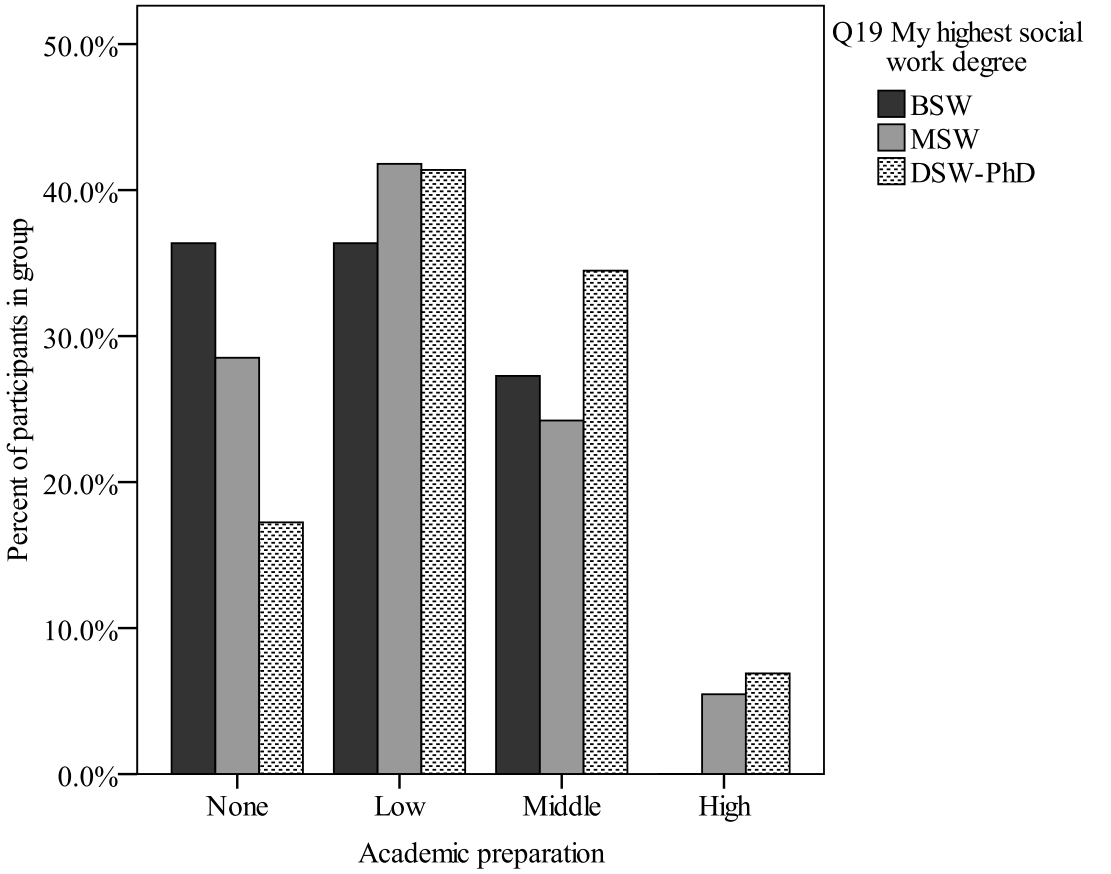


*Figure 1.* Social work degree comparisons regarding academic preparation.

The results in Figure 1 indicated that there was a trend for the BSW group in that as levels of preparation increased, fewer BSW students were represented. The MSW and DSW-PhD groups were relatively similar in their profiles, although the DSW-PhD group was less likely to fall within the "none" category and more likely to fall into the "middle" category when compared to the MSW group.

The results for null hypothesis two indicated that no significant differences were found and no significant relationships were found and, therefore, the null hypothesis stating that "There is no statistically significant difference in the academic preparation of

BSW, MSW, and DSW-PhD social workers in relation to substance use disorder" must be retained

**Null Hypothesis Three**

The third null hypothesis states "There is no statistically significant difference in the practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder." The cross-tabulations for the individual questions relating to practice competence are provided in Table 12.

Table 12

*Cross-Tabulations: Social Work Degree and Practice Competence*

| | Training | | Experience | | Credentials | |
|---|---|---|---|---|---|---|
| Degree | Agree | Disagree | Agree | Disagree | Agree | Disagree |
| BSW | 33.3 | 66.7 | 58.3 | 41.7 | 41.7 | 58.3 |
| MSW | 41.9 | 58.1 | 61.0 | 36.0 | 55.4 | 44.6 |
| DSW-PhD | 48.3 | 51.7 | 65.5 | 34.5 | 69.0 | 31.0 |

The results in Table 12 indicated that as educational level increases, the likelihood of agreeing that the social work training qualified the participant to work in the addiction services also increases (33.3%, 41.9%, and 48.3%, respectively). The results also indicated that as educational level increases, the likelihood of agreeing that the social

work experience qualified the participant to work in the addiction services also increases (58.3%, 61.0%, and 65.5%, respectively). However, the differences were relatively small. Finally, the results in Table 12 indicated that as educational level increases, the likelihood of participants' agreeing that their credentials qualified them to work in the addiction services also increases (27.3%, 40.2%, and 55.2%, respectively).

The chi-square test of independence results for null hypothesis three are provided in Table 13.

Table 13

*Chi-Square Test of Independence: Social Work Degree and Practice Competence*

| Question | $\chi^2$ | *df* | *p* | $\phi$ |
|---|---|---|---|---|
| Training | 0.83 | 2 | 0.66 | 0.05 |
| Experience | 0.27 | 2 | 0.87 | 0.03 |
| Credentials | 3.02 | 2 | 0.22 | 0.10 |

The results in Table 13 indicated that although some differences were found, especially with regard to their credentials having qualified them to work in addiction services, no significant effects were found ($p > .05$). Furthermore, none of the effect sizes suggested that a relationship exists between degree level and likelihood to agree with the three academic preparation questions ($\phi < .24$).

When examining the relationship between educational level and the summed practice competence variable using Kendall's tau (refer to Table 14), the relationship was found to be non-significant and non-existent ($r_K$ = .07, $p$ = .18). Therefore no relationship was found even when using the composite practice competence variable.

Table 14

*Social Work Degree and Summed Practice Competence*

| Relationship tested | *r* | *p* |
|---|---|---|
| Social work degree and practice competence | 0.07 | 0.18 |

Figure 2 displays a comparative bar chart, which illustrates the level of agreement within each social work degree group when examining practice competence. Summed practice competence ratings of three (response of disagree across all three questions) were labeled as "none" while ratings of six (response of agree across all three questions) were labeled as "high."

The results in Figure 2 indicated that non-linear trends were found for all three groups. However, the BSW social workers were most likely to fall into the "none" category, while the MSW and DSW-PhD social workers were most likely to fall into the "high" category.

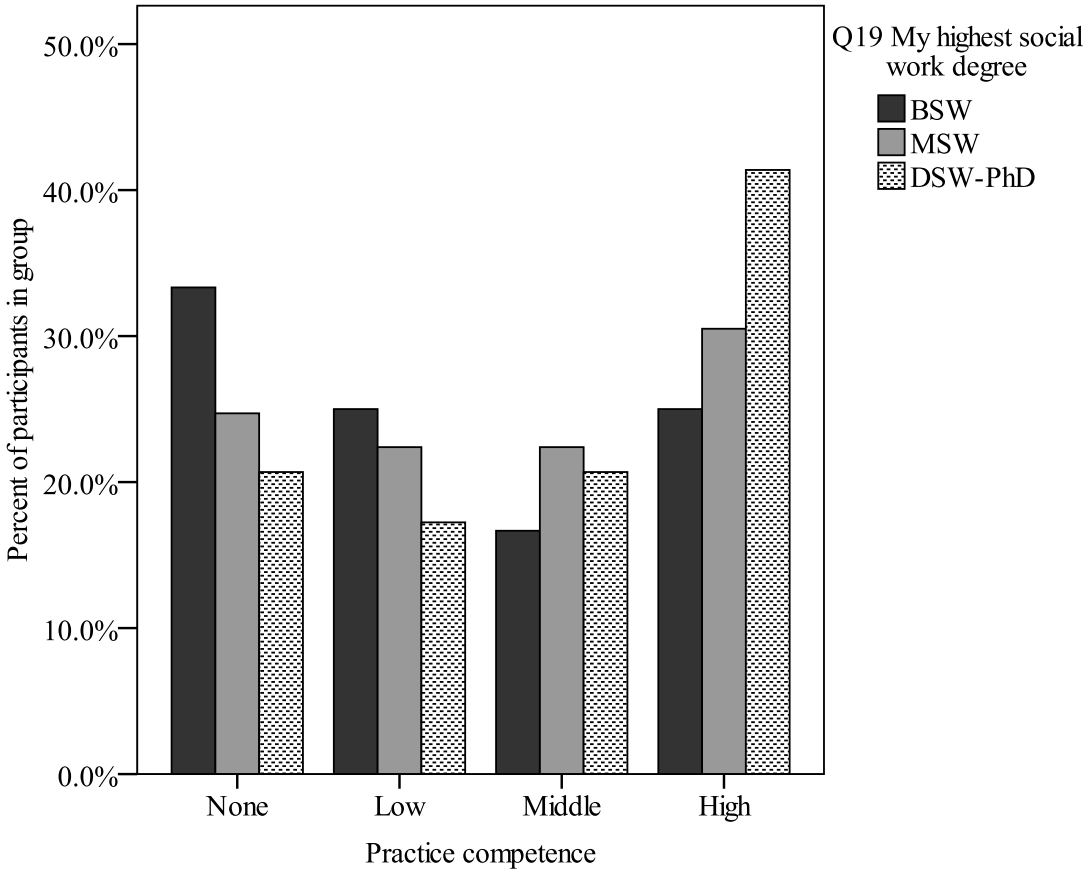


*Figure 2.* Social work degree comparisons regarding practice competence.

The results for null hypothesis three indicated that no significant differences and no significant relationships were found and, therefore, the null hypothesis stating that "There is no statistically significant difference in the practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder" must be retained.

**Null Hypothesis Four**

The fourth and final null hypothesis states "There is no statistically significant relationship between attitude, academic preparation, and practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder." In order to test this null hypothesis, correlation coefficients were computed using Kendall's tau. The results are provided for the entire group as well as by each social work degree category. The results for the entire sample are provided in Table 15.

Table 15

*Inter-correlations of the Dependent Variables: Entire Sample*

| Entire sample | DV 1 | DV 2 | DV 3 | DV 4 | DV 5 |
|---|---|---|---|---|---|
| Environmental factors (DV 1) | 1.00 | -0.01 | 0.07 | 0.11 | -0.09 |
| Genetic factors (DV 2) | -0.01 | 1.00 | -0.12* | 0.00 | 0.02 |
| Low morals (DV 3) | 0.07 | -0.12* | 1.00 | -0.02 | -0.04 |
| Academic preparation (DV 4) | 0.11 | 0.00 | -0.02 | 1.00 | 0.25* |
| Practice competence (DV 5) | -0.09 | 0.02 | -0.04 | 0.25* | 1.00 |

*$p < .05$.

The results in Table 15 indicated that two significant inter-correlations between the different dependent variables were found. First, those who agreed that substance use disorders are mostly caused by environmental factors were significantly less likely to

agree that substance use disorders are mostly caused by genetic factors ($r_k$ = -.12, $p$ = .03). Second, higher levels of academic preparation were significantly associated with higher levels of practice competence ($r_k$ = .25, $p$ < .01).

The results for the BSW group are presented in Table 16; however, keep in mind that these results were based on a total group size of only 12 and, therefore, the statistical power to detect significant relationships was very low (Cohen, 1988).

Table 16

*Inter-correlations of the Dependent Variables: BSW Sample*

| BSW group | DV 1 | DV 2 | DV 3 | DV 4 | DV 5 |
|---|---|---|---|---|---|
| Environmental factors (DV 1) | 1.00 | -0.12 | 0.17 | -0.32 | -0.46 |
| Genetic factors (DV 2) | -0.12 | 1.00 | -0.35 | 0.54 | 0.75* |
| Low morals (DV 3) | 0.17 | -0.65 | 1.00 | 0.09 | -0.39 |
| Academic preparation (DV 4) | -0.32 | 0.54 | 0.09 | 1.00 | 0.45 |
| Practice competence (DV 5) | -0.46 | 0.75* | -0.39 | 0.45 | 1.00 |

*$p$< .05.

The results in Table 16 indicated that the only statistically significant relationship found pertained to the relationship between social workers' level of agreement that substance use disorders are caused mostly by genetic factors and practice competence ($r_k$ = .75, $p$ = .01) in that those who agreed that substance use disorders are caused mostly by

genetic factors tended to have higher levels of practice competence than those that did not agree that substance use disorders are caused mostly by genetic factors.

The results for the inter-correlations with MSW group as the dependent variable are provided in Table 17.

Table 17

*Inter-correlations of the Dependent Variables: MSW Sample*

| MSW group | DV 1 | DV 2 | DV 3 | DV 4 | DV 5 |
|---|---|---|---|---|---|
| Environmental factors (DV 1) | 1.00 | -0.01 | 0.08 | 0.11 | -0.11 |
| Genetic factors (DV 2) | -0.01 | 1.00 | -0.07 | -0.03 | 0.00 |
| Low morals (DV 3) | 0.08 | -0.07 | 1.00 | -0.01 | -0.01 |
| Academic preparation (DV 4) | 0.11 | -0.03 | -0.01 | 1.00 | 0.20* |
| Practice competence (DV 5) | -0.11 | 0.00 | -0.01 | 0.20* | 1.00 |

*$p < .01$.

The results in Table 17 indicated that a significant relationship was found between the social workers' levels of academic preparation and their levels of practice competence ($r_k = .20$, $p < .01$) in that higher levels of academic preparation were significantly associated with higher levels of practice competence.

Finally, the results for the DSW-PhD group as the dependent variable are presented in Table 18.

Table 18

*Inter-correlations of the Dependent Variables: DSW-PhD Sample*

| DSW-PhD group | DV 1 | DV 2 | DV 3 | DV 4 | DV 5 |
|---|---|---|---|---|---|
| Environmental factors (DV 1) | 1.00 | 0.05 | -0.11 | 0.21 | 0.19 |
| Genetic factors (DV 2) | 0.05 | 1.00 | -0.26 | 0.10 | -0.05 |
| Low morals (DV 3) | -0.11 | -0.26 | 1.00 | -0.07 | 0.04 |
| Academic preparation (DV 4) | 0.21 | 0.10 | -0.07 | 1.00 | 0.44* |
| Practice competence (DV 5) | 0.19 | -0.05 | 0.04 | 0.44* | 1.00 |

*$p < .05$.

The results in Table 18 indicated that a significant relationship was found between academic preparation and practice competence ($r_K = .44$, $p = .01$) in that higher levels of academic preparation were significantly associated with higher levels of practice competence.

The results for null hypothesis four indicated that there was a statistically significant relationship between the social workers' perceptions of their academic preparation and their perceptions of their practice competence in that higher levels of academic preparation were associated with higher levels of practice competence. Therefore the null hypothesis must be rejected.

## Summary

The results of this study indicated that although there was an overall statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers, there was no statistically significant difference found with regard to academic preparation or practice competence. Specifically, the results indicated that BSW social workers were much more likely to agree that substance use disorders were caused mostly by low morals in the individual (50% agreement), when compared to MSW social workers (8.5%) and DSW-PhD social workers (6.9%).

The results of this study also indicated that there was a statistically significant relationship between social workers' perceptions of their level of academic preparation and their perceptions of their level of practice competence. This statistically significant relationship was found at the entire sample level, for the MSW group, and for the DSW-PhD group. However, the lack of significance for the BSW group indicated that the researcher cannot be at least 95% confident that a true relationship exists in the overall population of BSW social workers.

This chapter presented the descriptive results of the research samples' demographic and background characteristics as well as the results for each null hypothesis. Chapter 5 will provide a discussion of these results as they relate to the literature and the field of social work. Specifically, the implications of these findings as well as the limitations of the study will be discussed and addressed.

# CHAPTER V

# CONCLUSIONS AND RECOMMENDATIONS

The research study was designed to answer four questions concerning the attitude, academic preparation, and practice competencies of social workers in relation to substance use disorders in the state of Georgia. The conclusions and recommendations of the research findings are presented in this chapter. Recommendations are proposed for future discussion for schools of social work, administrators, practitioners, social workers, and students. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Is there a statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder?

The results for null hypothesis one indicated that an there was an overall statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder. Therefore, the null hypothesis must be rejected.

Research Question 2: There is no statistically significant difference in the academic preparation of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.

The results for null hypothesis two indicated that there were no statistically significant differences and no statistically significant relationships and, therefore, the null hypothesis stating that "There is no statistically significant difference in the academic preparation of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder" must be retained.

Research Question 3: There is no statistically significant difference in the practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.

The results for null hypothesis three indicated that there were no statistically significant differences and no statistically significant relationships were found and, therefore, the null hypothesis stating that "There is no statistically significant difference in the practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder" must be retained.

Research Question 4: There is no relationship between attitude, academic preparation, and practice competence of BSW, MSW, and DSW-PhD social workers in relation to substance use disorder.

The results for null hypothesis four indicated that there was a statistically significant relationship between social workers' perceptions of their academic

preparation and their perceptions of their practice competence in that higher levels of academic preparation were associated with higher levels of practice competence. Therefore, the null hypothesis must be rejected.

In sum, the results of this study indicated that although there was an overall statistically significant difference in the attitude of BSW, MSW, and DSW-PhD social workers, there was no statistically significant difference with regard to academic preparation or practice competence. Specifically, the results indicated that BSW social workers were much more likely to agree that substance use disorders are caused mostly by low morals in the individual (50% agreement), when compared to MSW social workers (8.5%) and DSW-PhD social workers (6.9%).

The results of this study also indicated that there was a statistically significant relationship between social workers' perceptions of their level of academic preparation and their perceptions of their level of practice competence. This statistically significant relationship was found at the entire sample level, for the MSW group, and for the DSW-PhD group. However, the lack of significance for the BSW group indicates that the researcher cannot be at least 95% confident that a true statistically significant relationship exists in the overall population of BSW social workers.

## Recommendations

As a result of the findings of this study, the researcher is recommending the following:

1. Social workers in the field of substance use disorder need more training and support. The areas of assessment, advanced clinical techniques, and co-occurring disorders are priorities for future training among social workers.
2. The social work profession should pay attention to potential substance use disorder problems in non-substance use disorder practice areas.

# APPENDIX A

## COVER LETTERS

Dear Social Worker:

Enclosed you will find a brief questionnaire exploring the attitude, academic training, and practice competence of Social Workers to provide services to clients/patients/ consumers with substance use disorders. This questionnaire is part of a doctoral dissertation at Clark Atlanta University Whitney M. Young, Jr., School of Social Work. Please take five minutes to complete the survey and return it in the self-addressed stamped envelope.

Your name was selected from the database of the Georgia Composite Board of Marriage and Family Therapists, Professional Counselors, and Social Workers or the National Association of Social Workers Georgia Chapter. Questionnaires have not been marked or coded in any way. Your response to this questionnaire is completely anonymous.

Participation in this study is voluntary. You may refuse to answer any or all questions on this questionnaire. Your return of the enclosed questionnaire will be considered consent for your participation in this research.

For further information, or for a summary of results, please contact me via email, kgresham@msm.edu or regular mail, Kay Gresham, Ph.D. Candidate, Whitney M. Young, Jr., School of Social Work, Clark Atlanta University, P. O. Box 1565, Atlanta, GA 30314-1565.

Your time and attention is greatly appreciated.

Sincerely,

Kay Gresham, LCSW, ACSW, MAC Enclosure

APPENDIX A

(continued)

Dear Social Worker:

A few weeks ago, I mailed you a questionnaire identical to the one enclosed. If you have filled out and returned this questionnaire, I thank you for your time; if not, please take five minutes to complete and return it in the self-addressed stamped envelope. This questionnaire is part of a doctoral dissertation at Clark Atlanta University Whitney M. Young, Jr., School of Social Work exploring the attitudes, academic training, and competence of Social Workers to provide services to clients/patients/ consumers with substance use disorders.

Your name was selected from the database of Georgia Composite Board of Marriage and Family Therapists, Professional Counselors, and Social Workers or the National Association of Social Workers Georgia Chapter. Questionnaires have not been marked or coded in any way. Your response to this questionnaire is completely anonymous.

Participation in this study is voluntary. You may refuse to answer any or all questions on this questionnaire. Your return of the enclosed questionnaire will be considered consent for your participation in this research.

For further information, or for a summary of results, please contact me via email, kgresham@msm.edu or regular mail, Kay Gresham, Ph.D. Candidate, Whitney M. Young, Jr., School of Social Work, Clark Atlanta University, P. O. Box 1565, Atlanta, GA 30314-1565.

Your time and attention is greatly appreciated.

Sincerely.

Kay Gresham, LCSW, ACSW, MAC

Enclosure

APPENDIX B

SURVEY QUESTIONNAIRE

A Study of Social Workers in Relation to Substance Use Disorders

Dear Participant:

I am a student in the Ph.D. Program at the Whitney M. Young, Jr., School of Social Work at Clark Atlanta University. I invite you to participate in a study of social workers in relation to substance use disorders. The questionnaire will only take five minutes to complete. The purpose of the study is to learn more about the attitude, academic preparation, and practice competence of social workers in relation to substance use disorders. The findings will be used in an analysis for my dissertation. The findings from the study will also be used for curriculum and continuing education recommendations. Because we want all responses to remain confidential, do not put your name on the questionnaire answer sheet. Choose only one answer for each question and respond to all questions. Two copies are enclosed. Keep a copy for your records and return the other survey in a timely manner in the enclosed self-addressed stamped envelope. Thank you for your cooperation.

Kay Gresham
12/2005

Section I: Do you disagree or agree with the following statements

Write the appropriate number ( 1 thru 2 ) in the blank space beside each statement on the questionnaire

1 = Disagree 2 = Agree

*Attitude* _____

_____ 1. Substance use disorders are caused mostly by environmental factors.

_____ 2. Substance use disorders are caused mostly by genetic factors.

_____ 3. Substance use disorders are caused mostly by low morals in the individual.

*Academic Preparation* _____

_____ 4. A substance use disorder course was offered in my school's social work curriculum.

_____ 5. A substance use disorder course was required in my school's social work curriculum.

_____ 6. During my practicum (internship) experience, I received substance use disorder training.

APPENDIX B

(continued)

*Practice Competence* _____

_____ 7. My social work training qualifies me to work in the addiction services.

_____ 8. My social work experience qualifies me to work in addiction services.

_____ 9. My credentials qualify me to work in addiction services.

Section II: Background Information
Place a mark ( X ) next to the appropriate item. Choose only one answer for each question.

10. I am a licensed social worker in the State of Georgia: 1)_____No 2)_____Yes

11. I have credentials in addiction counseling: 1)___No 2)_____Yes

12. I currently practice with substance use disorder clients: 1)_____No 2)_____Yes

13. Number of my clients who are diagnosed with a substance use disorder or dependence:

    1)_____None 2)_____Less than half 3)____More than half 4)_____All

14. Number of my clients who are not diagnosed that I suspect have a substance use disorder problem:

    1)_____None 2)_____Less than half 3)____More than half 4)_____All

15. Number of my clients who are in recovery from a substance use disorder problem:

    1)_____None 2)_____Less than half 3)____More than half 4)_____All

16. Number of my clients who have family histories of substance use disorder problems:
    1)_____None 2)_____Less than half 3)____More than half 4)_____All

Section III: Demographic Information
Place a mark ( X ) next to the appropriate item. Choose only one answer for each question.

17. My gender: 1)_____Male 2)_____Female

18. My age group: 1)_____Under 30 2)____30 – 39 3)_____40 – 49 4)____50 up

19. My highest social work degree: 1)_____BSW 2)_____MSW 3)_____DSW/PhD

APPENDIX B

(continued)

20. My ethnicity: 1)_____African American 2)_____Caucasian 3)_____Hispanic
4)_____Asian 5)_____Native American 6)_____Other (specify)
_____

21. The setting in which I practice as a social worker: 1)_____Substance use disorder/
Treatment Center 2)_____Hospital 3)_____Mental Health Center
4)_____School (k-12) 5)_____Social Agency 6)_____Criminal Justice/Courts
7)_____Private Practice 8)_____Other _____

22. My annual income: 1)_Under $30,000 2)_____$30,000 – 34,999
3)_____$35,000 – 49,999 4)_____$50,000 – 59,999
5)_____$ 60,000 – 69,000 6)_____$70,000 up

23. My marital status: 1)___Never Married 2)_____Married3)_____Divorced
4)_____Widow 5)_____Separated

*Thank you for your cooperation!*

# APPENDIX C

## SPSS PROGRAM ANALYSIS

**Statistics**

| | | Q1 Substance use disorders are caused by environmental factors. | Q2 Substance use disorders are caused by genetic factors. | Q3 Substance use disorders are caused by low morals in the individual. | Q4 Substance abuse courses was offered in my social work curriculum. |
|---|---|---|---|---|---|
| N | Valid | 8 | 8 | 8 | 8 |
| | Missing | 1 | 1 | 1 | 1 |
| Mean | | 1.50 | 1.63 | 1.13 | 1.50 |
| Std. Deviation | | .535 | .518 | .354 | .535 |
| Minimum | | 1 | 1 | 1 | 1 |
| Maximum | | 2 | 2 | 2 | 2 |

**Statistics**

| | | Q5 Substance abuse course was required in my social work curriculum. | Q6 During my internship experience I received substance abuse training. | Q7 My social work training qualifies me to work in the addiction services. | Q8 My social work experience qualifies me to work in addiction services. | Q9 My credentials qualify me to work in addiction services. |
|---|---|---|---|---|---|---|
| N | Valid | 8 | 8 | 8 | 8 | 8 |
| | Missing | 1 | 1 | 1 | 1 | 1 |
| Mean | | 1.25 | 1.63 | 1.25 | 1.50 | 1.50 |
| Std. Deviation | | .463 | .518 | .463 | .535 | .535 |
| Minimum | | 1 | 1 | 1 | 1 | 1 |
| Maximum | | 2 | 2 | 2 | 2 | 2 |

**Statistics**

| | | Q10 I am a licensed social worker in Georgia. | Q11 I have credentials in addiction counseling. | Q12 I currently practice with substance use disorder clients. | Q13 Number of my clients diagnosed with a substance use disorder. |
|---|---|---|---|---|---|
| N | Valid | 8 | 8 | 8 | 7 |
| | Missing | 1 | 1 | 1 | 2 |
| Mean | | 1.50 | 1.50 | 1.50 | 2.14 |
| Std. Deviation | | .535 | .535 | .535 | .900 |
| Minimum | | 1 | 1 | 1 | 1 |
| Maximum | | 2 | 2 | 2 | 3 |

APPENDIX C

(continued)

**Statistics**

| | | Q14 Number of my clients not diagnosed that suspect with a substance use problem | Q15 Number of my clients in recovery from a substance abuse problem | Q16 Number of my clients who have family histories of substance abuse problems | Q17 My Gender | Q18 My Age Group |
|---|---|---|---|---|---|---|
| N | Valid | 8 | 7 | 8 | 8 | 8 |
| | Missing | 1 | 2 | 1 | 1 | 1 |
| Mean | | 1.50 | 1.86 | 2.38 | 1.88 | 3.25 |
| Std. Deviation | | .535 | .900 | 1.061 | .354 | 1.165 |
| Minimum | | 1 | 1 | 1 | 1 | 1 |
| Maximum | | 2 | 3 | 4 | 2 | 4 |

**Statistics**

| | | Q19 My highest social work degree | Q20 My Ethnicity | Q21 The Setting in which I practice as a social worker | Q22 My Annual Income | Q23 My Marital Status |
|---|---|---|---|---|---|---|
| N | Valid | 8 | 8 | 8 | 8 | 8 |
| | Missing | 1 | 1 | 1 | 1 | 1 |
| Mean | | 2.13 | 1.75 | 4.38 | 3.38 | 2.13 |
| Std. Deviation | | .354 | .463 | 1.996 | 1.598 | .641 |
| Minimum | | 2 | 1 | 2 | 1 | 1 |
| Maximum | | 3 | 2 | 8 | 6 | 3 |

**Q1 Substance use disorders are caused by environmental factors**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 119 | 39.3 | 39.4 | 39.4 |
| | Agree | 183 | 60.4 | 60.6 | 100.0 |
| | Total | 302 | 99.7 | 100.0 | |
| Missing | 0 | 1 | .3 | | |
| Total | | 303 | 100.0 | | |

# APPENDIX C

(continued)

**Q2 Substance use disorders are caused by genetic factors**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 136 | 44.9 | 44.9 | 44.9 |
| | Agree | 167 | 55.1 | 55.1 | 100.0 |
| | Total | 303 | 100.0 | 100.0 | |

**Q3 Substance use disorders are caused by low morals in the individual**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 271 | 89.4 | 89.4 | 89.4 |
| | Agree | 32 | 10.6 | 10.6 | 100.0 |
| | Total | 303 | 100.0 | 100.0 | |

**Q4 Substance abuse course was offered in my social work curriculum**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 130 | 42.9 | 43.3 | 43.3 |
| | Agree | 170 | 56.1 | 56.7 | 100.0 |
| | Total | 300 | 99.0 | 100.0 | |
| Missing | 0 | 3 | 1.0 | | |
| Total | | 303 | 100.0 | | |

**Q5 Substance abuse course was required in my social work curriculum**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 267 | 88.1 | 88.7 | 88.7 |
| | Agree | 34 | 11.2 | 11.3 | 100.0 |
| | Total | 301 | 99.3 | 100.0 | |
| Missing | 0 | 2 | .7 | | |
| Total | | 303 | 100.0 | | |

# APPENDIX C

(continued)

**Q6 During my internship experience I received substance abuse training**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 177 | 58.4 | 58.8 | 58.8 |
| | Agree | 124 | 40.9 | 41.2 | 100.0 |
| | Total | 301 | 99.3 | 100.0 | |
| Missing | 0 | 2 | .7 | | |
| Total | | 303 | 100.0 | | |

**Q7 My social work training qualifies me to work in the addiction services**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 174 | 57.4 | 57.4 | 57.4 |
| | Agree | 129 | 42.6 | 42.6 | 100.0 |
| | Total | 303 | 100.0 | 100.0 | |

**Q8 My social work experience qualifies me to work in addiction services**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 117 | 38.6 | 38.7 | 38.7 |
| | Agree | 185 | 61.1 | 61.3 | 100.0 |
| | Total | 302 | 99.7 | 100.0 | |
| Missing | 0 | 1 | .3 | | |
| Total | | 303 | 100.0 | | |

**Q9 My credentials qualify me to work in addiction services**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Disagree | 133 | 43.9 | 43.9 | 43.9 |
| | Agree | 170 | 56.1 | 56.1 | 100.0 |
| | Total | 303 | 100.0 | 100.0 | |

# APPENDIX C

(continued)

**Q10 I am a licensed social worker in Georgia**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | No | 74 | 24.4 | 24.5 | 24.5 |
| | Yes | 228 | 75.2 | 75.5 | 100.0 |
| | Total | 302 | 99.7 | 100.0 | |
| Missing | 0 | 1 | .3 | | |
| Total | | 303 | 100.0 | | |

**Q11 I have credentials in addiction counseling**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | No | 249 | 82.2 | 82.5 | 82.5 |
| | Yes | 53 | 17.5 | 17.5 | 100.0 |
| | Total | 302 | 99.7 | 100.0 | |
| Missing | 0 | 1 | .3 | | |
| Total | | 303 | 100.0 | | |

**Q12 I currently practice with substance use disorder clients**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | No | 161 | 53.1 | 53.7 | 53.7 |
| | Yes | 139 | 45.9 | 46.3 | 100.0 |
| | Total | 300 | 99.0 | 100.0 | |
| Missing | 0 | 3 | 1.0 | | |
| Total | | 303 | 100.0 | | |

**Q13 Number of my clients diagnosed with a substance use disorder**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | None | 69 | 22.8 | 25.3 | 25.3 |
| | Less than half | 146 | 48.2 | 53.5 | 78.8 |
| | More than half | 50 | 16.5 | 18.3 | 97.1 |
| | All | 8 | 2.6 | 2.9 | 100.0 |
| | Total | 273 | 90.1 | 100.0 | |
| Missing | 0 | 30 | 9.9 | | |
| Total | | 303 | 100.0 | | |

# APPENDIX C

(continued)

**Q14 Number of my clients not diagnosed that suspect with a substance use problem**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | None | 84 | 27.7 | 31.1 | 31.1 |
| | Less than half | 150 | 49.5 | 55.6 | 86.7 |
| | More than half | 35 | 11.6 | 13.0 | 99.6 |
| | All | 1 | .3 | .4 | 100.0 |
| | Total | 270 | 89.1 | 100.0 | |
| Missing | 0 | 33 | 10.9 | | |
| Total | | 303 | 100.0 | | |

**Q15 Number of my clients in recovery from a substance abuse problem**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | None | 77 | 25.4 | 28.6 | 28.6 |
| | Less than half | 151 | 49.8 | 56.1 | 84.8 |
| | More than half | 34 | 11.2 | 12.6 | 97.4 |
| | All | 7 | 2.3 | 2.6 | 100.0 |
| | Total | 269 | 88.8 | 100.0 | |
| Missing | 0 | 34 | 11.2 | | |
| Total | | 303 | 100.0 | | |

**Q16 Number of my clients who have family histories of substance abuse problems**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | None | 29 | 9.6 | 10.7 | 10.7 |
| | Less than half | 113 | 37.3 | 41.7 | 52.4 |
| | More than half | 123 | 40.6 | 45.4 | 97.8 |
| | All | 6 | 2.0 | 2.2 | 100.0 |
| | Total | 271 | 89.4 | 100.0 | |
| Missing | 0 | 32 | 10.6 | | |
| Total | | 303 | 100.0 | | |

# APPENDIX C

(continued)

**Q17 My Gender**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Male | 62 | 20.5 | 20.5 | 20.5 |
| | Female | 240 | 79.2 | 79.5 | 100.0 |
| | Total | 302 | 99.7 | 100.0 | |
| Missing | 0 | 1 | .3 | | |
| Total | | 303 | 100.0 | | |

**Q18 My Age Group**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Under 30 | 29 | 9.6 | 9.6 | 9.6 |
| | 30-39 | 71 | 23.4 | 23.5 | 33.1 |
| | 40-49 | 65 | 21.5 | 21.5 | 54.6 |
| | 50 up | 137 | 45.2 | 45.4 | 100.0 |
| | Total | 302 | 99.7 | 100.0 | |
| Missing | 0 | 1 | .3 | | |
| Total | | 303 | 100.0 | | |

**Q19 My highest social work degree**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | BSW | 12 | 4.0 | 4.0 | 4.0 |
| | MSW | 260 | 85.8 | 86.4 | 90.4 |
| | DSW-PhD | 29 | 9.6 | 9.6 | 100.0 |
| | Total | 301 | 99.3 | 100.0 | |
| Missing | 0 | 2 | .7 | | |
| Total | | 303 | 100.0 | | |

# APPENDIX C

(continued)

**Q20 My Ethnicity**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | African American | 118 | 38.9 | 39.2 | 39.2 |
| | Caucasian | 178 | 58.7 | 59.1 | 98.3 |
| | Hispanic | 2 | .7 | .7 | 99.0 |
| | Asian | 2 | .7 | .7 | 99.7 |
| | Other | 1 | .3 | .3 | 100.0 |
| | Total | 301 | 99.3 | 100.0 | |
| Missing | 0 | 2 | .7 | | |
| Total | | 303 | 100.0 | | |

**Q21 The Setting in which I practice as a social worker**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | SATreatment Center | 14 | 4.6 | 4.7 | 4.7 |
| | Hospital | 36 | 11.9 | 12.1 | 16.8 |
| | Mental Health Center | 18 | 5.9 | 6.0 | 22.8 |
| | School K-12 | 27 | 8.9 | 9.1 | 31.9 |
| | Social Agency | 69 | 22.8 | 23.2 | 55.0 |
| | CrimJust-Courts | 10 | 3.3 | 3.4 | 58.4 |
| | Private Practice | 56 | 18.5 | 18.8 | 77.2 |
| | Other | 68 | 22.4 | 22.8 | 100.0 |
| | Total | 298 | 98.3 | 100.0 | |
| Missing | 0 | 5 | 1.7 | | |
| Total | | 303 | 100.0 | | |

# APPENDIX C

(continued)

**Q22 My Annual Income**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Under $30,000 | 27 | 8.9 | 9.3 | 9.3 |
| | $30-$34,999 | 29 | 9.6 | 10.0 | 19.3 |
| | $35-$49,999 | 87 | 28.7 | 30.0 | 49.3 |
| | $50-$59,999 | 50 | 16.5 | 17.2 | 66.6 |
| | $60-$69,999 | 41 | 13.5 | 14.1 | 80.7 |
| | $70,000 up | 56 | 18.5 | 19.3 | 100.0 |
| | Total | 290 | 95.7 | 100.0 | |
| Missing | 0 | 13 | 4.3 | | |
| Total | | 303 | 100.0 | | |

**Q23 My Marital Status**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Never Married | 56 | 18.5 | 18.6 | 18.6 |
| | Married | 177 | 58.4 | 58.8 | 77.4 |
| | Divorced | 56 | 18.5 | 18.6 | 96.0 |
| | Widow | 7 | 2.3 | 2.3 | 98.3 |
| | Separated | 5 | 1.7 | 1.7 | 100.0 |
| | Total | 301 | 99.3 | 100.0 | |
| Missing | 0 | 2 | .7 | | |
| Total | | 303 | 100.0 | | |

# REFERENCES


Alaszewski, A., & Harrison, L. (1988). Literature review: Collaboration and coordination between welfare agencies. *British Journal of Social Work, 18,* 635-647.

American Psychiatric Association & Task Force on DSM-IV. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR* (4th ed., text revision.). Washington, DC: American Psychiatric Association.

Amodeo, M. (2000). The therapeutic attitudes and behavior of social work clinicians with and without substance abuse training. *Substance Use & Misuse, 35*(11), 1507- 1536.

Amodeo, M., & Fassler, I. (2000). Social workers and substance-abusing clients: Caseload composition and competency self-ratings. *American Journal of Alcohol and Drug Abuse, 26*(4), 629-641.

Amodeo, M., & Jones, L. K. (1997). Viewing alcohol and other drug use cross-culturally: A cultural framework for clinical practice. *Families in Society,78*(3), 240-254.

Amodeo, M., & Jones, L. K. (1998). Using the AOD cultural framework to view alcohol and drug issues through various cultural lenses. *Journal of Social Work Education, 34*(3), 387-399.

Amodeo, M., & Litchfield, L. (1999). Integrating substance abuse content into social work courses: Effects of intensive faculty training. *Substance Abuse, 20*(1), 5-16.

Azzi-Lessing, L., & Olsen, L. J. (1996). Substance abuse-affected families in the child welfare system: New challenges, new alliances. *Social Work*, *41*(1), 15-23.

Bachman, J. G., Wallace, J. M., O'Malley, P. M., Johnston, L. D., Kurth, C. L., & Neighbors, H. W. (1991). Racial/ethnic differences in smoking, drinking, and illicit drug use among American high school seniors, 1976-1989. *American Journal of Public Health, 81*(3), 372-377.

Bailey, M. B. (1968). *Alcoholism and family casework: Theory and practice*. Community Council of Greater New York.

Barker, R. L. (2003). *The social work dictionary* (5th ed.). Washington, DC: National Association of Social Workers.

Barrett, S., Kroger, M., Jarvis, W. T., & London, W. M. (2001). *Consumer health: A guide to intelligent decisions*, (7th ed.). New York, NY: McGraw-Hill.

Begun, A. (2005). Social work curriculum on alcohol use disorders. *National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health*.

Berg, I. K. (1995). Solution-focused therapy with substance abusers. In A. M. Washton (Ed.) *Psychotherapy and substance abuse: A practitioner's handbook.* New York, NY: Guilford Press, 223-242.

Berg, I. K., & Miller, S. D. (1992). *Working with the problem drinker: A solution-focused approach*. WW Norton & Co.

Bina, R., Harnek Hall, D. M., Mollette, A., Smith-Osborne, A., Yum, J., Sowbel, L., & Jani, J. (2008). Substance abuse training and perceived knowledge: Predictors of perceived preparedness to work in substance abuse. *Journal of Social Work Education*, *44*(3), 7-20.

Bliss, D. L. & Pecukonis, E. (2009). Screening and brief intervention practice model for social workers in non-substance-abuse practice settings. *Journal of Social Work Practice in the Addictions*, *9*(1), 21-40.

Board of Trustees. (1991). Drug abuse in the United States: Strategies for prevention. *Journal of the American Medical Association, 265*(16), 2102-2107.

Bogo, M., Regehr, C., Power, R., & Regehr, G. (2007). When values collide. *The Clinical Supervisor*, *26*(1-2), 99-117.

Bogo, M., Regehr, C., Logie, C., Katz, E., Mylopoulos, M., & Regehr, G. (2011). Adapting objective structured clinical examinations to assess social work student' performance and reflections. *Journal of Social Work Education*, *47*(1), 5-18.

Bohrnstedt, G. W. & Knoke, D. (1995). *Basic social statistics* (1st ed.). USA: FE Peacock Publishing.

Brocato, J. & Wagner, E. F. (2003). Harm reduction: A social work practice model and social justice agenda. *Health and Social Work, 28*(2), 117-125.

Burke, A. C. & Clapp, J. D. (1997). Ideology and social work practice in substance abuse settings. *Social Work, 42*(6), 552-562.

Califano, J. (2010). Behind Bars II: Substance Abuse and America's Prison Population. *New York: National Center on Addiction and Substance Abuse at Columbia University*.

Califano, J. (2006). Women under the influence. *New York: National Center on Addiction and Substance Abuse at Columbia University*.

Califano, J. A. (2009). Shoveling up II: The impact of substance abuse on federal, state and local budgets. *New York: National Center on Addiction and Substance Abuse at Columbia University*.

Carlsen, M. S. (1999, Spring). *The social worker as professional.* [Online]. Available: http://www.stolaf.edu/depts/social-work/SW381.html

Center for Substance Abuse Treatment. (1998). Addiction counseling competencies: The knowledge, skills, and attitudes of professional practice.

Chappel, J. N., Veach, T. L., & Krug, R. S. (1985). The substance abuse attitude survey: An instrument for measuring attitudes. *Journal of Studies on Alcohol and Drugs, 46*(1), 48.

Chipungu, S. S., & Bent-Goodley, T. B. (2004). Meeting the challenges of contemporary foster care. *The future of children*, 75-93.

Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *Journal Information, 92*(5).

Cohen, J. (1988). Statistical power analysis for the behavioural sciences. Hillside. *NJ: Lawrence Earlbaum Associates*.

Columbia University. National Center on Addiction, & Substance Abuse. (2001). *Shoveling up: The impact of substance abuse on state budgets*. National Center on Addiction and Substance Abuse at Columbia University.

Compton, B. & Galaway, B. (1994). *Social work processes* (5th ed.). Pacific Grove, CA: Brooks/Cole.

Congress, E., & McAuliffe, D. (1999). Social work ethics. *International Social Work*, *49*(2), 151-164.

Cooke, M. M. (1999). *Alcohol and drug abuse counselor.* Denver, CO: Colorado Department of Regulatory Agencies, Office of Policy and Research.

Copeland, J., & Martin, G. (2004). Web-based interventions for substance use disorders: a qualitative review. *Journal of substance abuse treatment*, *26*(2), 109-116.

Cork, R. M. (1969). *The forgotten children: A study of children with alcoholic parents*. Addiction Research Foundation.

Corrigan, E. M., & Anderson, S. C. (1985). Graduate social work education in alcoholism. *Social work practice with clients who have alcohol problems*, 335-350.

Corrigan, M. J., Bill, M. L., & Slater, J. R. (2009). Teaching note: The development of a substance abuse curriculum in a master's of social work program. *Journal of Social Work Education*, *45*(3), 513-520.

Cotroneo, M. M. (2004). Introduction to family systems theory. [Online]. Available: http://www.ddstats.com/familysystems/module1.htm

Council on Social Work Education. (2008). Educational policy and accreditation standards.

Council on Social Work Education (CSWE). (2003). Social workers. [Online]. Available: http://ssw.missouri.edu/professions.html

Cournoyer, B. R. (2010). *The social work skills workbook*. Pacific Grove, CA: Brooks/Cole Publishing Company.

Cronk, B. C. (2008). *How to use SPSS: A step-by-step guide to analysis and interpretation.* Pyrczak Publishing.

D'aprix, A. S., Dunlap, K. M., Abel, E., & Edwards, R. L. (2004). Goodness of fit: Career goals of MSW students and the aims of the social work profession in the United States. *Social Work Education*, *23*(3), 265-280.

Dallas County Community College District. (2000). *Substance abuse counseling.* [Online]. Available: http://www.dcccd.edu/livelearn/subabuse.htm

Delany, P. 1997. Shaping the drug abuse research agenda: The role of social work. *Issues of Substance*, 2(1): 1, 3 (The newsletter of the NASW ATOD Section)

DiNitto, D. M., & McNeece, C. A. (1990). *Social work: Issues and opportunities in a challenging profession*. Prentice Hall.

Elliott-Erickson, S. B. L. (2010). *Addiction counselling self-efficacy, job satisfaction, motivation, and burnout: A mixed methods study* (Doctoral dissertation, University of Alberta).

Enos, G. A. (1994). *Alcoholism and Drug Abuse Weekly, 1*, 1-4.

Fayetteville State University. (2003). *Department of social work*. [Online]. Available: http://www.uncfsu.edu/sw/MSWProgram.htm

Gallon, S. L., & Gabriel, R. M. (2002). Northwest Frontier Addiction Technology Transfer Center (NFATTC). *Substance abuse treatment workforce survey 2002.* Portland, OR: Center for Substance Abuse Treatment.

Gambrill, E. D. (2001). Educational policy and accreditation standards: Do they work for clients? *Journal of Social Work Education*, *37*(2), 226-239.

Gassman, R. A., Demone, H. W., & Albilal, R. (2001). Alcohol and other drug content in core courses: Encouraging substance abuse assessment. *Journal of Social Work Education 37*(1), 137-145.

Germain, C. B. (1979). *Social work practice: People and environments, an ecological perspective*. New York, NY: Columbia University Press.

Germain, C. B., & Gitterman, A. (1996). *The life model of social work practice: Advances in theory & practice*. New York, NY: Columbia University Press.

Gorman, D. M., Werner, J. M., Jacobs, L. M., & Duffy, S. W. (2006). Evaluation of an alcohol education package for non specialist health care and social workers. *British Journal of Addiction*, *85*(2), 223-233.

Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Dufour, M. C., Compton, W., Pickering, R. P., & Kaplan, K. (2004). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Archives of general psychiatry*, *61*(8), 807-816.

Hall, M. F. (1997). The war on drugs: A continuation of the war on the African American family. *Smith College Studies in Social Work, 67*(3), 609-621.

Hall, M. N., Amodeo, M., Shaffer, H. J., & Vander Bilt, J. (2000). Social workers employed in substance abuse treatment agencies: A training needs assessment. *Social Work*, *45*(2), 141-155.

Harrison, L. (1992). Substance misuse and social work qualifying training in the British Isles: A survey of CQSW courses. *British Journal of Addiction*, *87*(4), 635-642.

Harwood, H. J., Kowalski, J., & Ameen, A. (2004). The need for substance abuse training among mental health professionals. *Administration and Policy in Mental Health and Mental Health Services Research*, *32*(2), 189-205.

Healthcare. (2004). *Social workers.* [Online]. Available: http://www.healthcare. monster.com/socs/articles/sworker/

Hepworth, D. H., Rooney, R. H., Rooney, G. D., Strom-Gottfried, K., & Larsen, J. A. (2012). *Direct social work practice: Theory and skills*. Pacific Grove, CA: Brooks/Cole Publishing Company.

Hofschulte, R. (2012). Clinical social workers' beliefs towards harm reduction when working with substance using clients. Retrieved from http://sophia.stkate.edu/msw_papers/37

Homonoff, E. (2008). The heart of social work: Best practitioners rise to challenges in field instruction. *The Clinical Supervisor, 27*(2), 135-169.

Housenbold Seiger, B. (2005). An exploratory study of social workers' attitudes towards harm reduction with substance abusing individuals utilizing the substance abuse treatment survey (SATS). *Retrieved from ProQuest Information and Learning Company, UMI*, (3175071).

Jani, J. S., Sowbel, L., Smith-Osborne, A., Yum, J., Mollette, A., Hall, D., & Bina, R. (2009). Perceived preparedness and knowledge of substance abuse among recent MSW graduates: Advanced standing revisited. *Journal of Social Work Practice in the Addictions*, 9(4), 381-399.

Johnson, J. L. (2003). *Fundamentals of substance abuse practice*. Recording for the Blind & Dyslexic.

Kegerreis, I. (1996, Spring). Social work. *VCCA Journal, 10*(1), 26-30.

Kinney, J. (1996). *Clinical manual of substance abuse*. Mosby Incorporated.

Lehman College Department of Sociology. (2004). *About the social work program.* [Online]. Available: http://www.lehman.cuny.edu/depts/sociology/aboutswk.html

Lemieux, C. M., & Schroeder, J. (2004). Seminar on addictive disorders: An exploration of students' knowledge, attitudes, and behavior. *Journal of Social Work Practice in the Addictions*, *4*(1), 3-21.

Lightfoot, P. J., & Orford, J. (2006). Helping agents' attitudes towards alcohol related problems: Situations vacant? A test and elaboration of a model. *British Journal of Addiction, 81*(6), 749-756.

Loughran, H., Hohman, M., & Finnegan, D. (2008). Predictors of Role Legitimacy and Role Adequacy of Social Workers Working with Substance-Using Clients. *British Journal of Social Work*.

Loughran, H., Hohman, M., & Finnegan, D. (2010). Predictors of role legitimacy and role adequacy of social workers working with substance-using clients. *British Journal of Social Work, 40,* 239-256.

Magura, S. (1994). Social workers should be more involved in substance abuse treatment. *Health and Social Work, 19*(1), 3-5.

McCarthy, T., & Galvani, S. (2004). SCARS: A new model for social work with substance users. *Practice, 16*(2), 85-97.

McNeece, C. A. (2003). After the war on drugs is over: Implications for social work education. *Social Work Education, 39*(2), 193-212.

McNeece, C. A. (2004). *Chemical dependency: A system approach* (3rd ed.). Needham Heights, MA: Allyn & Bacon.

Metropolitan Washington Council of Governments. (1995). *Mental and substance use disorders: The treatment of dual diagnosis-A policy report for the Washington Metropolitan Region.* Washington, DC.

Miller, J., & Koerin, B. B. (2002). Gatekeeping in the practicum. *The Clinical Supervisor, 20*(2), 1-18.

Minium, E. W., King, B.M., & Bear, G. (1993). Statistical reasoning in psychology and education (3rd ed.). Hoboken, NJ: Wiley.

Minnesota Board of Social Work. (2002). *Career: Social workers.* Minneapolis, MN.

Missouri University School of Social Work. (2003). *The social work profession.* [Online]. Available: http://ssw.missouri.edu/profession.shtml

Mojtabai, R., Olfson, M., & Mechanic, D. (2002). Perceived need and help-seeking in adults with mood, anxiety, or substance use disorders. *Arch Gen Psychiatry, 59*(1), 77-84. doi:10.1001/archpsyc.59.1.77

Montecino, I. (1992). NAADAC: 20 years of leadership and service. *The Counselor*. May/June, 15-21.

National Association of Social Workers, Washington, DC. (1994). *Code of ethics of the National Association of Social Workers*. ERIC Clearinghouse.

National Institute on Drug Abuse, The (2003, April). *Drug addiction treatment.* National Institutes of Health, U. S. Department of Health and Human Services. [Online]. Available: http://www.nida.nih.gov/PODAT/PODAT7.html

Newman, C. (2001). *Certificate program in substance abuse studies.* School of Social Work, The University of North Carolina at Chapel Hill. [Online]. Available: http://www.ssw.unc.edu/sswce/subab.htm

North Carolina Substance Abuse Professional Certification Board. (July 1995). *Requirements for substance abuse professional certification.* [Online]. Available: http://www.ncattc.org/require2.htm

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

ONET. (2004). *Mental health and substance abuse social workers.* [Online]. Available: http://www.careersteppingstones.com/jd/21-1023_00.htm

Perlman, H. H. (1957). *Social casework: A problem-solving process.* Chicago, IL: The University of Chicago Press.

Phillips, N. (1999, June). *Cross-institutional collaboration to enhance the integration of substance abuse knowledge in the baccalaureate social work curriculum.* New York, NY: Lehman College, City University of New York Social Work Program, New York State Addiction Technology Transfer Center.

Porowski, A. W., Burgdorf, K., & Herrell, J. M. (2004). Effectiveness and sustainability of residential substance abuse treatment programs for pregnant and parenting women. *Evaluation and Program Planning*, 27, 191-198.

Price, R. H., Burke, A. C., D'Aunno, T. A., Klingel, D. M., McCaughrin, W. C., Rafferty, J. A., & Vaughn, T. E. (1991). Outpatient drug abuse treatment services, 1988: Results of a national survey. *Improving drug abuse treatment*, 63-92.

Proctor, J. L., & Badzinski, D. M. (2002). *Introductory statistics for criminal justice and criminology*. London, England:Pearson College Division.

Providence College. (2001). *Social work.* [Online]. Available: http://www.providence.edu/admiss/swk.htm

RAHEC. (2004). *Mental health careers.* [Online]. Available: http://www.rahec.net/mental_health.htm

Rapoport, L. (1965). The state of crisis: Some theoretical considerations. In Howard Parad (Ed.), *Crisis intervention: Selected readings.* New York. NY: Family Services Association of American, 22-31.

Regehr, C., Stalker, C. A., Jacobs, M., & Pelech, W. (2001). The gatekeeper and the wounded healer. *The clinical supervisor,* 20(1), 127-143.

Rhodes, R., & Johnson, A. D. (1996). Social work and substance-abuse treatment: A challenge for the profession. *Families in Society, 77*(3), 182-185.

Richardson, M. A. (2008). Social work education: The availability of alcohol-related course curriculum and social workers' ability to work with problem drinkers. *Journal of Social Work Practice*, *22*(1), 119-128.

Richardson, M. A. (2007). The relationship between training availability and social workers' ability to treat problem drinkers. *Journal of drug education*, *37*(2), 163-175.

Richmond, I., & Foster, J. (2003). Negative attitudes towards people with co-morbid mental health and substance misuse problems: An investigation of mental health professionals. *Journal of mental health*, *12*(4), 393-403.

Richmond, M. E.(1917). *Social diagnosis*.

Romero-Daza, N., Weeks, M., & Singer, M. (2003). "Nobody gives a damn if I live or die": Violence, drugs, and street-level prostitution in inner-city Hartford, Connecticut. *Medical Anthropology*, *22*(3), 233-259.

Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research, 30*(2), 95-107.

Scarborough, J. (2004). *Certified substance abuse counselor.* [Online]. Available: http://www.ncsapcb.org/CSAC.html

Schlesinger, S. E., & Barg, M. D. (1986). Substance misuse training in nursing, psychiatry, and social work. *International Journal of the Addictions, 21*(4-5), 595-604.

Shaw, S. J., Cartwright, A. K. J., Spratley, T. A., & Harwin, J. (1978). *Responding to drinking problems*. Croom Helm Ltd., 2-10 St. John's Road, London SW11.

Skinner, N., Roche, A. M., Freeman, T., & Mckinnon, A. (2009). Health professionals' attitudes towards AOD-related work: Moving the traditional focus from education and training to organizational culture. *Drugs: Education, Prevention, and Policy, 16*(3), 232-249.

Smith, D. (2001, October). Substance abuse in practice. *Monitor on Psychology, 32*(9). [Online]. Available: http://www.apa.org/monitor/oct01/subabuse.html

Smith, M. J., Whitaker, T., & Weismiller, T. (2006). Social workers in the substance abuse treatment field: A snapshot of service activities. *Health & Social Work, 31*(2), 109-115.

Sowbel, L. R. (2012). Gatekeeping: Why shouldn't we be ambivalent? *Journal of Social Work Education, 48*(1), 27-44.

Spitzer, R. L., Gibbon, M., Skodol, A. E., Williams, J. W., & First, M. (2003). *Dsm-IV-Tr (r) Casebook: A Learning Companion to the Diagnostic and Statistical Manual of Mental Disorders,* (Text Revision). Washington, DC: American Psychiatric Association Publishing, Incorporated.

Stein, J. B. (2003). Attitudes of social work students about substance abuse: Can a brief educational program make a difference? *Journal of Social Work Practice in the Addictions*, *3*(1), 77-90.

Stein, J. A., Leslie, M. B., & Nyamathi, A. (2002). Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. *Child Abuse & Neglect*, *26*(10), 1011-1027.

Straussner, S. (Ed.). (2004). *Clinical work with substance-abusing clients*. New York, NY: Guilford Press.

Straussner, S. L. A. (2001). The role of social workers in the treatment of addictions. *Journal of Social Work Practice in the Addictions*, *1*(1), 3-9.

Straussner, S. L. A. (2012). Clinical treatment of substance abusers: Past, present and future. *Clinical Social Work Journal*, 1-7.

Straussner, S. L. A., & Senreich, E. (2002). Educating social workers to work with individuals affected by substance use disorders. *Substance Abuse*, *23,* 319-340.

Straussner, S. L. A., & Vairo, E. (2007). The impact of a post-master's program in substance abuse on social work and other health professionals. *Journal of Teaching in Social Work*, *27*(1-2), 105-123.

Substance Abuse and Mental Health Services Administration. (2011). Results from the 2010 National Survey on Drug Use and Health: Summary of national findings, NSDUH Series H-41, HHS Publication No.(SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Sun, A. P. (2001). Systemic barriers to the employment of social workers in alcohol and other drug treatment agencies: A statewide survey. *Journal of Social Work Practice in the Addictions*, *1*(1), 11-24.

Tam, D. M., & Coleman, H. (2009). Construction and validation of a professional suitability scale for social work practice. *Journal of Social Work Education*, *45*(1), 47-63.

TCBADAC Standards Committee. (2004). *Substance abuse counselor training.* [Online]. Available: http://www.tvcc.edu/conted/f02SACT.htm

Tinzmann, M. B., & Hixson, J. (1992). *What does research say about prevention?* [Online]. Available: http://www.ncrel.org/sdrs/areas/stw_esys/6prevntn.htm

Trattner, W. I. (1999). *From poor law to welfare state: A history of social welfare in America.* ($6^{th}$ ed.). New York, NY: Free Press.

Turner, F. J. (Ed.). (2011). *Social work treatment: Interlocking theoretical approaches.* New York, NY: Oxford University Press, USA.

University of Texas. (2004). *Understanding substance abuse.* Harris County Psychiatric Center. [Online]. Available: http://hcpc.uth.tmc.edu/substanceabuse.htm

University of Utah. (2003). *Bachelor of social work curriculum.* School of Social Work. [Online]. Available: http://www.socwk.utah.edu/bsw/bswcurriculum.html

Van Wormer, K. (1987). Training social work students for practice with substance abusers: An ecological approach. *Journal of Social Work Education*, 47-56.

Van Wormer, K., & Davis, D. R. (2008). *Addiction treatment: A strengths perspective* (2nd ed.). Belmont, CA: Thomson Learning.

Volland, P. J., Berkman, B., Phillips, M., & Stein, G. (2003). Social work education for health care: Addressing practice competencies. *Journal of Social Work in Health Care*, 37, 1-17.

Von Bertallanfy, L. (1968). *General systems theory: Foundations, development, applications.* New York, NY: Brazieler.

Wilkins, J. N., Shaner, A. L., Patterson, C. M., Setoda, D., & Gorelick, D. (1991). Discrepancies between patient report, clinical assessment, and urine analysis in psychiatric patients during inpatient admission. *Psychopharmacology Bulletin, 27*(2), 149-154.

Woody, G. (1996). The challenge of dual diagnosis. *Alcohol Research and Health*, *20*(2), 76.

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, *12*(2), 137-149.

Young, N. K., Gardner, S. L., & Dennis, K. (1998). Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy.

Young, N. K., Gardner, S. L., Whitaker, B., & Yeh, S. (2004). *A preliminary review of alcohol and other drug issues in the states' child and family services reviews and program improvement plans*. Irvine, CA: National Center on Substance Abuse and Child Welfare.

Zastrow, C. H., & Kirst-Ashman, K. K. (2004). Understanding human behavior and the social environment (6th ed.). Belmont, CA: Thomson-Brooks/Cole.

Zweben, A., Barrett, D., Carty, K., McCree, B., Morse, P. & Rice, C. (Eds.). (1998). Strategies for Facilitating Protocol Compliance in Alcoholism Treatment Research. NIAAA Project MATCH Monograph Series, Vol.7, NIH Publication No. 98-4144. Bethesda, MD: Department of Health and Human Services.