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Social Workers' Attitudes Toward Medication-Assisted Treatment for Opioid Use Disorder

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

William T. Spivey II

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2021

Abstract

Social Workers' Attitudes Toward Medication-Assisted Treatment for Opioid Use Disorder

by

William T. Spivey II

MSW, Florida State University, 2007

BA, Samford University, 1994

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2021

Abstract

Over the last decade, opioid misuse has emerged as a major problem in the United States. The extreme increase in overdose deaths affects both public health and social welfare in north central Florida. Social workers play a major role in the delivery of treatment for opioid misuse. Medication-assisted treatment for opioid use disorder has become widely used yet faces debate among social workers. The practice-focused research question for this project addressed the attitudes of social workers toward the use of medication-assisted treatment for opioid use disorder. Social learning theory was the theoretical framework used in this action research study. Data were collected in two focus groups from five agency-based master's degree level social workers and two private practice master's degree level social workers currently practicing in north central Florida with a familiarity of substance use disorders and medication-assisted treatment. Thematic analysis was used to explore and organize the data. Three themes emerged from the data that influence social workers' attitudes toward medication-assisted treatment: (a) perceptions of addiction, (b) social work education, and (c) access to care. Possible implications for positive social change include the results of this study having the potential to help social workers discover personal bias toward medication-assisted treatment; increase substance abuse education in social work curricula; generate social work advocacy for local, state, and national policy reform to increase access to medication-assisted treatment of opioid use disorder; and improve direct patient care.

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Dedication

I dedicate this study to the social workers providing care to people living with addiction. Thank you for sacrificing so much to save a life and give a voice to the voiceless. I also dedicate this work to my family, the SpiveTribe: my wife, Mendy, and our two sons, Tanner and Holden. Without you, I am nothing. Mendy, thank for your support and partnership through this endeavor. You always find the positive, and I am so grateful for us. I could not have completed this journey without you. I love you! Tanner and Holden, keep on dreaming, stay brave, and make the world a better place. I am inspired every day by your smiles and laughter. Finally, this project is for the people struggling with addiction: Don't give up hope. "The long night's over, and the sun's coming up."

Acknowledgments

First, I must acknowledge the God of my understanding. Thank you for your grace, serenity, courage, and wisdom. Next, I would like to thank my mom and dad for always standing beside me, encouraging me, and offering a hand in my darkest hour. Mom and Dad, this one is for you! I would like to thank my sister, Lainey, for always believing in me and a greater purpose. I would like to thank my committee chair, Dr. Lindy Lewis, along with Dr. Sean Hogan, and Dr. Nancy Campbell. Your encouragement and drive to find best over better has made this dream a reality. Thank you to the numerous professors, instructors, and mentors I have encountered over the years. You saw what I would find ahead, even when I ran far away. I am grateful for my work family at North Florida/South Georgia Veterans Health System. Your support throughout this journey has been phenomenal. Mr. Hamilton, thank you for the sanity in a world gone mad. Mr. Geohegan, thank you for the coffee and the massive laughter. Mr. Chappell, thank you for reminding me that the best is yet to come. Dr. Hill, thank you for lighting the way. Mr. Lasseter, thank you for living one day at a time. Mr. Hamrick, thank you for the music. I am forever indebted. Finally, I must thank the spiritual giants in my life who taught me that it works “just fine,” along with the ever-widening circle of brothers who remind me to “keep the main thing the main thing.”

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Section 1: Foundation of the Study and Literature Review

Introduction

In the past 20 years, there has been an epic increase in drug overdose deaths. According to the Centers for Disease Control and Prevention (CDC, 2018), over 70,000 Americans died from overdose in 2017. The CDC (2018) also reports that the rate of approximately six overdose deaths out of 100,000 people in 1999 increased to nearly 22 out of 100,000 in 2017. The largest culprits for these overdose deaths are opioids, including street drugs like heroin and pharmaceutical analgesics like oxycodone and fentanyl. In 2016, the state of Florida recorded 2,798 opioid overdose deaths: 1,566 of those were from synthetic opioids, an increase from 200 just 3 years earlier in 2013 (National Institute on Drug Abuse, 2018). By the end of 2017, Florida overdose deaths increased by 6% (CDC, 2018). As opioids ravage the nation, communities are tirelessly battling this health crisis to save lives. One of the front-running weapons in this battle is medication-assisted treatment (MAT) of opioid use disorder (OUD).

As MAT has gained momentum in the United States, both support and criticism have fueled debate. Complete abstinence, drug replacement, trading addictions, treatment cost, and preexisting conditions are some of the most commonly observed topics. As these conversations, discussions, and deliberations about MAT continue, approximately 120 Americans are dying from overdose daily (CDC, 2017). With such an alarming mortality rate, social workers, especially those providing substance abuse treatment, are in a unique position to influence social change. With a professional mission of improving the human experience by enhancing well-being and empowering the most vulnerable,

social workers appear to have an ethical responsibility to be informed of treatment options for people living with OUD during this health crisis (National Association of Social Workers [NASW], 2017). With this professional obligation, social workers' attitudes might be of extreme importance, as studies show the attitude of a practitioner toward an intervention could affect a client's adherence to a treatment plan or compliance to a medication regimen (Dale-Perera et al., 2015).

Considering the number of people being affected by substance abuse and opioid overdoses, many social workers are involved in some aspect of MAT. Surveying the attitudes of social workers toward MAT can reveal solutions and barriers in social work services. Through action research, qualitative data were gathered through two focus groups of social workers in north central Florida. The findings of this study contribute to the knowledge base of social work, provide multiple perspectives, and uncover biases held by social workers. These findings could improve the quality of social work practice being offered to people living with OUD. This information may better inform social workers, which in turn might reduce the number of relapses and overdose deaths and ultimately save at least one life from this deadly health crisis in the United States.

Section 1 includes an introduction, problem statement, purpose statement, research question, nature of the doctoral project, significance of the study, theoretical/conceptual framework, and values and ethics. These are followed by a review of the professional and academic literature and a summary.

Problem Statement

In the past decade, a conversation has been occurring throughout multiple settings in the recovery community. In peer support groups, such as Alcoholics Anonymous and Narcotics Anonymous, the topic of medication use in recovery arises and inspires debate (Monico et al., 2015). In hospitals, outpatient programs, treatment centers, and professional conferences, similar discussions have been observed among social workers regarding MAT, as OUD has become a health crisis in even the most rural settings in the United States (Green et al., 2014). Social workers' attitudes toward MAT are of critical significance, as opioid overdoses alone claimed 42,000 lives in the United States in 2016 (CDC, 2017).

A large percentage of people living with OUD may have difficulty accessing MAT. Olsson et al. (2016) discovered that of the 23 million Americans needing substance abuse treatment in 2012, under 10% secured any specialty care for this chronically reoccurring health problem. Because overdose kills over 115 Americans every day, (CDC, 2017), such a disparity is of great concern to social workers. Hopps and Lowe (2012) described the mission of the social work profession seeking to restore and improve the social functioning of the person in environment. NASW (2013) reinforces this mission, emphasizing the attention social workers give to promoting self-reliance and support among the people they are working with. Social workers comprise a large demographic of clinicians in the substance abuse treatment industry during a time of historic opioid overdoses (Bride et al., 2013; NASW, 2017; Straussner, 2001). Though social workers are not professionals who prescribe, some of the collateral services that

are provided include (a) psychoeducation on medication options for treating OUD, (b) evidenced based psychotherapy, (c) compliance monitoring, and (d) referrals to prescribing providers (Aletraris et al., 2016).

Almost half of the substance abuse treatment providers, including social workers, identify themselves as participants in 12-step recovery, where complete and total abstinence from all mind- and mood-altering substances is often a strictly adhered to expectation (Littrell, 2017). Amid practices of total abstinence, some social workers might develop a loathing or personal bias toward MAT. When a personal bias is formed and not addressed by the social worker, an aversion to MAT may be transmitted to clients seeking treatment for OUD. Should a client sense the social worker's bias, the client's willingness to consider participating in MAT could be negatively influenced. Linksy et al. (2015) described a client's trust in the provider as influential on the client's medication-taking behavior. A client's therapeutic alliance with a social worker is often engendered by the social worker's education, expertise, and experience in recovery. With such influence, a social worker's attitude toward MAT might have coercive potential.

A social worker's attitude toward MAT could also have ethical implications, as it is the social worker's responsibility to promote the client's right to self-determination (NASW, 2017). Ruffalo (2016) points out some common ethical dilemmas social workers face in mental health settings, especially concerning treatment with medications. Social workers might often advocate the right to self-determination regarding psychotropic medications for vulnerable populations living with severe thought or mood disorders. In comparison, the same passion for advocacy may not be afforded to those

living with OUD, as some social workers' attitudes might compartmentalize mental illness versus addiction as a moral problem (Henderson & Dressler, 2017). Therefore, the attitude of social workers toward MAT is a social problem that should be investigated.

Purpose Statement and Research Question

As the prevalence of OUD has increased in the last decade, MAT has become a common intervention to reduce harm, prevent relapse, and decrease opioid-related deaths (Steiker et al., 2013). While MAT might be considered by many as a lifesaving approach, social workers have been observed meeting the use of medication to treat OUD with either fierce loyalty or adverse disagreement. This ambivalence in attitudes toward MAT is intriguing, as the evidence continues to show the devastation that opioids are causing in the state of Florida, where nearly 3,000 people died from opioid overdose in 2016 (National Institute on Drug Abuse, 2018). In this study, I addressed this concern and investigated the attitudes and opinions social workers have toward MAT.

Research Question

The practice-focused research question of this study was:

What are the opinions and attitudes of social workers toward the use of medication assisted treatment of opioid use disorder?

A social worker's attitude or opinion has been found to have influence on a client's compliance to treatment and medication adherence (Linsky et al., 2015). With such influence, a social worker's attitude could sway a client's ability to make a self-determination toward participating in MAT. Some of the factors I considered in this study were the rural region of north central Florida, social work education, availability of social

workers in the substance abuse workforce, other clinicians offering treatment, and professional competence in the region.

Key Concepts and Terms

To understand the breadth of this study, some key terms and concepts have been defined.

Analgesics: A class of medications intended to relieve pain without loss of consciousness. Nonsteroidal anti-inflammatory drugs, acetaminophen, and narcotics such as morphine, oxymorphone, and hydrocodone are included in this class (Veritas Health, 2018).

Attitude: Often associated with a feeling, state of mind, or a position toward a fact or activity, usually perceived as positive or negative (Merriam-Webster, 2018a).

Bias: A personal or unreasoned judgement, an instance prejudice that causes a leaning (Merriam-Webster, 2018b).

Buprenorphine: An opioid agonist/antagonist that is the first medication prescribed and dispensed from a physician's office intended to be used as part of a comprehensive treatment plan that includes counseling programs. Some common products containing buprenorphine include Suboxone, Bunavail, and Zubsolv (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016a).

Fentanyl: A short-acting synthetic analgesic used to treat and manage pain associated with advanced diseases and is said to be nearly 100 times more powerful than morphine. Because of its potency, it has become illicitly and illegally produced in several forms referred to as nonpharmaceutical fentanyl (CDC, 2015).

Heroin: A powerful opiate drug that appears as a brownish white powder or tar-like substance referred to as *black tar*. Heroin is usually diluted with other substances prior to being smoked, snorted, or injected. According to SAMSHA (2018a), in 2014, almost 500,000 people were regular users of heroin.

Licensed clinical social worker: A social worker with a master of social work degree licensed by the state of Florida to practice independently (Florida Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling [FL Board of Clinical Social Work], 2019).

Medication-assisted treatment (MAT): Aims to deliver a holistic approach to treating substance use disorders (SUDs) by combining the use of Food and Drug Administration (FDA)-approved medications with individual or group therapies (SAMHSA 2018a).

Methadone: An opioid agonist that blocks withdrawal from opioids and is dispensed from clinics in closely monitored doses for daily consumption. Methadone is known for lessening the painful side effects of opioid withdrawal and blocks the euphoria associated with opioid misuse (SAMHSA, 2015a).

Naloxone: A medication used to counter opioid overdose. Approved by the FDA, naloxone blocks opioid receptor sites when a person is exhibiting overdose symptoms. Naloxone is commonly added to buprenorphine to lessen likelihood of misuse. Naloxone is found in products like Suboxone and Narcan (SAMHSA, 2016d).

Naltrexone: Used to treat opioid misuse in either pill or injectable form. Naltrexone can be prescribed by any prescribing provider and blocks and binds opioid

receptors disallowing the euphoric feeling associated with opiate narcotics like heroin, morphine, oxymorphone, and other partially synthetic analgesics (SAMHSA 2016b).

Opioids: "A class of drugs chemically similar to alkaloids found in opium poppies. Historically they have been used as painkillers, but they also have great potential for misuse" (SAMHSA, 2016c, para. 1). Opioids reduce the perception of pain but can also produce "drowsiness, mental confusion, euphoria, nausea, constipation, and depending on the amount of drug taken, can depress respiration" (SAMHSA, Opioid Use Disorder, 2015, para 1).

Opioid addiction treatment medications: Methadone, buprenorphine, and naltrexone are the three most common FDA-approved medications used to treat dependency on heroin, morphine, and other narcotic analgesics. According to SAMSHA (2018a), people using MAT can safely ingest medications as prescribed for a protracted period of months, years, or as long as a lifetime.

Opioid-use disorder: A diagnosis first introduced by the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) that shows a range of severity in the misuse of a wide variety of opioids ranging from street drugs, replacement drugs, and pharmaceuticals used to treat pain in medical settings (Hartney, 2018).

Prevention: Services provided to reduce chances of developing a reoccurring behavioral health problem (SAMHSA, 2018b).

Relapse: For a person living with addiction, the returning to addictive behavior such as the use of alcohol and/or drugs following a period of abstinence (Hartney, 2018).

Social learning theory (SLT): Suggests human behavior is acquired or learned by observation, imitation, and modeling (Bandura, 1977).

Substance use disorders: When the continued use of alcohol and/or drugs impairs functionality and creates health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMSHA, 2015b).

A concern considered in this study was how attitudes of social workers living with SUDs might be influenced by a conflict between personal opinions and professional values. Such conflicting values might create a bias, which in turn may influence participants in MAT. The NASW Code of Ethics (2017) warns social workers to avoid dual or multiple relationships with current or former clients that could potentially harm the client. If a social worker living with SUD attends 12-step recovery meetings with current or past clients living with SUDs, attitudes or opinions toward MAT could influence these clients.

For example, MAT participants may successfully complete formal substance abuse treatment administered by a social worker living with SUD. Upon successful completion of treatment, the treating social worker may encourage the MAT participants to attend community Alcoholics Anonymous (2001) and Narcotics Anonymous meetings to connect with others in recovery and introduce themselves where attending persons may express themselves in an open discussion format. Conflict may arise when more experienced, recovered participants in such meetings may be openly critical of MAT, question the abstinence or sobriety of persons participating in MAT, and deny such persons open participation in meetings. The treating social worker living with SUD might

also participate in the same 12-step recovery meetings and have an opinion or attitude toward MAT. Social workers living with SUD expressing opinions about MAT may conflict with the professional values and promote bias (NASW, 2017). When considering this perspective, the attitudes of social workers toward MAT could have significant influence on the well-being of participants along with society's understanding of MAT.

Nature of the Doctoral Project

In this study, I used action research methodology to facilitate collaboration among social workers to gather qualitative data regarding the attitudes of social workers toward the use of MAT with OUD. I used relational epistemologies by creating knowledge through conversations in focus groups (McNiff & Whitehead, 2010). The focus groups created a dynamic that encouraged genuine participation and promoted unity, allowing for a comfortable atmosphere to share real experiences (Stringer, 2014). By exploring self-knowledge and the knowledge of other social workers, new insights, different perspectives, and innovative solutions were realized, which embraced the interpretive tenets of action research (Stringer, 2014). This study fulfilled the purpose of improving the knowledge base of social work and social work practice.

In a time when opioid use continues to increase and becomes a growing health concern in the United States, social workers are seeking innovative ways to treat OUD and interrupt the epidemic. Research has revealed numerous multidisciplinary modalities offering acute treatment for OUD, but continued relapse and readmittance to treatment has sometimes been observed as the status quo (Olsson et al., 2016). In recent years, MAT has emerged as a common intervention attempting to interrupt this status quo

(Littrell, 2017). Because of this observation, I explored social workers' attitudes toward MAT. Because social work embraces a unique person in environment perspective, I used this study to commit to improving clinical social work practice regarding the use of MAT in the OUD treatment field.

Significance of the Study

This study's contribution of knowledge on social workers' attitudes toward MAT intended to impact social work practice in a positive manner. This contribution could potentially make a substantial difference in multiple ways. First, the inclusion of learning objectives of MAT in the general curriculum of social work education could greatly influence social workers' abilities to make informed decisions. Next, social work practitioners could benefit from this study by pursuing continuing education on substance abuse, addiction, and MAT. Offering findings from the current study as continuing education at state and national conferences promotes social change amid a national crisis surrounding opioid addiction. Third, this study encourages social work's core value of advocacy by endorsing both social work innovation in evidence-based practice in MAT, as well as dignity and equality for marginalized and vulnerable populations living in need of MAT.

As opioid use and addiction began to exponentially increase at the turn of the 21st century, several innovations emerged that could provide disease management. Mendelson et al. (2008) described the safe and effective use of medications to assist in the treatment of OUD, prevent relapse, and manage cravings. While the literature continues to document effective maintenance therapy strategies for OUD using medications, there is

an observable rift between supporters and objectors of MAT. This rift is creating a social problem as people living with severe and chronic OUD face discrimination for compliance with managed MAT.

MAT is often administered in a multidisciplinary setting that might include social workers, physicians, and other healthcare providers. Pellegrini (2017) recognized that the power of healing and treatment adherence are enhanced by a patient's relationship with the provider. Patients place themselves in a vulnerable situation, trusting each treatment team provider has constructive intentions for positive outcomes (Lee & Lin, 2011). In fact, Lee and Lin (2017) discovered a direct correlation with positive trust in providers and symptoms improvement. While social workers build trust based on psychosocial history and various relationships being constructing on the road to recovery, a prescribing provider is primarily responsible for medication monitoring. Consequently, trust between the MAT prescribing provider and patient are of paramount significance. Gabay (2015) found a greater adherence to a medication regimen having correlation with the level of trust a patient has in the prescriber. As each patient has unique needs from each provider, a social worker's attitudes toward MAT could have implications on the successful brokering of services to collaboratively fulfill such needs (Steiker et al., 2013).

By discovering the factors that influence the attitudes that social workers carry toward MAT in the current study, primary care, integrated with social work, has the potential to reduce the harm of a chronic illness and interrupt the opioid epidemic. Such integration could create problem-solving strategies to address biased attitudes and opinions of social workers and other healthcare providers, creating appropriate

boundaries within the scope of practice. The increased knowledge of bias toward MAT promotes unity in the social work profession along with positive outcomes for people living with OUD. Armed with such awareness, social workers could become the agents of change that overcome the disparity between the acute treatment and long-term disease management for OUD compared to other chronic health conditions, such as high blood pressure, diabetes, and other mental health issues. Therefore, the information gathered on the attitudes of social workers toward the use of MAT in north central Florida provide the social work profession with a baseline of where social change can begin.

Theoretical/Conceptual Framework

The social work profession specializes in the study of social problems (Michailakis & Schimer, 2014). By embracing diversity, social workers allow for the appearance of social problems to be in the eye of the beholder. Michailakis and Schimer (2014) suggested that each social system is permitted to construct its own set of social problems. Stringer (2014) illustrated action research capturing real-life experiences of people and how they interpret and make meaning of these incidents.

Multiple social work theories have been used to study the various ways that humans construct knowledge, both individually and socially (McWilliams, 2016), and SLT was used to explore the variance in the attitudes and opinions social workers have toward MAT in this study. Social workers' understandings of addiction, OUD, and MAT may have constructed after observing like-minded peers and clients engaging in therapeutic alliances (Farabee et al., 2013; NASW, 2013).

Albert Bandura (1977) originally developed SLT, which focuses on learning not being purely behavioral, but rather, learning incorporates a cognitive process in the social context. The theory suggests that people learn behaviors by observing, modeling, and imitating other people. Bandura (1977) indicated that people can also learn from observation of consequences of behaviors and suggested *reciprocal determinism*, which sees cognition, environment, and behavior all equally influence each other.

Taking these tenets into account, a person's opinion or attitude could be connected to SLT. A social worker may begin to *act as if* after observing a model appearing to experience a desirable effect such as credibility with other clinicians when discussing, advocating, or discrediting the use of MAT. After considering and comparing consequences, the person may decide to lean in the same bias in hopes of receiving the same desired effect observed in a peer, mentor, or healthcare administrator.

SLT also helps frame the social problem of OUD. From the perspective of a person living with OUD, SLT supports the likelihood of relapse, despite the logical idea of using again seeming like a dangerous idea. The cognitive process of considering, comparing, and then relapsing occurs in the social context, as the addict sees others seeming to experience euphoria without ill consequences even after a time of recovery.

As social workers observe these multiple facets of OUD in active addiction, treatment, and recovery, they might construct a worldview about the use of MAT driven by social learning. This constructed worldview may also be learned or adapted after observing, working, and discussing with fellow social workers. Out of such a worldview,

a social worker's attitude may be born, influenced, and then modeled. Therefore, gaining further understanding of social workers' attitudes toward MAT is paramount.

Values and Ethics

As social workers' attitudes and opinions toward MAT for OUD were surveyed as part of this study, the NASW Code of Ethics (2017) was considered. Having a bias toward MAT for OUD might create an ethical dilemma for social workers, as it may defeat the promotion of dignity and self-determination (NASW, 2017). According to NASW (2017), the heart of social work promotes individual well-being to bring a greater good to society. Social workers have an ethical responsibility to improve clients' opportunity to change. The use of MAT can be considered an instrument to promote both individual change and social change. As communities and healthcare professionals mobilize to decrease opioid overdoses, save lives, and reduce harm, social workers must remain aware of this ethical principle to individuals and the broader society (NASW, 2017).

Social workers also have an ethical obligation to increase professional knowledge, which is embraced by the ethical value of competence (NASW, 2017). As MAT expands to treat the opioid crisis, social workers may need to have a working knowledge of some of the most common factors to comply with professional competence. Some of these might include medications, local prescribing professionals, peer referrals, and local legislature regarding MAT. The NASW Code of Ethics (2017) obliges the social worker to a limited scope of practice, bound by education, training, and other consultation and

experience. Therefore, social workers attitudes toward the use of MAT for treating OUD could have ethical implications.

Review of the Professional and Academic Literature

Social workers encounter challenges in multiple modalities and settings of care that might include clients or family systems that have been affected by the opioid crisis or drug addiction. These challenges could have an influence on the attitudes and opinions of social workers toward MAT. It is unclear if these challenges might affect providers' ability to remain objective. Some of these factors could also include types of medication, treatment modalities used in tandem with MAT, federal and state regulations, education, peer supervision and collaboration, personal bias, personal experience with addiction, and personal experience with MAT.

In this literature review, I cover the key concepts to this current study, such as MAT and OUD. I discuss MAT and OUD throughout the study as concepts that directly affect social work practice. I used the literature review to expand an understanding of how these factors and concepts may influence the attitudes of social workers toward MAT. I used the literature review to demonstrate ways social workers have engaged and treated this social problem. Finally, I conclude the literature review by pointing toward the gap in knowledge that justifies and warrants further research.

Literature Review Search Strategy

I began the literature review on September 1, 2016 and continued adding and updating information through December 2019. I used online data sources in the Walden University Library, along with other sources, such as Google Scholar, PsychINFO,

Thoreau Multi-Database Search, Social Work Abstracts, Academic Search Complete, and SocINDEX with Full Text to research peer-reviewed literature. Some of the key search terms included *social work, clinician, psychologist, counselor, mental health, recovery, attitudes, opioid, medication assisted treatment, opioid use disorder, outcomes, suboxone, methadone, buprenorphine, and naloxone, substance abuse,* and *epidemic.*

Review of Literature

Social workers and other clinicians have been challenged to make sense of the use of medication to treat chemical addiction (Reardon, 2014). For decades, debate has ensued over the topic but has gained greater traction in recent years as opioid use has become more common. In what is being called the *opioid epidemic*, opioids are responsible for the death of nearly 120 Americans every day (CDC 2017). In fact, the CDC (2018) showed a timeline of opioid overdose deaths, beginning around the year 2000 with prescription opioids, then a sharp rise of heroin overdose deaths in 2010, followed with a sudden spike in the number of overdose deaths from synthetic opioids, such as fentanyl, in 2013. In a health crisis with a high mortality rate, treating OUD with medication may seem like a logical intervention; however, consensus among clinicians toward MAT is not self-evident. Therefore, examining the attitudes of social workers toward MAT is important.

Etiology and Models of Addiction

The etiology of addiction and multiple models of addiction may often drive social stigma toward people living with an OUD (Capuzzi & Stauffer, 2016). This, along with scholarly debate over the multiple models of addiction, might also influence social

workers' attitudes on the use of MAT (Frank & Nagel, 2017). For example, Frank and Nagel (2017) pointed out the moral model of addiction that creates the view that an addict has a moral issue rather than a biological illness. Such stigmatization may be the culprit keeping the public convinced that drugs are bad, bad people do drugs, and such people are morally indecent and do not deserve help. Social workers could also fall prey to such stigmatization based on personal bias, as the continued debate may continue to moralize OUD (Frank & Nagel, 2017).

Capuzzi and Stauffer (2016) outlined multiple psychological, psychodynamic, and family models of addiction that social workers may have a brief familiarity with. The cognitive-behavioral models rely on the human desire for variety. Seeking varieties of self-exploration, spiritual experiences, moods, pleasure, and creativity can be associated with people's continued use of opioids exhibiting positive reinforcement, which can also be seen in the learning models. Psychodynamic models view opioid use as a symptom of other psychopathologies, while personality theory models suggest a personality that may be predisposed to developing OUD.

The family system model points to the impact addiction and OUD have within the family system that leads to a myriad of issues, such as spousal abuse, domestic violence, and codependency (Habibi et al., 2016). In family models, these issues are considered influential toward continued use or sobriety for the person living with OUD (Capuzzi & Stauffer, 2016). As with the moral model, the continued trend seems to place the etiology of OUD on something other than a biological compulsion or rewiring of the brain (Frank & Nagel, 2017). The lack of a biological or physiological marker toward addiction's

etiology seems to suggest treating the situation should solve the addiction. This suggestion could develop personal bias with moralization of OUD, which might shape the attitude of a social worker when considering a medical intervention such as MAT.

Ironically, the concept of addiction being a disease can be traced as far back as George Washington's surgeon general, Dr. Benjamin Rush (Capuzzi & Stauffer, 2016). After decades of discussion and debate, the disease model was embraced in the 1930s by Alcoholics Anonymous (2001) and later studied by Dr. E.M. Jellinek. Discussing the phenomenon of an adverse reaction to alcohol, or a craving, began to soften the moral stigma of the plight of the addicted person (Capuzzi & Stauffer, 2016). The disease model introduced the idea that addiction is a chronic illness needing long-term care similar to other chronic illnesses, such as diabetes (Pade et al., 2012).

As recreational drug use evolved into the early 21st century, opioid use has taken a dramatic toll on the well-being of society. In 2017, over 70,000 people in the United States died from drug overdose (CDC, 2018). Bride et al. (2013) acknowledged the personal, familial, and societal costs of this epidemic as beyond extraordinary, casting a dark shadow over this generation with little hope of reprieve. This darkness has created a monstrous demand for a dramatic intervention to decrease casualties. MAT, which combines medication with various behavioral treatment options, has been shown to be such a lifeline (Steiker et al., 2013). Steiker et al. (2013) pointed out life skills, coping mechanisms, employability, and parenting techniques all show improvement for people living with OUD participating in MAT. Considering the chronic relapsing potential that

physical dependency on opiates creates, a protracted episode of treatment from a team of providers that includes social workers could have great benefit.

Attitudes of Social Workers Toward Medication-Assisted Treatment

When the quality of life of people living with opioid dependence shows healthy improvement because of MAT, it might be assumed that an outpouring of support would emerge from social workers and people living with addiction. That may not always be the case. Johnson et al. (2015) identified the need to examine some beliefs and attitudes of social workers and other addiction professionals. Many clinicians may continue having a strong loyalty to an abstinence-only approach or alternative treatment philosophy but appear to have to an understanding of the need for other interventions. As newer medications continue to emerge to treat OUD and other substance use disorders, there appears to be limited literature on the overall attitudes of social workers toward MAT (Abraham et al., 2011; Min et al., 2017). Despite the literature being limited specifically on social workers' attitudes, reports have identified other providers' attitudes and perceptions as presenting a social problem.

In a survey among 209 clinical employees at one agency, support for MAT was influenced by the level of knowledge the clinicians had about various medication types (Min et al., 2017). Min et al. (2017) found the employees' adherence to 20th century philosophies based on complete abstinence as being a deterrent to support for MAT. The researchers also found the clinicians' attitudes varied based on the type of medication, with a more positive response toward buprenorphine/naloxone (Min et al., 2017). It appears there could be a missing education component for clinicians within the agency

engaging clients in MAT, finding a more comfortable reaction in sticking with what works.

In another study, researchers used qualitative interviews to address the attitudes of participants toward MAT (Brown et al., 2017). The study occurred in a Malaysian city where commercial fishing is a major industry. It was estimated almost 40% of the fishers in the city were using injectable drugs. The researchers found hat cultural acceptance can influence attitudes of the participants surveyed. This was noticed when participants felt socially accepted in the community for using MAT, being seen as having stopped using illegal drugs (Brown et al., 2017). The cultural impact prompting an influence on the attitudes of MAT participants might also affect the attitude of social workers and other providers providing treatment.

In an additional study, researchers used a vignette of a dissenting clinician to survey addiction professionals' attitudes toward the responsibility of addiction (Johnson et al., 2015). The researchers found clinicians with stronger aversion to MAT appear to put greater responsibility on the addict for both the onset of addiction and recovery. Some clinicians might be concerned about side effect associated with medications, but also might exhibit a devotion to teaching patients about taking personal responsibility for their problem. Johnson et al. (2015) also found that clinicians' attitudes toward MAT might influence an agency's hiring priority for a prescribing provider who is credentialed for the provision of medications like buprenorphine and naloxone. In such a setting, the clinician's attitude toward MAT impedes the availability of best treatment during a critical health crisis.

Some researchers have recognized that, despite the evidence of the safety and effectiveness of MAT, there is an underwhelming implementation in treatment (Rieckmann et al., 2011). Multiple reasons have been cited, the most common being agency procedures, regulatory factors, and state polices (Rieckmann et al., 2011). Rieckmann et al. (2011) also identified individual provider variables such as attitudes, trainings, and beliefs may also contribute to the disparity. Rieckmann et al. (2011) pointed out that, with the emergence of buprenorphine, many healthcare providers' attitudes have been slow to evolve. A history with full agonist therapy, education, length of time in the field, and treatment philosophies is influential in shaping the attitudes of social workers and other clinicians and might be considered a barrier (Fuller et al., 2005).

Barriers to Medication Assisted Treatment

As urgency for evidence-based practices in OUD treatment emerged, other barriers have impeded the delivery of MAT by social workers, despite the need to improve the health and well-being of individuals and society (Pullen & Oser, 2014; Roman et al., 2011). Experiencing such barriers may be influential in shaping social workers' attitudes toward the use of MAT. Though barriers to treatment have been well researched, much of the research has been focused on urban areas, where the need for OUD treatment has overshadowed the availability of service (Schoeneberger et al., 2006). In recent years of the opioid epidemic, rural areas may have gained common ground with such previous studies. Rural areas have seen a sudden disproportionate rise in opioid use and overdoses, and demand for treatment has exceeded the availability of MAT options (Bunting et al., 2018).

As treatment demand outweighs availability, many people living with OUD become involved in the criminal justice system, which Bunting et al. (2018) pointed to as a barrier to MAT delivery. In one study, researchers pointed to the underutilization of MAT with people living with OUD involved in the criminal justice system (Friedmann et al., 2012). The national concern for the drug-crime relationship has reinforced courts leaning toward criminal sanctions in lieu of MAT for many years (Friedmann et al., 2012). For social workers employed in the criminal justice system, attitudes toward MAT could be influenced by the drug-crime relationship that might be cast on addicts facing criminal charges.

Another barrier to MAT could be the medication-taking behavior of clients. Should a client not adhere to the medication plan outlined by the prescribing provider, an adverse reaction toward the intervention being offered by the social worker could ensue. This might be especially true in clients living with comorbidity. Teter et al. (2011) reported patients living with bipolar disorder comorbid with a history of SUD are at a high risk for medication nonadherence. When compared with patients with bipolar disorder and no SUD, the patients with comorbidity showed poorer results in MAT participation.

This barrier could be of great concern to social workers working with people living with co-occurring disorders. Repeated instances of nonadherence to treatment plans by patients participating in MAT might affect a provider's attitude (Saunders et al., 2015). Such moments may find social workers questioning the validity of their practice and profession. As the opioid epidemic continues to see a rise in overdose deaths, social

workers should consider an overview of outcomes related to MAT to reach a more informed perception of its effectiveness in treating OUD.

Outcome Studies Related to Medication Assisted Treatment

With a dire need and public outcry for a solution to the opioid epidemic, Mund and Stith (2018) pointed out MAT is being advanced by healthcare providers, as well as sometimes setting the bar by which quality care should be measured. With the opioid death toll surpassing 70,000 in 2017, MAT has become a common theme in multiple public platform discussions of the opioid epidemic. As the opioid crisis advances, medications like buprenorphine, naloxone, and methadone have been considered necessary tools in recovery for many people living with OUD. As healthcare providers attempt to head off this crisis, it is important to examine the outcomes associated with MAT. These outcomes might have an impact on the shaping of social workers' attitudes toward MAT.

Buprenorphine and naloxone appear to have become the strongest vehicles in the advocacy of modern MAT. Suboxone, a name brand for a sublingually administered 4:1 blend of buprenorphine and naloxone (Caddy & Smith, 2018), is often the most common reference for MAT in public settings and the recovery community. Mund and Stith (2018) pointed out that both the name brands and generic buprenorphine are sometimes being referred to as a miracle drug. Advantages such as easy self-administration, supposed incapability for abuse, widespread access, and less restriction on participants make buprenorphine easily marketable (Hser et al., 2016). With such positive traits, an assumption that the opioid problem has been miraculously solved has been sometimes

formulated (Mund & Stith, 2018). As advocacy and marketing for the new the miracle drug developed, some researchers have begun to expose some of the possible vulnerabilities of buprenorphine. Hser et al. (2016) found an increase in relapse and less participation in treatment following MAT with buprenorphine compared to a similar sample of MAT participants using methadone, the miracle drug of the previous century.

During the mid-20th century, methadone had been introduced as a medication to improve the quality of life for people living with OUD (De Maeyer et al., 2011). Created in the 1940s, methadone became heralded as a marvel drug to solve the heroin addiction epidemic in the 20h century, though not all outcomes have been evidence of a miracle (Mund & Stith, 2018). Mund and Smith (2018) point to methadone as a cautionary tale for the current advocacy for buprenorphine and naloxone, as methadone was once considered the silver bullet to end the 1960s heroin epidemic in the United States.

Proven to strategically block the effects of heroin as a full agonist of the mu-opioid receptor, methadone was accepted as a replacement drug in the MAT of heroin and distributed to addicts with intention of oral ingestion (Maglione et al., 2018). The heroin problem may have been considered solved, until some unforeseen outcomes with this form of MAT emerged. Mund and Stith (2018) point out the discovery that methadone delivered a euphoria similar to heroin when injected rather than ingested. The wonder drug suddenly was labeled a danger, experiencing an influx of misuse, abuse, and overdose deaths. These dangers increased regulation of methadone by the FDA, requiring distribution at federally approved and licensed programs, creating what has been seen as barriers for the advance of MAT (Maglione et al., 2018).

Some other risks with MAT have also been discovered. Maglione et al. (2018) found neurocognitive concerns in some controlled studies comparing MAT participants with healthy, non-drug using controls with no history of substance use disorder. Maglione et al. (2018). discovered poorer memory, slower cognitive processing, and lesser reaction times in MAT participants. Methadone users scored much lower in all measures of impulsivity, cognitive flexibility, and both short and long-term memory (Maglione et al., 2018). Buprenorphine tablets, as well as buprenorphine/naloxone sublingual strips, can be misused, snorted, or injected, delivering an opioid euphoria and drug dependence (Mund & Stith, 2018). Despite the concerns, methadone, buprenorphine, and naloxone have a proven history as a highly effective tool to treat OUD (Matusow et al., 2013). Even with the evidence of positive outcomes, methadone, and its historic risks for misuse, may often be labeled as problematic, ineffective, and create a stigma towards MAT.

Matusow et al. (2013) describe the stigma as a "formidable obstacle" (p. 474) for MAT. Much of the stigma is based on moral or philosophical differences of MAT participants remaining dependent on an opioid (Aletraris et al., 2016). Even with the mounting evidence of safety and effectiveness, MAT has inadequate dispersion for even some of the most vulnerable people, such as addicts participating in drug court programs (Matusow et al., 2013). One study reports long term-opioid users seeking treatment agree on the effectiveness and safety of MAT but continue to struggle with the barriers of methadone maintenance programs (Gilman et al., 2018). Burdens such as limited availability, high cost, lack of insurance coverage, and extreme regulation appear to

prevent these participants from returning to a sense of normalcy and participation in society.

Notwithstanding these negative barriers, MAT appears to be the choice recommendation for adults seeking treatment of OUD. Relieving the symptoms of withdrawal, reducing cravings, and lessening illicit opioid use are some the significant benefits of MAT (Connery, 2015). MAT appears to have a distinct advantage over other interventions. Abstinence-based treatment programs lacking MAT are ineffective in comparison (Kosten & Gorelick, 2002). One study found nearly 70% of heroin-dependent participants in a long-term residential modality lacking MAT as unsuccessful (Keen et al., 2001). Connery (2015) found that MAT has shown effective reduction of harm caused by opioid use.

However, for patients that have become physiologically dependent on opioids, abstinence may not always be the desired outcome when considering MAT. Persons living with OUD often may be in search of the ability to lessen the burden or control the use of the opioid of choice. That being considered, there has been a lack of patient-centered outcome studies on OUD MAT (Sanger et al., 2018). A gap was identified by Sanger et al. (2018) in the overall reviews of MAT outcomes, as most studies are based on arbitrary and convenient terms. Success or effectiveness of MAT that is based on complete abstinence might be considered as biased.

Although most OUD treatment goals are associated with abstinence, individualized treatment plays an essential role in MAT. Connery (2015) pointed to multiple elements that should be considered in measuring the outcomes of both the

individualized and population management approaches of MAT. Some of these include (but are not limited to): the patient/prescriber relationship, the client's motivation for abstinence, poly-chemical use, comorbidity, availability of treatment options, occupational risks, legal status, and cost effectiveness. As social workers continue to play a significant role MAT treatment for OUD, more research is needed on MAT outcomes to broaden the knowledge base of the social work profession.

Medication Assisted Treatment Settings

With the demand increasing for OUD treatment options such as MAT, behavioral health providers have been in high demand (Rieckmann et al., 2011). Littrell (2017) points out social workers are a large part of this specific work force, able to implement interventions that are unique to the profession, often providing social and behavioral services to MAT participants in tandem with physicians. Sokol et. al (2018) indicated the counseling services in tandem with MAT is considered by federal agencies as best clinical practice. Examining some of these settings may reveal some factors that might influence social workers' attitudes toward MAT.

With the unique biopsychosocial perspective, social workers can be found in multiple treatment settings. When an addict is experiencing withdrawal from opioids, drug detoxification (detox) might often be the first stop in the continuum of care. Detox centers are operated by multidisciplinary staff, sometimes including social workers, to and observe the patient's well-being, vitals, and safety during the medically managed withdrawal (Donovan et al., 2013). With the intent of detox being a short-term intervention to manage acute withdrawal, medication may be prescribed sort-term to treat

withdrawals and possible delirium. O'Farrell et al. (2007) found that clients living with more severe OUD have a better chance at sustained recovery with a longer duration of treatment. Though referrals are initiated, and evidence points to a greater opportunity for successful recovery, a large numbers of detox participants do not enter further treatment (Kelly et al., 2016). A social worker's confidence in MAT might be influenced during detox by the resistance to care exhibited by patients that have been treated with medication in a sort-term setting (Teater & Chonody, 2018).

Residential or outpatient treatment might be considered by a person seeking OUD treatment. In either setting, MAT can be administered, managed, and closely monitored (Nunes et al., 2018). Social workers employed in either setting may implement therapeutic interventions that are conducive to MAT. This could be challenging, as the majority of substance abuse treatment delivered in the United States promotes abstinence as a condition of treatment. Lee (2015) attributes this trend to the prominence of 12-step recovery. Considering the newness of treatment, MAT, and 12-step introduction, the patient may have several questions and might seek to be educated by the social worker providing direct patient care. An ethical dilemma could arise as a social worker is obligated to promote a client's self-determination (NASW, 2017).

As abstinence-only treatment encourages peer support through 12-step recovery, patients participating in MAT may feel vulnerable or marginalized. In the group treatment setting, there may often be a mix of clients who are using MAT and clients not using MAT. Kelch and Piazza (2011) point out the natural division that will likely emerge from this mix. When a divide occurs over MAT, the attitude of social workers

may greatly influence the participation of both subsets (Rieckmann et al., 2011). Considering the influence that social workers may have on the well-being of society during this historic crossroads of an opioid epidemic, attitudes and opinions toward MAT are of great importance.

Rieckmann et al. (2011) describe the use of medication as the most effective care for people living with OUD. MAT has progressed and evolved the need for treatment has increased (Rieckmann et al., 2011). By the year 2002, buprenorphine and naloxone brought a new method of treating OUD that held a less risky treatment option than predecessors such as clonidine or methadone. According to the research, lower risks of abuse, overdose, and relapse occur with the more advanced partial agonists (Marcus et al., 2018, Rieckmann et al., 2011).

Even as the research continues to bring positive light towards the benefits of MAT, healthcare providers in inpatient, outpatient, and integrated healthcare settings have remained apprehensive. In fact, Jamison et al. (2016) pointed out the growing concerns among providers specializing in primary care. Perhaps, fear of the patient's noncompliance, nonadherence to abstinence only treatment, along with other risks continue might be responsible for such apprehensive attitudes, especially in an age known for litigation and liability. Yet, in a recent pan-European study, attitudes toward MAT were favorable amongst physicians, patients, and others (Goulão, 2013).

As conflicting views emerge while medical treatment options advance, differing opinions amongst both medical and behavioral healthcare providers create a gap in a unified approach to combating an opioid epidemic. What might be the cause of such a

difference of attitudes? Because of this gap, the attitudes of social workers might hold a place of importance and should be surveyed further (Chasek et al., 2012).

Summary

In conclusion, I have reviewed the attitudes of social workers toward the use of MAT. By using an action research design, I explored this social problem to empower social workers with the ability to make an informed decision toward MAT. The focus of this study uncovered motivating factors that impact and influence social workers' attitudes toward MAT. The purpose of this study was to increase the social work knowledge base about MAT which might deflate biases toward MAT and OUD, as well as decreasing the overwhelming death rate due to opioid overdoses. The study sought to answer the research question: what are the opinions and attitudes of social workers toward medication assisted treatment for opioid use disorder?

Section 2: Research Design and Data Collection

Introduction

As the epidemic continues to surge, federal, state, and local communities and agencies find themselves in a battle against addiction and opioid misuse. One significant component in this campaign is MAT, which involves a wide spectrum of healthcare providers and clinicians including social workers. As conversations, discussions, and deliberations about MAT continue, nearly 120 Americans are dying from overdose daily (CDC, 2017). With their unique biopsychosocial perspective and leadership in the OUD treatment industry, social workers have an opportunity to influence social change (Bride et al., 2013). If MAT improves the quality of life of people living with OUD, it might be assumed that there would an outpouring of support from social workers. That may not always be the case. Johnson et al. (2015) identified a need to examine the beliefs and attitudes of social workers and other addiction professionals. Surveying the attitudes of social workers toward MAT revealed factors that create both solutions and barriers in the utilization of social work services in the substance abuse treatment industry.

In Section 1, an introduction and literature review were constructed to explore the social work practice problem of social workers' attitudes toward the use of MAT for OUD. In Section 2, I discuss the research design and data collection for this study, as well as methodology, participants, instrumentation, data analysis, and the ethical procedures used. I conclude Section 2 with a summary.

Research Design

In this study, I used action research methodology to collaborate with other social workers and gather qualitative data regarding the attitudes of social workers toward the use of MAT with OUD. The practice-focused question of this study was used to survey the opinions and attitudes of social workers toward the use of MAT for opioid use disorder. A social worker's attitude or opinion has been found to have influence on a client's compliance to treatment and medication adherence (Linsky et al., 2015). Therefore, a social worker's attitude could inspire a client's self-determination toward participating in MAT.

In this study, I explored interpersonal knowledge through conversations in two focus groups (McNiff & Whitehead, 2010). This method promotes candid dialogue among social workers with similar backgrounds (Stringer, 2014). By exploring self-knowledge and the knowledge of other social workers, a fresh and expansive view on the use of MAT was discovered. This study used action research to investigate and more clearly understand social workers' attitudes toward MAT, which in turn could improve social work practice by expanding the profession's knowledge base (Stringer, 2014).

Methodology

Prospective Data

Data were collected using two focus groups and a semistructured qualitative interview guide (see Appendix C). The purpose of the focus groups was to observe the dynamics and interactions of a purposefully selected group of participants. Doody et al. (2013a) pointed out that interactions within focus groups provide data about experiences

and ideas that have shaped participants' perspectives. By being immersed in the interactions of these social workers in a focus group setting, I explored the unknown factors that shape the attitudes and opinions the participants hold toward MAT (Barbour & Kitzinger, 1999).

I planned to conduct the focus groups in person in a centrally located city in north central Florida. This plan was altered with the outbreak of COVID-19 and the introduction of mandatory social distancing and stay-at-home orders. In lieu of in-person meetings, I conducted two virtual focus groups using a video teleconferencing platform. This allowed participants to select a safe setting of their choice, with adequate space, lighting, and climate control (Doody et al., 2013b). Each participant used a private space, due to audio-recording being in progress. This virtual meeting platform created a safe and comfortable environment among a homogenous group of social workers familiar with the common theme of MAT with OUD (Acocella, 2011).

I conducted the virtual focus groups in the early evening on two separate weekdays. This provided participants time to adjust personal schedules, as well as not interfere with any weekend plans. Following Walden University Institutional Review Board (IRB) approval, I began data collection by searching for social workers in north central Florida. The days and times of the focus groups were determined based on the number of participants and participants' availability.

Participants

Following IRB approval, I reached out to the pool of potential participants via email to recruit and provide information about the study (see Appendix A). I used the

Florida Board of Health's database of licensed clinical social workers (LCSWs) and registered clinical social work interns practicing in north central Florida (FL Board of Clinical Social Work, 2019). In the initial email, I requested a reply expressing interest in possible participation in this study. To those who expressed interest, I sent a follow-up email with more details about the study and the informed consent form. A total of seven social workers were recruited with a master's degree level of education, some experience working with people affected by substance use disorders, and a familiarity with MAT. There were five agency-based social workers and two private practice-based social workers, all from within the north central region of Florida. Once the group was finalized, I surveyed the participants to determine the best time for the focus group meetings.

On the designated days that both focus groups were conducted, I signed in early to the virtual meeting to open the virtual waiting room and create a comfortable, welcoming setting. I used the interview guide's 10 questions (see Appendix B) to obtain data from social workers in north central Florida about their attitudes toward the use of MAT for OUD. As each participant provided feedback to the questions, I used reflective listening and mirroring to verify with the participant that I heard what was said. This gave the participants the opportunity to validate their responses and nurtured an open and honest dialogue between the participants based on the interview guide. I explored the participants' experiences with opioid use disorders, MAT, and substance abuse treatment that have shaped these attitudes.

At the conclusion of each focus group, I took an opportunity to debrief the participants. This was an essential and ethical responsibility in this study (Stringer, 2014). Discussing OUD, SUD treatment, overdoses, and personal experiences can generate emotional responses. The participant debriefing honored the unique feelings and emotions that participants experienced during the focus groups and allowed each participant to address those feelings. Both local and online resources for counseling were provided to each participant at the end of the group.

Instrumentation

I used a semistructured qualitative interview guide involving 10 focus group interview questions (see Appendix B). Open-ended questions were developed based on the literature review performed in this study to help gather valuable data from the participants. The first two questions gathered demographics of the participants, creating an opportunity for participants to identify with the other participants as peers participating in a trustworthy study. The remaining eight questions were designed to create an open narrative regarding the participants attitudes and opinions toward MAT.

I examined several video teleconferencing companies. I created a personal account and subscription to one company to allow for the allotted time of 2 hours for each focus group. I used my personal, password-protected computer as the medium to store the audio recording that was completed through the video teleconferencing company. I also finalized staging the space I used for my virtual participation by performing an assessment of the environmental noise and interruptions that would be encountered during the group meetings. This ensured that the built-in microphone on my

personal computer, along with the audio recorder provided by the video teleconferencing company, were sufficient for high-quality recording.

Data Analysis

I collected data from two organized focus groups and used content analysis in this study. The group members contributed qualitative data regarding the attitudes of social workers toward the use of MAT for OUD. With permission from the informed participants, I audio recorded the focus group meetings using my personal password-protected computer and the audio recorder within the virtual platform.

Following the focus group meetings, I transcribed the recordings using Temi software. Temi is an advanced voice recognition software. According to Temi.com (2019), Temi uses advanced technology to transcribe recordings uploaded to their secure website. The uploading and storage processes use secure TLS 1.2 encryption, while the transcription is completed by electronics and never viewed by persons. I then simultaneously listened to and read each printed transcript to validate and verify that each word had been recorded correctly. Following this verification process of each member, a rigorous review of the data commenced to become comfortable with the content and begin the content analysis process by unitizing the data (Stringer, 2014).

I used thematic analysis to identify patterns and themes (Miller, 2020). The data were categorically organized to summarize the attitudes and perceptions of the participants using NVivo software. The coding and categorizing process identified significant features and emerging themes from the collected data (Stringer, 2014). I was also intentional to mitigate personal bias and interpretation, making sure the analysis

precisely represented the participants' perspectives. This mitigation was accomplished by drawing from direct words, concepts, and use of the verbatim principle, which created a better probability of conveying the meanings intended by the focus group participants (Stringer, 2014).

The words and phrases similar in content and repetition were grouped together to identify the codes as they related to the practice-focused research question of this study. The codes were then organized and grouped using techniques like color coding to create an organized, concise picture of the categories and possible subcategories (Stringer, 2014). Patton (2015) suggested organizing data in a categorized format, which yielded a report framework for this study. Developing this report framework allowed for the communication of the study's findings (Stringer, 2014).

Rigor of the Study

As Stringer (2014) has pointed out, failure to engage in a systematic and rigorous process might undercut the credibility of research. The following process was enacted to ensure the rigor of this study.

Prolonged Engagement

Including the process of recruitment, signing period, and correspondence on the logistics of the focus group, an initial period of engagement was invested with each participant. This was followed with a focus group meeting at which time the participants had an intimate time of engagement. Participant were also encouraged to offer more insight on the interview guide items.

Member Checking

Participants were given the opportunity to repeat and validate the recorded data. I sent an email immediately following the completion of each group summarizing the meeting and inviting the group members to provide any further feedback. This allowed me to verify a correct representation of perceived attitudes toward MAT as expressed and recorded in the focus group meeting.

Participant Debriefing

Stringer (2014) points out the use of member checking also yields an opportunity to debrief participants. This was an essential and ethical responsibility in this study. Discussing OUD and MAT, along with SUD treatment and overdoses, may cause some strong emotions for participants. The participant debriefing focused on the feelings and emotions experienced by participating in this study and allowed each participant to deal with those feelings. Local and online resources were provided to each participant at the end of the group.

Triangulation

Focus groups were the primary method of data collection, but to ensure the credibility of a trustworthy study, supporting data were used in concert with the primary method (Shelton, 2004). In the design of the interview guide, the open-ended questions were intended to invoke a rich discussion. These questions were formulated based on the findings of the literature review performed in this study. The open-ended questions encouraged critical thinking and conversations where the participants may make references to literature and documents that influence attitudes toward MAT. Following

verification of the data with each participant, I read each transcript line by line. Taking notes during this deep dive into the transcripts, I was mindful of literature or documents that participants suggested as influential on their personal attitudes or behaviors toward the use of MAT.

Ethical Procedures

Approval for this study was granted by the Walden University Institutional Review Board (IRB) on March 27, 2020 (approval number 03-27-20-0519956). In accordance with Walden University Center for Research Quality (2019), no part of the research process was initiated prior to approval, nor I did engage in any research activities with any potential participants. Following approval, I commenced with a review of the Florida Board of Health public data portal for social workers in North Central Florida. Via email, I sent an IRB approved invitation (see Appendix A) to potential participants. The IRB approved informed consent form along with additional information about the study was emailed to those that expressed interest in participating.

A 2-week period from receipt of the informed consent form allowed the potential participant to review, offer questions to the researcher about the study, and reply with informed consent to the researcher. Staying committed to ethical research procedures throughout the process, I disclosed participants' rights and potential risks. Once confirmed by consenting to participate, potential focus group members communicated with the researcher through email to coordinate times, obtain virtual conferencing information, and ask any questions.

All data collected was kept private, ensuring the identity of all participants remained protected. The researcher is responsible for protecting the privacy of all shared information, maintaining the data for a period of 5 years, as well as protecting the confidentiality of the social workers who participated (Walden University Center for Research Quality, 2019). All the data were kept on my password-protected laptop computer. I backed up the computer on a separate password-protected external hard drive. The external hard drive, along with any notes, journals, or other hard copies were stored in a locked file cabinet.

Summary

In summary, I used focus groups as the method of choice to collect data regarding the attitudes of social workers toward the use of MAT for OUD. Following the approval of the IRB, I deployed purposive sampling to select social workers with a master level education that have some experience working with people living with substance use disorders and a familiarity with MAT. I collected data during two focus groups and then distilled the data with categorizing and coding. I engaged in a systematic and rigorous process to validate credibility of a trustworthy study. In the following section, the findings of this study are presented.

Section 3: Presentation of the Findings

Introduction

The purpose of this study was to explore the attitudes of social workers toward the use of MAT for OUD in north central Florida. To understand what might create a variety of attitudes, two focus groups were used to gather data. The two focus groups consisted of seven participants. The practice-focused research question of this study was: What are the opinions and attitudes of social workers toward the use of MAT for OUD? Section 3 includes data analysis techniques, study findings arranged by themes, and a summary of the outcomes and implications related to the social work profession.

Data Analysis Techniques

Data Collection

Data collection occurred on May 25, 2020 and on June 16, 2020, through a virtual video teleconference platform. Two focus groups were conducted, each lasting approximately 2 hours with seven master's degree level social workers, six of whom were LCSWs, along with one registered clinical social work intern. At the time of the study, four of the social workers were employed by agencies, two of the social workers were in private practice, and one was semiretired and worked part-time at an agency. The seven participants ranged in social work employment experience from 2 to 43 years. Each participant confirmed having a familiarity with MAT, substance abuse, and was currently practicing in north central Florida (See Table 1).

Recruitment for this study began in April 2020 following approval from the Walden University IRB. I did an online search of the Florida Board of Health public data

portal for master's degree level social workers currently registered with the state. I included social workers from counties in north central Florida. An invitation (See appendix A) to participate in the study was emailed to social workers in these counties. Fourteen social workers responded with interest and were sent a second email with more information and the informed consent form.

Following a 2-week period designated for review, nine social workers consented to participate in the study. The prospective participants were sent an email to confirm the designated time and credentials for the virtual focus groups along with two subsequent reminder emails. Each participant confirmed participation. Four participants attended the May 25, 2020 focus group. Three participants attended the June 16, 2020 focus group. Two participants had no further correspondence after consenting to join the study and conformation of meeting times.

Each participant consented to being audio recorded during the focus group. Prior to the focus group beginning, a period for the participants to ask technical questions was provided, along with a reminder to speak clearly into their personal equipment being used for communication during the virtual focus group. When the focus groups concluded, the audio recordings were transcribed using Temi transcription services, which uploaded the recordings to their secure website.

Data Analysis Procedures

The uploading and storage process, Step 1 in the data analysis procedure, was completed electronically and never viewed by anyone (Temi, 2019). A rigorous review process of the transcripts was completed in which I concurrently listened and read each

printed transcript four times. This validated and verified that each word had been recorded correctly. Subsequently, a thorough review of the data commenced, in which I began the content analysis process by unitizing the data (Stringer, 2014). Using NVivo software, the data were further processed and categorically organized to encapsulate the findings. The coding and categorizing process uncovered outstanding features and themes (Stringer, 2014).

To identify themes and some possible subthemes, individual words, along with phrases similar in content and repetition, were grouped together as they related to the practice-focused research question of this study. Techniques like color-coding, word mapping, and mind mapping were used to craft an organized, concise picture of the categories and possible subcategories (See Appendix C). Stringer (2014) encouraged such a report framework to communicate the findings of a study.

Validation Procedures

The validation procedures I implemented in this study included prolonged engagement, member checking, participant debriefing, triangulation, and reflexive journaling. Stringer (2014) reported the use of validation procedures reinforces the credibility of action research. I used validation procedures throughout the data collection and analysis to ensure the rigor of this study.

Prolonged Engagement

In this study, through the process of recruitment and a 2-week signing period, along with correspondence on logistics of the focus group, an initial period of engagement, was invested with each participant. This was followed by an intimate time

of engagement in the 2-hour focus group meeting. Prolonged engagement was further achieved through follow-up emails in which participants were provided resources and were encouraged to contact me with any further questions or insights.

Member Checking

During the focus group meetings, each participant was given the opportunity to repeat and validate replies to the interview questions and discussions on the recorded data. I used reflective listening and mirroring techniques during the virtual focus groups. Following each virtual focus group meeting, I took the opportunity to summarize the meeting and thank each social worker for their participation and to place value on the time that had been volunteered. Shortly after the focus group meetings, an email inviting any further feedback was sent promptly to each participant. This verified a correct depiction of the perceptions toward MAT as captured in the focus group meetings.

Participant Debriefing

The meeting wrap-up provided the opportunity to debrief the action study participants. In this study, I felt this was an ethical responsibility. The content of the discussions around substance misuse, shortcomings, systemic issues, and overdose deaths may have stirred emotions for participants. This study's participant debriefing attended to the feelings the social workers experienced participating in this study. The debriefing also provided participants outlets and resources in the north central Florida area to cope with those feelings.

Triangulation

As Shelton (2004) suggested, supporting data were used along with the primary method of data collection of focus group interviews. This ensures the credibility of a trustworthy study. The open-ended questions in the interview guide facilitated a conversation in which the participants made references to studies and education that influenced their attitudes toward MAT. After verifying the participants' data, I studied both transcripts line by line.

During this process, I took notes, mindful of education, classes, moments in practice, and other milestones that participants described as having an impact on their attitudes or feelings toward the use of MAT. Most notably, participants discussed past education experienced in graduate social work (i.e., MSW) courses. One participant recollected a strong impression learned in a human behavior class, as it touched on addiction issues that have remained instilled in the social worker's approach to treating OUD. After a review of literature and text commonly used in human behavior curriculum, I discovered Zastrow and Kirst-Ashman (2004) expounded on substance use, misuse, and family system with chemical dependencies. This finding gave further credibility to the participant's narrative.

Reflexive Journaling

I took further precautions by using reflexive journaling. This tool was used to address and diminish personal bias and interpretation, making sure the analysis was a precise portrait of each participant's intention. My use of reflexive journaling helped

reinforce the verbatim principle, which increased probability of the intended meanings generated by the focus group participants (Stringer, 2014).

Limitations

A limitation encountered during the study was the small number of social work participants in the north central Florida region. The sample size for the study was seven social workers who met the broad criteria of master's degree level education with a familiarity of substance abuse and MAT. A small sample size in a research study may create difficulty when attempting to compare such findings to a broader population.

The size of the sample may have been impacted by the COVID-19 pandemic. The study originally was designed to collect data through in-person focus groups, but I had to adapt to local and state emergency ordinances from March through July 2020. Mandates such as stay-at-home orders and closures of public meeting places, along with the high risk of group meetings led to a redesign from in-person focus groups to virtual focus groups. The virtual video teleconferencing modality of data collection may have been intimidating to some social work practitioners.

Findings

As the opioid epidemic continues to ravage the United States, I wanted to have a clearer understanding of what might shape the opinions and attitudes of social workers toward the use of MAT. Having over 18 years of personal experience providing substance abuse treatment and social work services, I have observed multiple conversations and debates regarding the use of MAT to treat OUD. Peer consultation and clinical supervision have provided accountability to remain vigilant of my own bias. This

heightened awareness has helped construct a nonjudgmental attitude toward MAT and inspired the exploration of the attitudes of other social workers. Reflexive journaling, personal inventory, and open communication with the Walden University chairperson helped mitigate researcher bias. The findings of this study support a deeper understanding of social workers' opinions and attitudes toward the use of MAT and OUD.

Sample Characteristics

The focus groups consisted of seven social workers. Four of the participants were female, three were male. Four of the social workers currently practice in agencies, two are active in private practice, and one is retired and working part-time in an agency. To bolster anonymity, the following pseudonyms were randomly assigned to each participant in the transcripts: Mary, Martha, Jane, Judy, Adam, James, and John.

Demographics

Mary was a 59-year-old Caucasian woman. Mary had 9 years of social work experience. At the time of the study, Mary was employed as a senior clinician for MAT services in an agency.

Martha was a 64-year-old Caucasian woman. Martha has been practicing social work for approximately 10 years. Martha was in private practice, providing social work services for people living with addiction.

Jane was a 35-year-old Caucasian female social worker with 4 years of clinical experience at the time of the focus group. Jane worked in a social work leadership position in an agency overseeing multidisciplinary teams.

Judy was a 72-year-old Caucasian woman with 27 years of clinical experience. Judy is currently in private practice providing services in mental health, substance abuse, and comorbidity.

Adam was a 41-year-old Caucasian man with 2 years of social work practice experience. Adam was employed with an agency specializing in substance abuse.

James was a 67-year-old Hispanic man with 33 years of clinical social work experience. James was partially retired, working part time in an agency specializing in substance abuse.

John was a 67-year-old Caucasian man with 42 years of clinical social work experience. John was employed with an agency specializing in case management.

Table 1

Participant Demographics

Participants	Gender	Years of experience	Employment
Mary	Female	9	Agency
Martha	Female	10	Private practice
Jane	Female	4	Agency
Judy	Female	27	Private
Adam	Male	2	Agency
James	Male	33	Agency/semiretired
John	Male	42	Agency

Coding and Themes

The data analysis began with 95 descriptive codes. The codes were made up of words or phrases based in the interviews, literature review, and transcripts from the focus groups (Lester et al., 2020). To create categories, themes, and other concepts, the data were placed in a systemic order (Auerbach & Silverstein, 2003). Through this rigorous

process and review of the data obtained during this research, the 95 descriptive codes were drilled down into codes that shared characteristics. The shared characteristics were then allocated into six categories that emerged as relevant to the research question. The six categories were: (a) addiction, (b) epidemic, (c) experience, (d) access, (e) education, and (f) recovery. I used NVivo to create a mind map to illustrate this process (see Appendix C). With these categories in mind, further review of the data revealed significant reoccurring patterns that brought a clearer understanding of the research question and social workers' attitudes toward MAT.

These reoccurring patterns shaped three themes in the data collected from the two focus groups. The themes emerged from coding and development of the six categories (Lester et al., 2020). The following themes are inclusive of all the categories and are in response to the practice-focused research question of this study: What are the opinions and attitudes of social workers toward the use of medication assisted treatment of opioid use disorder?

Theme 1: Social Workers' Perception of Addiction

In relation to the research question on the attitudes of social workers toward the use of MAT for OUD, the unified idea that addiction is an illness appears to influence social workers' attitudes toward MAT as a sense of compassion emerges. Martha and James acknowledged the human commonality of "craving or clinging to something." Though that something may continue to change, the innate quality of needing more seems to be present. Martha observed when a person chooses substances such as an opioid, it "grabs a hold" of that person and a sense of powerlessness occurs. Judy described

powerlessness as “something having hold of you and losing yourself . . . losing ability to feel empowered.”

James described the “illness of addiction” as an “existential crisis,” explaining further that addiction seems to lie within “each of us” when factoring in things like “a genetic component.” A vulnerability was recognized in persons living with addiction. This vulnerability seems to be exploited by the immediate pleasure that opioids appear to deliver. Martha expressed that “no person is immune to addiction,” as she described the pleasure or reduction of pain. Martha continued, “opiates provide and, therefore, addiction should never be considered a weakness.” Considering this vulnerability, a false sense of secrecy that people living with addiction might feel loyalty towards was identified, as addiction affects the body, mind, and spirit of the sufferer. This whole health view suggests that addiction often invokes a sense of shame.

Mary compared opioid addiction to diabetes as a physical illness that needs treatment but acknowledged a stigma around addiction that creates a disparity. Mary described the stigma “of moral failing” that is often assigned to opioid addiction. The participants suggested such a stigma might be socially learned and often invades the social work practice by shaping attitudes. James observed the disparity that one illness is afforded help, while the other “spins chaos,” pointing out that both illnesses are fatal if left untreated. Jane expounded on this further and compared opioid addiction to “cholesterol” and “high blood pressure” signaling a chemical issue occurring in the brain that left untreated can have catastrophic consequences.

Having a pattern of negative behaviors reinforced with pleasure causes the pattern of negative behaviors to continue with increasing risks. Adam agreed and asserted that the cycle of addiction continues in this state unless some sort of event or treatment intervention occurs to mitigate the cycle. Like the treatment of high blood pressure and high cholesterol, MAT provides the person living with addiction the ability to reduce harm and increase the quality of life.

Mary noted that people are prescribed opioids for legitimate pain management yet run a risk of becoming physically dependent. Jane expressed a genuine concern for the public and the unknown danger of physical dependency that controlled narcotics can cause for people in need of pain management. Adam pointed out a grim reality of the withdrawal from opioids as "miserable," and without treatment leaves the person to suffer pain, withdrawal symptoms, and being labelled as "an addict." Jane and Judy agreed with this observation, and discussed personal experiences where opiates were offered as the first line of defense for pain management rather than "something a little milder." Judy asserted, "there are huge side effects to these medications . . . I was surprised that people on the medical side of the rehabilitation center were wanting people to take these things."

Theme 2: Educational Content

Education on addiction and MAT have influence on social workers' attitudes and opinions about MAT. Multiple participants expressed concern regarding the amount of addictions education received in the graduate level courses. John pointed out the curriculum's focus on family of origin and human development but had "no required

courses on addiction," and recalled "one course you would take on abnormal behavior and it included addiction." John described feeling "like a fish out of water" when treating addiction early in a social work career and has since pursued continuing education "through workshops to get up to speed."

Mary was complementary of the strength and nonjudgmental values of social work education but agreed that the graduate courses lacked in addiction content. Mary remembered being offered a supplemental course to receive "a CAP [certified addiction professional], but at the time, I didn't know what a CAP was." Mary recollected this as the only option regarding addiction with little information regarding OUD. Though the addiction and OUD content was lacking in the general social work course offerings, Mary offered a strength-based perspective on the education regarding transference, countertransference, and human development and equated these educational elements as useful in OUD treatment.

James echoed the usefulness of graduate social work education on transference and countertransference in concert with addiction specialty social work and MAT. James stated social workers treating addiction "need to be able to pull that kind of stuff out and know when you're being played. Transference and countertransference are really a big issue . . . in this (MAT), in any therapy, but in substance abuse." Countertransference in the workplace was mentioned by Mary regarding colleagues who were non-licensed counselors "who went to school a long time ago." Mary observed a commonality with these colleagues yielding a "very, very punitive approach" to people living with OUD and participating in MAT, particularly following relapse. Mary described a punishing

response from such providers, where the person being treated is shamed for relapse. Mary opined that this approach seems to be from a lack of empathy in educational content and creates a hostile treatment environment.

Judy, with an MSW achieved over 20 years before this study, also shared a strength perspective regarding the usefulness of family therapy classes completed in the graduate social work program. Mary explained implementing knowledge from other courses towards addiction and MAT:

> Most of the individuals that come with any kind of addiction, they have dynamics, family dynamics, contributing to some of the disorders, whether its alcohol or taking pills or heroin. For individuals wanting to change- those issues, from the family, come up.

Jane, currently enrolled in a Doctor of Philosophy (PhD) in social work program, pointed out a disparity in addiction education in the clinical concentration tract of the MSW education:

> I would say there needs to be more attention brought to substance use disorders . . . one semester . . . one class, in 2 years of school. I think there needs to be more education on that and more training specifically directed towards substance use, going through the disorders, and learning those things.

Adam, who within the last 2 years completed an MSW, concurred with this sentiment:

> I remember there being one class, but I was already working in the field (substance abuse treatment), but I wonder what the other students that may not

> have gone into the field, how much information they would have gotten from one class.

Adam went on to express the opinion that more training and education "with substance abuse is absolutely necessary."

James expounded further on big business and pharmaceutical companies' spending and marketing of medications influencing the education:

> We don't like to say big business is doing this on purpose. I'm not going that far, but you know, you take a look when we start talking about money. At least half the people I do substance abuse assessments on for opiates . . . they don't have an addiction history in their family. It's just like they got on them, doc said these are great and nobody talks about the tolerance or the progression of the disease.

James made a connection to the influence that pharmaceutical companies might have on prescribing providers and social workers alike, "the sales reps, to go in there and the docs, and very naïvely takes on that point of view and then pushes the drug . . . like in the '80s with sedatives they were marketed as non-addictive." The participant went on to acknowledge the prescribers and others "in medical professions" continue to benefit from increased education specializing in addiction and increasing the access to MAT.

Theme 3: Barriers to MAT Access

The access to MAT appears to have influence on social workers' attitude toward MAT. The participants expressed comparable opinions towards the access to MAT in the midst of the opioid epidemic. Collectively, the participants felt the access to MAT in their respected communities was inadequate. James described the rapid progression of opioid

addiction consuming the user, "physically, socially, spiritually, and in some cases leads to death." Martha quickly agreed and pointed out the "tragically inadequate access" to treatment in a rural community. James expounded, describing the "chaos" that active addiction to any substance is common but "the difference I see with the opioid; it's pervasive" and needs a rapid intervention.

Mary agreed with the pervasiveness of the opioid use disorder. Mary lamented on the inadequate access to MAT in the local community but also expressed concerns on the lack of ethnicity that has been addressed by the media and the collective conscious in the United States throughout the rise of the opioid epidemic, "a little bit of a problem that we're spending so much and doing so much for the opioid epidemic." At a recent social work conference, Mary described a revelation while answering questions during a presentation on the opioid epidemic. Mary described being challenged to consider White privilege when an attendee offered a challenging point:

> recognize that we are throwing all this money at it (opioid epidemic) because it's a White thing . . . and it's kind of a shame that we haven't recognized that there's a whole lot of others (drugs) out there . . . we actually have had a drug epidemic for centuries.

John described a barrier to accessing MAT created by the strenuous process of medication induction the participant experienced with a client. John recollected being summoned to join a formal panel session with the clinic's director and the client. John indicated the client was startled by the panel and the extreme level of security present for a clinical meeting. John described the meeting and the clinical panel members, "they

were afraid, so afraid. They had this police officer, he looked like Attila the Hun outside the door." The setting was described as an environment of intimidation for the client who may have had some past experiences with law enforcement, "and I was thinking, what is this 150-pound (client) going to do to the (officer) that breaks backs and stuff."

Pharmacy contingency planning was another barrier to MAT access during the opioid epidemic. John described an incident involving a client enrolled in MAT who was denied a medication refill at the designated pickup time and location. The facility closed due to the COVID-19 pandemic with no contingency for alternative medication distribution. John reported the client was expected to make the adjustments and find a different pharmacy because "they bolted the clinic shut." A barrier was created for the client who had other responsibilities and obligations which were suddenly delayed. This client had to "call the national pharmacy call center . . . they filled that medication . . . but an hour and a half transpired to get his medication."

Another barrier that might limit the access to MAT is transportation. A lack of public transportation in some rural areas of north central Florida was discovered. Jane commented:

> A lot of the challenges that we experience are transportation out here-some people don't have vehicles. We don't have public transportation out here . . . That is a huge issue-getting the people where they need to go to the proper location…that can be a huge barrier for people to get to treatment.

Agreeing that transportation is a barrier to MAT access, Judy followed this statement with a concern that homelessness and displacement also interrupts access to

MAT. Judy stated, “I could dovetail that with the transportation because a some of the clients that I’ve seen are homeless. They’re living on the street, under the bushes or trees or whatever-they might be in one of the tent camps.” Without permanent and supported housing, remaining compliant with scheduled appointments and medication regimens can be extremely challenging. Judy reported:

> Housing is major because it’s really hard for people to even start getting their life together without a roof over their head-transportation is really difficult. . . . constantly on the move, just trying to find a place to sleep. It is hard for them to stick with the regulations because they are constantly moving around.

Judy continued, “(the city) doesn’t have housing for half the people. I mean it’s really luxury to have a place to live in this town that is affordable.” Judy described the expansive role as a social worker, “I’m constantly trying to stay on top of who has apartments available, house available, etc. because it’s helpful for people to become stable in order for them to get treatment.”

Another barrier to MAT access that influenced social workers’ attitudes was cost of care and insurance. Adam expressed frustration when a patient’s insurance covers one medication but not another. Adam remarked:

> Patients having trouble with certain insurances covering Suboxone or Subutex and a patient will respond differently to a certain medication. . . . it is not always as easy as getting a new prescription and going and picking it up at the pharmacy.

The cost of an evaluation for MAT readiness sometimes is a barrier to MAT. Judy described “one client that needed $100 just to have the evaluation there and then got

prescription" but didn't have the balance to fill the prescription at a national chain pharmacy.

Another barrier to MAT access is the wait times for entry into some state-funded programs. Judy described the hurdles clients encounter, "a lot of it is financial but the other one, is being able to, once they make the decision that they want to change is finding a slot open in a program today, not four months from now, and in the meantime don't use (drugs)."

These Findings Answer the Research Question

Social workers' attitudes and opinions toward MAT can affect the treatment of clients (Linsky et al., 2015). The practice-focused research question of this study was the following: What are the opinions and attitudes of social workers toward the use of MAT of OUD? These findings have found that social workers' attitudes and opinions toward the use of MAT for OUD are non-judgmental in general but can be swayed by some outside factors. These are identified in three themes in these findings: Perception of addiction, educational content, and the barriers to MAT access that clients living with OUD face in north central Florida.

The perception of addiction had influence on the attitudes and opinions of social workers toward MAT. The participants exhibited empathy toward clients that present with a sense of shame because of the stigma and labeling that is associated with opioid addiction. This study discovered social workers commonly perceive addiction as an illness, or disease, especially with opioid dependence. The perception of powerlessness over opioid addiction appeared to fan social workers' compassion for clients living with

OUD and the need for MAT. This compassion was evident as the participants expressed concerns over other issues and factors that disrupted access to MAT and an observation of the lack of OUD education within general social work education. Some concerns were also expressed that MAT might also prolong the dependency and create a false sense of recovery driven by treatment centers. Taking these additional factors into consideration, a delicate line appears to persuade attitudes for MAT based on social workers' perception of opioid addiction.

Social workers' attitudes toward MAT were also swayed by the education content focusing on addiction and OUD in social work curriculum. Recent master level graduates indicated one course on general addiction. This was an improvement over the reports of some veteran social workers that reported no addiction education in master level course work. Social workers' attitudes toward MAT were noticeably shaken, as some felt ill-equipped to treat clients living with addiction upon graduation. The implications that a lack of addiction and MAT education could be calamitous in a national health crisis. At the time of the study, the opioid epidemic was claiming upwards of 80,000 lives per year because of overdoses (CDC, 2020). Social workers agreed that more addiction content regarding MAT and OUD would be beneficial in social work curriculum.

Finally, inadequate access to treatment for people living with OUD in rural areas also greatly prejudiced social workers' attitudes toward the use of MAT. The social workers described multiple barriers that impede access to timely treatment in north central Florida. Social workers agreed on the rapid progression and pervasiveness of OUD and desired greater access to more rapid interventions like MAT. Improved rural

housing, public transportation, medication availability, seamless treatment inductions, and a reduced cost of care are some solutions to this social problem social workers favored in north central Florida.

Unexpected Findings

There was an unexpected result in the findings of the study in the impact ethnicity, culture, and environmental factors have on the attitudes and opinions of social workers toward the use of MAT for OUD. The social workers were impassioned about the amount of money being allocated toward MAT and the opioid epidemic while overlooking other substances that also have a history of havoc in the United States. The participants questioned this allocation as being influenced by White privilege.

The participants also expressed concern over environmental factors that impede access to MAT for people living with OUD. With the onset of the COVID-19 pandemic, the social workers have become increasingly familiar with the virtual modalities of care. The participants saw virtual care as a way to increase access to MAT by providing care over a variety of virtual platforms.

Summary

Opioid abuse has become a health crisis in the United States. The purpose of this study was to have a stronger understanding of the attitudes and opinions of social workers toward the use of medication assisted treatment in combating this epidemic. I found that social workers' attitudes and opinions can affect the treatment of clients living with OUD. I have discovered some factors that influence the attitudes and opinions of social workers toward the use of MAT.

In the following section of the study, I will summarize my findings and the value of social work practice in MAT for OUD. I will additionally discuss the relationship this social problem has with the principles and values of the NASW professional code of ethics. Finally, I will make further recommendations for social work practice and describe the potential impact for positive social change.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this study was to investigate the attitudes of social workers toward MAT for people living with OUD. I used a qualitative design with a purposive sample of master's degree level social workers with a familiarity of substance abuse treatment and MAT in north central Florida. The data were gathered from focus group interviews. This action research approach was prized as rich and meaningful discussions around the participants' individual experiences with MAT ensued. To understand these experiences more fully, recommendations can be made to develop modifications within social workers' attitudes toward MAT and the opioid epidemic.

A summary of the findings includes identified factors that can influence the attitudes and opinions of social workers toward MAT. The participants increased my awareness of the broad range of factors that social workers consider when treating clients living with OUD, enrolled in MAT programs, and other substance abuse issues. By considering their own personal bias regarding addiction and recovery, the participants were quick to recognize transference and countertransference and implement creative strategies to maintain an objective and nonjudgmental point of view.

These findings may help to increase the knowledge base and inform the social work profession by encouraging practitioners to take inventory of their own bias, attitudes, and opinions toward MAT and OUD. By increasing self-awareness of personal attitudes toward MAT, social workers could become more holistic and empathetic in treating people living with addiction who might benefit from MAT. Such self-awareness

could erode personal bias, decrease compassion fatigue, and improve morale for social workers engaged in substance abuse treatment and MAT.

Social workers, renowned for treating a wide and often vulnerable population, are committed to improving the quality of life for all people. Social workers in all specialties sometimes find themselves encountering clients affected by addiction. Such encounters often carry a greater sense of urgency due to a dramatic increase in overdose deaths, most of which are related to opioid misuse and abuse. This research was intended to help understand the attitudes and opinions of social workers toward MAT and the possible influence these could have on treating clients living with OUD.

Application to Professional Ethics in Social Work Practice

According to the NASW Code of Ethics (2017), social work promotes individual well-being to bring a greater good to society. Having a bias toward MAT for OUD might create an ethical dilemma for social workers, as it may defeat the ethical value of dignity and self-determination (NASW, 2017). Social workers' respect for the inherent dignity and worth of a person seeks to improve clients' opportunity to change. The use of MAT can be considered an instrument to promote both individual change and social change. As communities and healthcare professionals mobilize to decrease opioid overdoses, save lives, and reduce harm, social workers must remain aware of this ethical principle to individuals and society (NASW, 2017).

Social workers also have an ethical obligation to increase professional knowledge, which is included in the ethical value of competence (NASW, 2017). As MAT expands to combat the opioid crisis, social workers may benefit from a working knowledge of some

of the most common factors to comply with professional competence. Factors might include medications, local prescribing professionals, and local legislature regarding MAT. The NASW Code of Ethics (2017) limits social workers to a scope of practice bound by education, training, and other consultation and experience. This study reinforces the values and practices of the NASW Code of Ethics that guide all social workers.

Recommendations for Social Work Practice

Action Steps

After reviewing the findings, two action steps are recommended for clinical social work practitioners working in substance abuse and MAT programs that specialize in OUD. The first action step is for these social work practitioners to participate in continuing clinical supervision and peer consultation. As was discovered in this study, social workers' attitudes and opinions can be influenced by elements such as transference, countertransference, and other real-time demands placed on social work practitioners. Such influences, along with social cues observed on multidisciplinary teams, may promote judgment and bias that directly affects clients considering or participating in MAT. Confidential clinical supervision or peer consultations have been found effective as they focus on the social worker's feelings and share the burdens of clinical practice (Ross, 1992; Tsui et al., 2017).

Another action step is to promote a more robust education for social workers regarding SUD and MAT for OUD. As discussed earlier in this study, social workers' attitudes toward MAT might often be socially learned from colleagues' successes and

failures when working with clients living with OUD, SUD, or enrolled in MAT. The findings in this study showed that master's degree level social workers may feel ill-equipped to treat addiction issues with education provided in general graduate-level social work courses. The inclusion of learning objectives on opioid abuse and MAT in the general curriculum of social work education could greatly influence social workers' attitudes and opinions toward MAT.

For social workers practicing as licensed independent practitioners, continuing education on addiction and MAT could be of great benefit. State licensure boards could consider adding a requirement for continuing education for licensure renewal. This may be another creative way of promoting social change amid a national opioid epidemic and increasing a more robust education for social workers.

Impact to the Researcher's Social Work Practice

These findings will impact my own social work practice in three ways. First, observation of bias and judgmental attitudes toward MAT and OUD has increased my personal awareness. Continuing to take personal and professional inventory allows for more effective multidisciplinary collaboration when treating people living with OUD and other substance abuse concerns. Next, it has increased my awareness of the barriers that impede access to MAT in some of the more rural areas of north central Florida. Environmental factors like finances, clinic closures, and transportation became greater challenges during the uncertain times Americans have faced during the COVID-19 pandemic. Lastly, this study has activated my core social work value of advocacy. I will endorse both social work innovation in evidence-based practice in MAT, as well as

dignity and equality for the marginalized and vulnerable population living with OUD that need MAT.

Transferability of the Findings

Stringer (2014) pointed out that action research differs slightly from traditional quantitative studies that allow for greater generalizing of the findings to groups outside those involved in the investigation. This study's outcomes apply to the social workers in north central Florida who participated in the focus groups. Due to the careful rigor of this study, credibility has been established. This allows for the possibility of application of this study's findings to circumstances outside this study in similar settings in north central Florida. The findings of this study regarding education and access to MAT in rural areas might be considered adequately comparable to other situations and could be integrated into practice and policy.

The movement to cultivate evidence-based social work practice has called for such integration of research into practice and policy. Cooper and Lesser (2011) pointed out the demands placed on social work practice to grow a strong evidence base to have greater accountability to those being served. The findings from this study are, therefore, useful when considering practice, research, and policy.

Practice, Research, and Policy Considerations

The written report of the current action research study will have an impact on social work practice. Social workers who encounter clients affected by the opioid epidemic can make immediate use of the data, literature, and social problems included in this study. The findings have organized and defined multiple themes that influence the

attitudes and opinions of social workers toward MAT for OUD in north central Florida. By examining these themes, social workers might increase awareness of bias and improve clinical outcomes and services for clients.

To continue improvement in social work practice, the current study could be a launching point for further research studies on social work in north central Florida. Themes concerning the perception of addiction, social work education, and access to MAT in both rural and urban areas have emerged from the current study and might be further investigated. Additional research on these themes would bring greater strength to the current study and render usefulness in molding and shaping social work practice, policy, and procedures.

Lastly, the findings of the current study address concerns about social work education curriculum and continuing education for practitioners. In December 2020, the CDC (2020) reported that over 81,000 drug overdoses occurred in the 12 months ending in May 2020. With an alarming increase in the overdose rate included with the COVID-19 pandemic, accreditation organizations such as the Council on Social Work Education could consider an increase in mandatory core curriculum involving substance use issues. At the state level, the Florida Board of Social Work, Marriage and Family Therapy, and Mental Health Counseling could consider amending the current laws and rules for LCSW licensure renewal to require SUD continuing education each biennium.

Limitations of the Study

The sample size, the COVID-19 pandemic, and the specific geographic region were limitations encountered in this study. A small sample size of seven social workers

participated in two focus group interviews. Four practitioners participated in the first focus group, and three in the second. A larger sample size may have allowed for a greater investigation and wider variations of the factors that influence social workers' attitudes toward MAT. The sample size may have been smaller than hoped for based on the focus groups being moved from an in-person setting to a virtual video teleconferencing platform due to the COVID-19 pandemic.

The original prospective plan was to meet in a public library conference room but had to be adjusted due to the COVID-19 pandemic. Public facility closures, travel restrictions, and stay-at-home orders in Florida forced the planned face-to-face meeting to a video teleconferencing platform. The uncertainty of internet connections, unfamiliarity with video teleconferencing, and other unknown factors such as private health concerns, could be considered limitations of the current study.

Considering the rapid increase of the opioid misuse problem and overdose deaths in the United States, the mostly rural geographical region of north central Florida was another limitation encountered during the current study. Though the focus group interview questions were replicated with two separate groups, the participants in both focus groups were purposefully selected from the same participant pool from the same region. It is therefore a limitation in regard to other regions of the United States and not generalizable beyond the seven social workers who participated in this study, and further research is needed.

Study Recommendations

Future research studies could broaden the evaluation of the attitudes and opinions of social workers toward MAT and strengthen the results of this study. One recommendation is to conduct the current action research study on the attitudes and opinions of social workers toward the use of MAT for OUD in other regions throughout the United States. This would be of significant benefit, as the literature review of the current study revealed a significant impact that practitioners' attitudes have on compliance with treatment plans and medication regimens. Further exploration of social workers' narratives and self-awareness of bias regarding MAT is recommended.

Another recommendation is further investigation on the influence social workers present to clients who are coping with environmental factors such as rural transportation issues, financial constraints, insufficient insurance coverage, or lack of access to MAT programs during a pandemic. As discovered in the current study, the use of video teleconferencing was being implemented during the COVID-19 pandemic to provide continuity of care and improved access to MAT. Further exploration on the outcomes of these implemented measures during a global health crisis is also recommended.

Disseminate the Findings

I seek to present these findings at an annual social work conference held by the NASW Florida Chapter in 2021. The presentation of these findings could enlighten social workers in Florida on the importance of practice evaluation, self-awareness, and the possible implications of personal bias toward MAT. I will also present these findings to

colleagues at the North Florida/South Georgia Veterans Health System. I will also apply to present these findings at the biannual NASW National Conference in 2022.

Another avenue of dissemination of these findings is through social media. The research and findings could be posted on my personal social media pages such as Facebook and LinkedIn. Finally, I plan to disseminate this research and these findings by posting on the webpages of drug and alcohol treatment programs where I have affiliation. Prior to such postings, the findings will be disseminated to the participants of this study and other social work colleagues possibly through email or written letters.

Implications for Social Change

The potential impact of this research for social change can be seen at the micro, mezzo, and macro levels. At the micro level, the social work participants in this study exhibited the empowering qualities of self-awareness and self-evaluation. A sense of camaraderie washed over some participants as they answered the interview questions and engaged in discussion regarding personal attitudes and opinions toward MAT and OUD. As these findings are disseminated, more social workers could be empowered to evaluate their own personal opinions and attitudes toward MAT. This could lead to positive change in service delivery for clients, as well as increasing communication between social workers to assess personal bias.

On a mezzo level, social workers empowered with greater self-awareness could bring a greater sense of unity within agencies where clients are participating in MAT. Social workers represent a large demographic of clinicians providing substance abuse treatment (Bride et al., 2013). The social work profession supports and promotes

community engagement and local reestablishment of clients in recovery. The participants in this study discussed the role communities had in the access to MAT. As this research is disseminated, social change could be affected as social workers may advocate on the community level for greater access to MAT for people living with opioid use issues.

The opioid epidemic continues to move into a dangerous, record setting trend in the United States. On the macro level, the findings in this study could affect social change by raising the awareness of how social workers' attitudes could affect the access to MAT, the compliance of client's participating in MAT, and the recovery for families impacted by the opioid crisis at the national level. Federal agencies and elected leaders have become increasingly aware of MAT due to opioid crisis in the United States, but policies that guide MAT at the state and national level must continue to evolve. Armed with a better self-awareness of the implications of personal attitudes toward MAT, the social work profession's heart and ethical obligation for advocacy can be the spearhead for such policy reform.

Summary

In conclusion, opioid misuse and addiction are major problems in the United States of America. This is evidenced by the continued increase of opioid overdose deaths. This action research study sought to bring awareness of the attitudes and opinions social workers have toward the use of MAT for OUD. With a large demographic of clinicians in the substance abuse treatment industry, social workers' attitudes and opinions toward MAT can have great influence on the success and failures of treatment outcomes during this national opioid crisis. Social workers' attitudes toward MAT can be greatly

influenced by the perception of addiction, formal and continuing education, and the availability and access to MAT for marginalized populations. To achieve social change, social workers must continue to press on and find ways and means to remain forward thinking in the opioid epidemic. I believe this study has found that greater awareness of personal bias, continuing education, and advocacy for greater MAT access can influence social workers' attitudes and opinions toward MAT. With evolving attitudes and knowledge of MAT, social work practitioners can impact social change and influence bringing an end to the opioid epidemic in the United States.

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Appendix A: Invitation Template

Hello,

My name is Billy Spivey. I am a Licensed Clinical Social Worker (LCSW) in Ocala, FL. I am a doctoral candidate enrolled in the Doctor of Social Work program at Walden University. I have identified your name through the Florida Board of Health. I am currently seeking participants for a Capstone study that I am completing. My project is examining the attitudes of social workers in north central Florida toward the use of medication assisted treatment (MAT) of opioid use disorder. The study is seeking master level social workers with a familiarity of substance use disorders and MAT. Participants will participate in a focus group. Group interview questions will cover topics such as: Addiction, Opioid use disorder, Medication-assisted Treatment, social work training, substance abuse treatment, and recovery. The study welcomes master level social workers from all backgrounds, practice specialties, and has been approved by the Walden University IRB (03-27-20-0519956) on March 23, 2020.

The outcome of this study will assist the social work profession in gaining a better understanding of the attitudes and opinions of social workers toward MAT. Please contact me by replying to this email if you are interested in volunteering to participate in a focus group for this study. I will be glad to answer any questions, provide further details, and verify your eligibility to participate. Once verified I will send you an email with more information and a consent form.

Thank you for your consideration.

Billy Spivey, LCSW

Appendix B: Interview Guide

Welcome:
Thank you so much for agreeing to be a part of this focus group. I really appreciate your willingness to participate.

Introductions:
The purpose of this study is to explore the attitudes of social workers toward the use of medication assisted treatment for opioid use disorder. Your input is needed, and your honest and open thoughts are welcome here!

Ground Rules:

1. You to do the talking.
    a. I would like everyone to participate.
    b. If I haven't heard from you in a while, I may call on you.
2. All answers are of equal value!
    a. There is no right or wrong answer.
    b. Each person's experiences and opinions are valuable.
    c. Please speak up when you agree or disagree.
3. What is said in here, stays in here.
    a. I want everyone to feel comfortable sharing on any sensitive issues.
    b. Let's agree to respect each other's anonymity
4. We are audio recording the group
    a. I want to capture everything that is said.
    b. No one will be identified by name in the report. All participants will remain anonymous.
    c. Video recording is NOT allowed.

To gather some general information about you:

1. What is your level of education, licensure and/or credentialing?

2. How long have you been practicing social work?

Qualitative Questions:

1. Please tell the group about addiction.

2. Can you please describe the opioid epidemic?

3. Tell us about your experience with Medication Assisted Treatment (MAT) and opioid use disorder.

4. Can you talk about the access to MAT in your hometown?

5. Do you think your social work training has conflicted with your work as a substance abuse treatment specialist?

6. Are any of you in recovery? Does that in any way shape your perspective on MAT?

7. What are some challenges you see with MAT?

   Share what changes you would make in MAT?

Appendix C: Social Workers' Attitudes Toward MAT Mind Map

Figure C1

Complete Mind Map

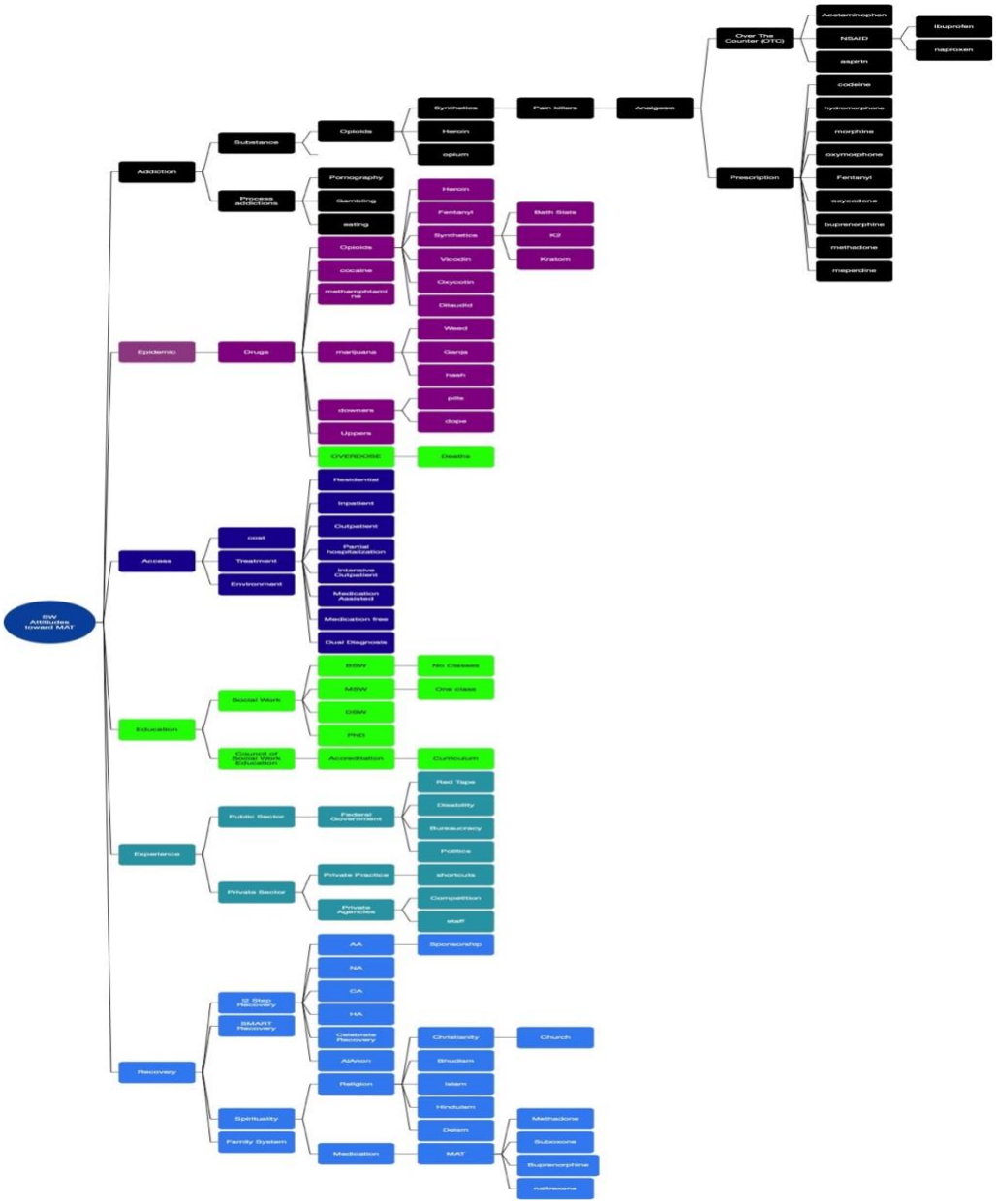

Figure C2

Addiction Mind Map

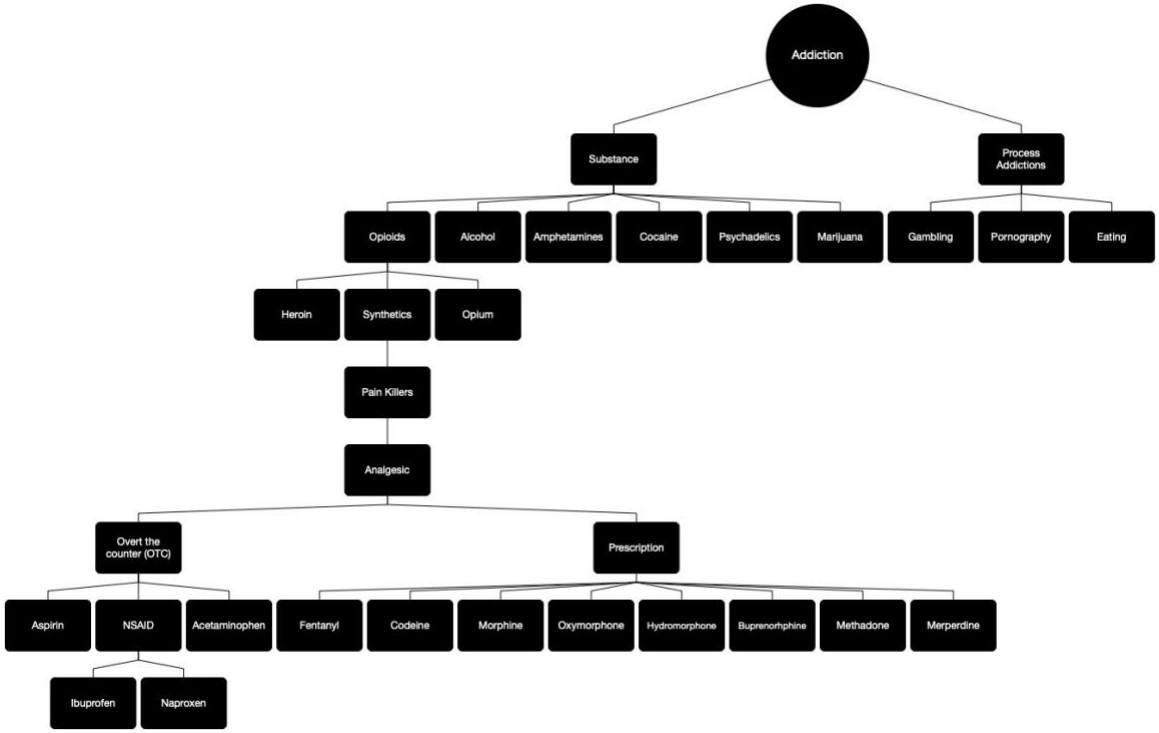

Figure C3

Epidemic Mind Map

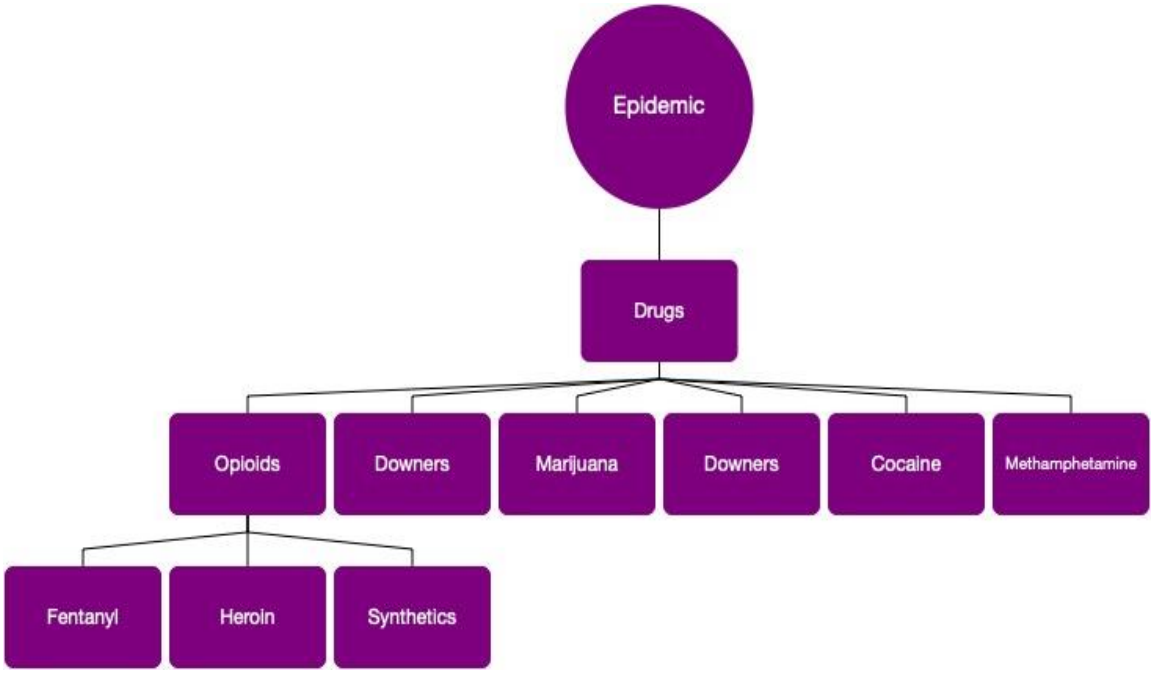

Figure C4

Education Mind Map

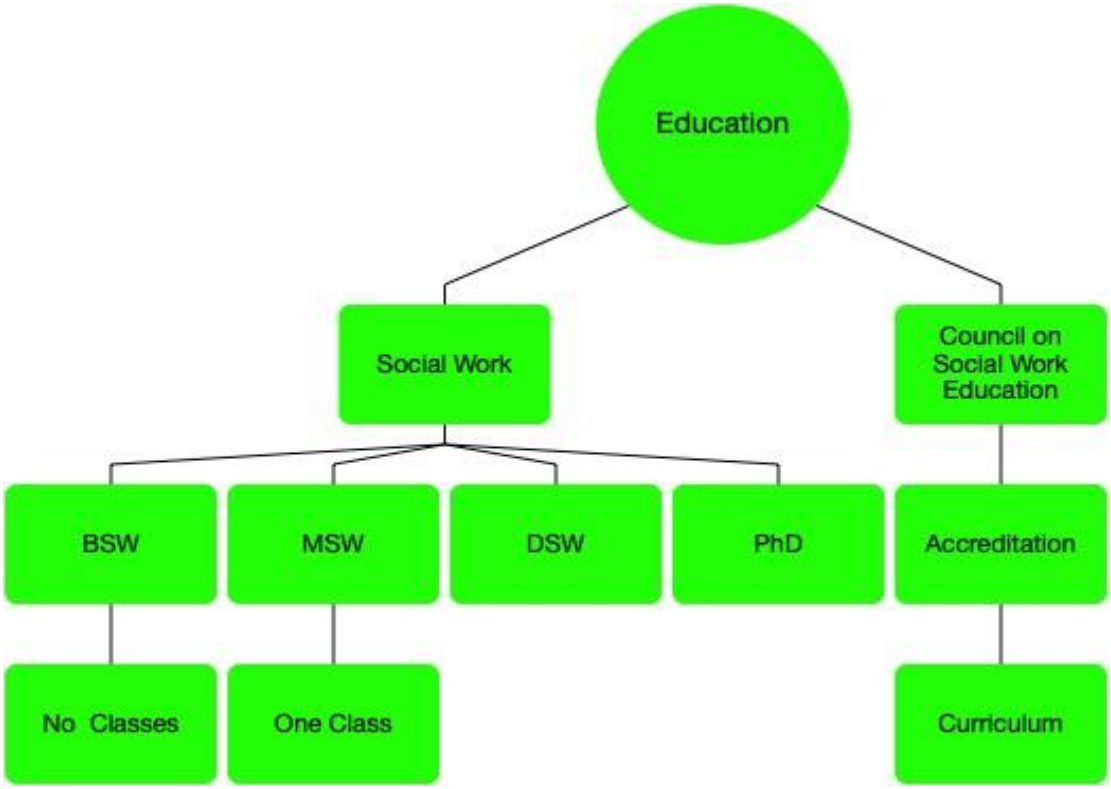

Figure C5

Experience Mind Map

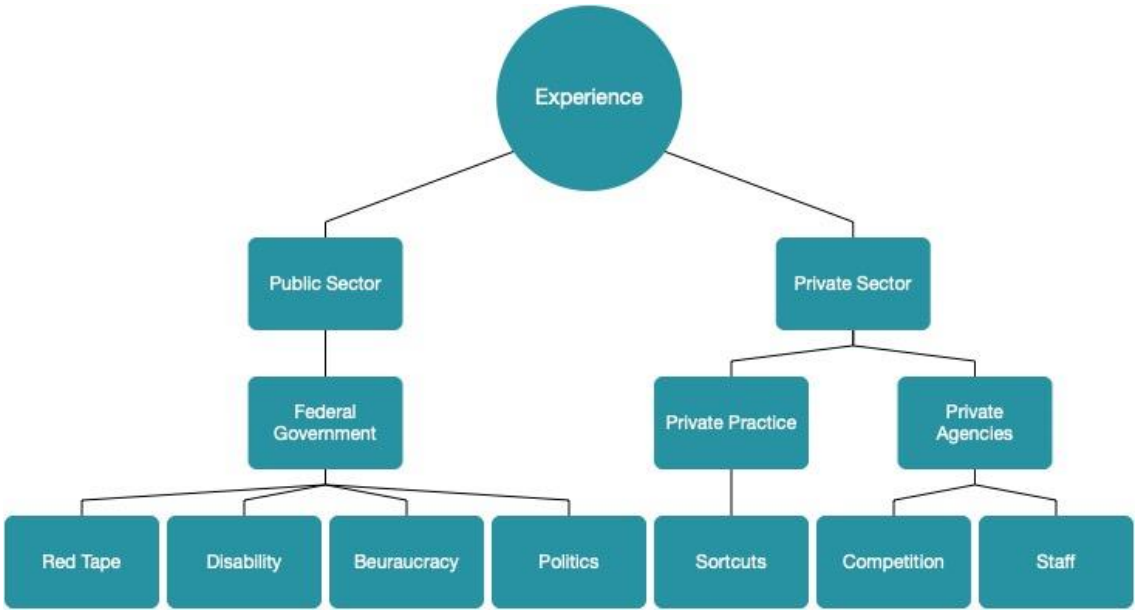

Figure C6

Access Mind Map

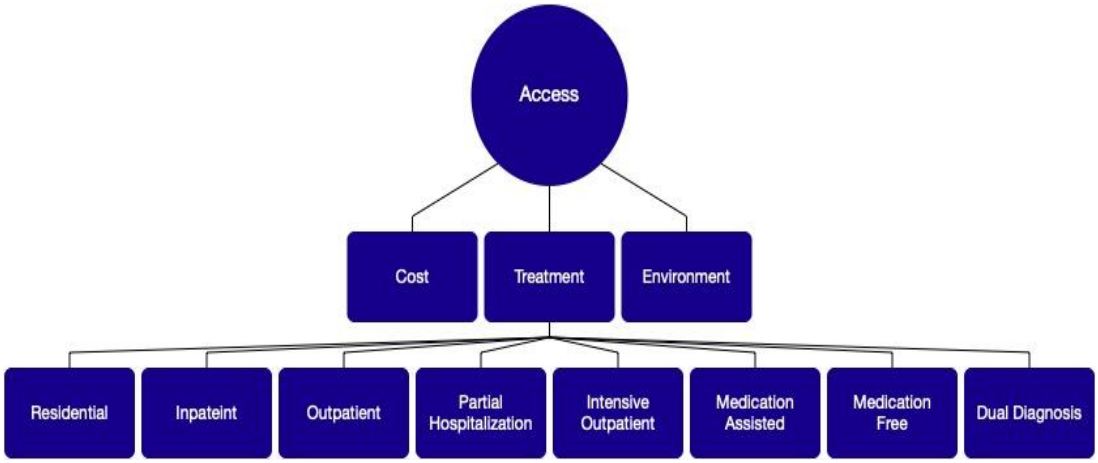

Figure C7

Recovery Mind Map