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# Perceptions of Licensed Independent Social Workers on How Their Master of Social Work Program Prepared Them to Work With Substance-Using Clients

Kelly A Vacca
*Walden University*

# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Kelly Vacca

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Review Committee
Dr. Kenneth Larimore, Committee Chairperson, Social Work Faculty
Dr. Sean Hogan, Committee Member, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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MSSA, Case Western Reserve University, 2011

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Project Submitted in Partial Fulfillment

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## Abstract

Due to a lack of accreditation standards requiring Master of Social Work (MSW) degree programs to include substance use and addiction-related courses, many MSW graduates in the United States are unprepared to meet the needs of this growing population. The purpose of this qualitative study, which was underpinned by Bandura's self-efficacy theory, was to explore the perceptions and experiences of licensed independent social workers (LISW) regarding the role their MSW program education played in preparing them to work with substance use and addicted populations. The six participants identified as having graduated from an accredited MSW program, holding a bachelor's degree in an area other than social work, being licensed in the U.S. state of Ohio, and having worked in a paid position for a minimum of 3 years as a LISW with substance use and addicted populations. The participants engaged in one-on-one interviews featuring semistructured, open-ended questions. Transcription and coding of the data yielded three emergent themes: required course content, knowledgeable supervisors and educators, and experience and practice opportunities. With the insights gained from this study, social work educators may be better able to identify competencies and skills that are vital in substance use treatment yet lacking in current educational standards. The application of these competencies and skills in all aspects of the social work and addiction field may lead to positive social change by helping to ensure that those with substance use disorders are treated with dignity and worth.

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## Section 1: Foundation of the Study and Literature Review

Drug abuse continues to be one of the United States' most detrimental health crises, with approximately 11.7% of the population actively using drugs in 2021 and nearly 19,000,000 million people aged 12 and older needing substance abuse treatment (National Center for Drug Abuse Statistics, 2022). As substance use disorders (SUDs) increase, so do the burden and cost to society. This can be seen in the form of increased health complications, including HIV and hepatitis B and C; social consequences, including stigma, unemployment, and discrimination; and legal issues, which include commercial sex and trafficking, accidents, and violent and risky behaviors (Chadda, 2019). Due to this epidemic's ongoing and widespread nature, the need for effective treatment options and qualified treatment providers continues to grow.

The role of a social worker is to act as an agent of change, enhancing the well-being of individuals, families, and communities (National Association of Social Workers [NASW], 2022). The diverse nature of the social work profession provides opportunities for practice in many areas. Social workers can be found in various settings, including child welfare, schools, the criminal justice system, community-based health centers, and hospitals, ensuring that they will routinely encounter individuals experiencing substance use problems. Social workers also remain one of the primary service providers in the treatment of substance use and addiction, with approximately 119,800 social workers working in mental health and substance abuse treatment settings in the United States in 2021 (U.S. Bureau of Labor Statistics, 2022). Despite the demand for social workers who are trained and educated in SUDs, the Council on Social Work Education (CSWE, 2023),

the national association responsible for oversight of curriculum guidelines for all accredited social work programs in the United States, does not require any courses related to substance use or addiction for the Bachelor of Social Work (BSW) or Master of Social Work (MSW) program curriculum at the present time.

Prior research indicates that educational exposure to SUDs positively affects BSW- and MSW-educated social workers' knowledge and attitudes regarding working with substance abusers (Senreich & Straussner, 2013). Research also shows that students are more likely to want to work with the SUD population if they have positive attitudes toward their clients and increased knowledge of drug-related problems (Nguyen, 2020). Many of the previous studies were conducted with students enrolled in BSW or MSW programs, leaving a significant gap in the research and practice literature focused on understanding licensed independent social workers' (LISWs) perceptions of how their MSW program education prepared them for, affected their perceptions towards, and impacted their desire to work with SUD clients. I undertook this basic qualitative inquiry to better understand this relationship. Semistructured, open-ended oral interviews were conducted to analyze the role of MSW program education in preparing LISWs to work with SUDs. By better understanding the role of MSW programs education in effectively treating this population, stakeholders may be able to implement curriculum changes that can potentially better prepare social workers to be successful at engaging clients in direct practice, policy changes, and health care reform.

I explored the perceptions of LISWs regarding the role their MSW program education played in preparing them to effectively treat substance use and addicted

populations. In this section, I will discuss the current problem; the purpose of, and rationale for, the study; the study's theoretical relationship to Albert Bandura's self-efficacy theory; and the study's potential implications for the social work field. In the comprehensive literature review included in the section, I detail the history of substance use and the role of education, treatment, practice approaches, and supplemental training and resources in educating LISWs on the treatment SUDs. Details about the qualitative study I conducted to answer the research question are also included. In subsequent sections, I provide further details on the methodology and data analysis and present the findings. In the capstone's final section, I discuss the results and their implications related to ethical practice, social change, and future research.

## Problem Statement

The central problem addressed in this qualitative study was the need for more knowledge of the role that MSW program education plays in preparing LISWs to work with substance use and addicted populations. My initial motivation for studying this issue was my personal experience as a social work student who took substance use and addiction courses due to my attending programs with specialty tracks focused on this area. I became acutely aware of how participating in even one substance use course can impact emerging social workers' knowledge and understanding while teaching BSW and MSW students in a social work program without a specialty track in addiction. The general lack of knowledge related to SUDs, as demonstrated by many of our students, became highly concerning. The current academic curriculum in CSWE-accredited social work programs lacks SUD-related coursework (CSWE, 2023), limiting students'

exposure to and knowledge of substance use and addiction. As a result, social workers may be unprepared to meet the needs of this growing population.

Research in the area of education for SUD treatment has shown growth over the last several years yet remains focused on BSW and MSW student perspectives, with limited studies aimed at the perceptions of LISWs currently providing this treatment. Much of the literature focused on understanding substance use-related education for social workers centers on the perceptions of BSW and MSW students regarding their anticipated needs for working with this population (Carter et al., 2018; McCarthy et al., 2022). Recent research in this area indicates that social work students with a positive attitude toward substance users and those with increased knowledge of drugs and drug-related problems are more likely to seek and maintain work in drug treatment settings, regardless of age, race, or gender (Nguyen, 2020). Although the data obtained in these studies further understanding of the role education plays in treating SUDs, little research exists on whether these same perceptions and motivating factors remain true once students graduate and begin to work with substance use and addicted populations as LISW.

**Scope and Evidence of the Problem**

Despite the pervasive nature of the drug epidemic and evidence supporting social workers as one of the primary service providers in the treatment of substance use and addiction (Kourgiantakis et al., 2020), a content analysis of all 2017 CSWE-accredited MSW programs in the United States revealed a significant deficit of formal substance use education throughout the social work curriculum (Minnick, 2019). The same study also

found that many of these programs lack adequately trained and knowledgeable faculty to offer substance use courses to their students. These findings are particularly concerning as they come at a time when the need for trained professionals in mental health and SUDs is expected to increase substantially over the next decade in the United States (U.S. Bureau of Labor Statistics, 2022).

In one of the few studies focusing on the transition from MSW student to practicing professional, Glassburn (2020) found that this transition is often varied for new MSW students; the author concluded that students were frequently unprepared for the shift, received little supervision, and were often surprised by the experience of not knowing. Other research supports Glassburn's findings. For instance, MSW students from a Midwestern U.S. university who participated in a qualitative study during their final field practicum reported concerns that they lacked the competence, knowledge, and skills to assist clients with SUDs effectively (McCarthy et al., 2022). In a separate study, program directors for substance use treatment programs across New York State indicated that MSW graduates were not sufficiently prepared to deliver substance use services in practice following graduation (Minnick & Park, 2022). These studies reinforce a gap in MSW-educated social workers' perceptions of their ability to work with clients with SUDs.

## Purpose Statement and Research Question

### Purpose Statement

The purpose of this qualitative study was to understand the perceptions and experiences of LISWs regarding the role their MSW program education played in

preparing them to work with substance-using clients. By better understanding how LISWs perceive the role of education as it relates to their confidence and ability when working with substance use and addicted populations, stakeholders can potentially begin to identify changes needed within social work curricula as well as what perceptional variations exist as individuals transition from the student role to that of a practicing LISW. Stakeholders can better understand how factors such as supervision, ongoing training, and practice experiences impact the knowledge and skills identified as critical in treating SUDs. The information gathered from this study may inform future social work practice at the micro (individual), mezzo (group), and macro (community) levels. Data collected can potentially help inform academic institutions and SUD treatment agencies by highlighting curriculum, training, and support system needs. LISWs and other SUD treatment professionals may be able to better prepare themselves for working with this population by recognizing that professional knowledge, skill, and support needs change over time and identifying those resources and systems available to assist them early in their careers. The data collected may also have policy implications for professional licensure boards, national organizations, and accreditation bodies tasked with advocating for changes in legislation to ensure social workers and other SUD treatment professionals consistently engage in best practices.

**Research Question**

When formulating the research question for this study, I focused on better understanding how LISWs perceived the role of their MSW program education and experiences in preparing them to work with substance use and addicted populations.

Additional attention was given to exploring whether these educational perceptions had changed over time and what factors may have led to these changes. The research question for this study was, What content, knowledge, or skills do LISWs identify as lacking from their MSW program education based on their practice experience working with substance use and addiction populations? I formulated the interview question to allow participants the opportunity to share their lived experiences through narrative responses.

**Key Concepts**

The following terms are defined per their usage in this study:

*Addicted populations*: Individuals, families, and communities who have been adversely affected by the use and or abuse of illicit and prescription substances.

*Addiction*: A chronic disease illustrated by drug seeking and drug use that is difficult to control despite negative or harmful consequences (National Institute on Drug Abuse [NIDA], 2018).

*Educational content*: The academic curriculum and program options received by students at the master level in a CSWE-accredited social work program (CSWE, 2023).

*Educational knowledge*: Any information or learning gained as part of the MSW program course work or field practicum experience.

*Licensed independent social worker* (LISW): A professional who engages in clinical practice in the field of social work, who has received specific education and training to provide ethical and competent services, and who has taken and passed the required licensure exam for their qualifying practice level (Association of Social Work Boards [ASWB], n.d.-a).

*Master of Social Work* (MSW) *program*: A master-level social work program meeting CSWE accreditation standard, in which an individual who does not hold a bachelor's degree in social work attended and received an MSW degree.

*Perceptions*: An individual's understanding, interpretation, or identification of the role their educational experience played in preparing them to engage and treat clients with SUDs.

*Practice experience*: The period of time, to include a minimum of 3 years, in which an individual has worked as a LISW with substance use and addicted populations in a paid employment position.

*Substance use disorder* (SUD): The diagnosis associated with an individual's substance misuse, which can present as mild, moderate, or severe as outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013).

*Substance-use disordered clients*: Individuals seeking or receiving services to address alcohol and/or drug use which can or has caused clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (Substance Abuse and Mental Health Service Administration [SAMHSA], 2022).

*Substance use disorder treatment*: Research-based methods that assist individuals to stop using drugs and resume productive lives (NIDA, 2018).

## Rationale for the Study

I focused on better understanding the role MSW program education plays in preparing knowledgeable and skilled social workers who are competent in the treatment of SUDs. I mainly sought the viewpoints and needs of individuals practicing as LISWs who had worked with substance use and addicted populations for a minimum of 3 years. In reviewing the literature, I found limited research on how those who have become LISWs working with clients with SUDs perceive their MSW program educational experience as it relates to preparing them to work with this population. The field of addiction continues to experience shifting trends pertaining to theory, treatment, and legislation. As a result, social workers must possess the skills, knowledge, values, methods, and sensitivities needed to effectively work with this population (NASW, 2013). By better understanding how the existing MSW curriculum contributes to this process, stakeholders can begin to recognize those competencies and skills identified as vital in SUD treatment yet lacking in current educational standards. The insights gained from this study can potentially be applied in all aspects of the field of social work and addiction, helping to ensure that this population is treated with dignity and worth.

## Nature of the Doctoral Project

I used a basic qualitative research design. Participants were selected through purposive sampling to explore the identified research question. This approach provided an opportunity to investigate participants' opinions, perceptions, and lived experiences (see Percy et al., 2015). By posing semistructured, open-ended questions to participants during one-on-one interviews, I was able to gain insight into the perceptions and

experiences of LISWs on the role their MSW program education played in preparing them to work with SUDs and how these perceptions and experiences may have changed following their practice experience.

Participants for this study self-identified as being graduates of a CSWE-accredited MSW program who had a bachelor's degree in an area other than social work and who had obtained their independent social work licensure from the State of Ohio Counselor, Social Work, Mariage, and Family Therapist Board. Participants also reported having worked in a paid position for a minimum of 3 years as an LISW with substance use and addicted populations. To identify treatment agencies, I used RELINK (2024), a digital database for locating addiction and mental health treatment programs throughout Ohio. Seventy-five agencies in rural, urban, and suburban areas were selected, and a contact person was identified for each agency. An email requesting volunteer participation and containing details of the current study was then sent for distribution to qualified employees. Six self-referring participants engaged in one-on-one, semistructured, open-ended interviews lasting approximately 60 min. Interviews were conducted virtually using Microsoft Teams to accommodate all participants. I took notes during the interviews as well as audio recorded them. Each participant was assigned a number identification (e.g., P2) to protect confidentiality, and all information was stored on a password and VPN-protected computer. Interviews continued until data saturation was achieved.

Following each interview, I transcribed participant responses and stored them in a Microsoft Excel spreadsheet. A coding and transcription program, NVivo, was used to

help identify meaning and themes resulting from the data obtained. I used an inductive data analysis process to avoid preconceived ideas and allow the data to guide the analysis (see Ravitch & Carl, 2016). Themes were developed by gathering emerging codes into groups for the various data sets. Theme analysis was completed on each interview following the coding of all transcripts.

## Significance of the Study

This study is significant in that by better understanding how LISWs perceive the role of their MSW program education as it relates to their confidence and ability when working with SUDs, stakeholders can potentially begin to identify changes needed within the MSW program curricula for ensuring that graduates possess knowledge of the processes and dynamics of SUDs, including abuse, dependence, and recovery (see NASW, 2013). Insight into what perceptional variations exist as individuals transition from the student role to that of a practicing LISW may also be gained along with insight into continuing education needs for practicing social workers, essential agency and supervisory support systems, and recognition of SUD treatment interventions requiring increased knowledge and skill. Better understanding those factors affecting the treatment of SUDs provides an opportunity for stakeholders to implement changes that may affect this population through direct prevention and treatment practice, health care and education reform, and policy changes, thereby potentially eliciting positive social change for substance-using clients, their families, and society.

## Theoretical/Conceptual Framework

The theoretical concepts that grounded this study were based on Bandura's (1977) self-efficacy theory, which centers on the belief in one's ability to successfully organize, perform, and complete a specific situation. This theory provides a basis for understanding self-efficacy's role as a predictor of performance. Bandura suggested that the effort an individual puts into completing a task is directly linked to their confidence level about their ability to complete that task. The more confident an individual feels, the more effort will be spent. By better understanding how LISWs perceive the role of their MSW program education as it relates to their confidence, attitude, and ability when working with SUDs, stakeholders can potentially begin to identify what gaps exist within the social work curricula and how best to implement change.

Bandura's (1977) self-efficacy theory contends that the belief one has in their capacity to perform a specific task reflects the confidence one feels in their ability to control their behaviors. This theory is based on the idea that self-efficacy beliefs are formed from four significant sources of information: performance accomplishments, vicarious experiences, verbal persuasion, and emotional arousal. He further theorized that these information sources can increase or decrease motivations, influencing human behavior.

According to Bandura (1977), performance accomplishment is the most accurate and consistent way to improve self-confidence and self-efficacy. This concept is relevant as this study focused on understanding how LISWs perceive their MSW program education or the steps they took to effectively reach their goal of successfully working

with SUD clients. This premise can be seen as individuals who experience ongoing success in their previous encounters will likely show continued effort and want in future encounters, even if faced with challenges (Bandura, 1977). Prior research supports this theory, showing students who engaged in virtual training platforms, in which they were able to practice implementing substance use interventions without fear of failure or pressure, demonstrated an increase in confidence and attitude in several identified skill areas (Quaye et al., 2020; Wood et al., 2021).

According to Bandura (1977), vicarious experiences, or observational learning, are the next significant influencers of self-efficacy. This concept is particularly relevant to the current study as all accredited BSW and MSW social work programs in the United States, require practicum experiences, in which students observe professionals engaging in practice as part of the social work curriculum. CSWE (2023) identified the field practicum experience as the signature pedagogy of social work education, using this experiential learning as a means for students to develop practice skills in nine core competency areas. Bandura's (1977) self-efficacy theory stipulates that observing others complete and succeed at a task increases the belief in one's own ability to complete the same task. This concept has been substantiated in prior research, which suggests that vicarious learning through the observation of peers is just as effective in the learning process as participating in activities where participants engage in simulation activities (Asakura et al., 2022; Hober & Bonnel, 2014).

The final two areas of Bandura's (1977) self-efficacy theory, verbal persuasion and emotional arousal, are also helpful in better understanding the perceptions and

experiences of LISWs regarding the role their MSW program education played in preparing them to work with substance-using clients. Experiences such as receiving verbal reinforcement from an instructor or feeling emotional fatigue related to job satisfaction can impact self-efficacy. These insights add to the literature aimed at understanding what gaps exist within the MSW social work curriculum needed to support LISWs treating SUD clients.

## Values and Ethics

The primary purpose of all social workers is to enhance human well-being and help meet the basic needs of all people, especially those who are poor, vulnerable, and oppressed (NASW, 2022). The aim of social work is not only to focus on individuals but also to concentrate on bettering society as a whole. This means understanding and addressing those factors that can create, contribute to, and address problems in living. At the foundation of the social work profession are six core values all social workers should aim to achieve: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2022). All practicing social workers and social work students are bound by these guiding principles, regardless of position, setting, or population (NASW, 2022). Although each value plays a role in the current research, competence and the importance of human relationships represent the values and principles at the center of this study.

The NASW (2022) identified competence as one of the six guiding values of social work practice. The ethical principle behind competence focuses on the responsibility of social workers to practice within their area of proficiency while

developing and enhancing their professional knowledge and expertise. By seeking to gain a better understanding of the role MSW program education plays in preparing LISWs to work with substance-using clients, social workers have the ability to increase their competence when working with this population and can apply this knowledge and skill in future practice. The more information and data obtained in this area, the better educators can prepare current and future professionals to effectively treat individuals with SUDs.

The value of the importance of human relationships states that social workers understand that relationships between and among people play a crucial role in change (NASW, 2022). This principle further highlights the need to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. Prior research indicates that a lack of knowledge or training in an area such as substance use can create preexisting ideas about addiction and negative attitudes and biases toward those affected by it (Stein, 2003). In the current study, I sought to better understand how current LISWs perceive the role of their MSW program education, identifying what they characterized as valuable or helpful to work with SUD clients effectively. Through increased knowledge and understanding of substance use, stakeholders can potentially decrease the stigma and bias often associated with this population, creating stronger relationships focused on change.

## Review of the Professional and Academic Literature

The current literature review demonstrates the need for further research related to the perceptions and experiences of LISWs regarding the role their MSW program

education played in preparing them to work with substance use and addicted populations. As social workers continue to be at the forefront of those professionals assessing and treating SUDs, gaps remain in the education and training provided to social work students both at the BSW and MSW degree levels (Kourgiantakis et al., 2018). Understanding how LISWs in positions treating SUD clients view their MSW program educational experiences can provide insight into what changes are needed in the current social work curriculum. Although research focused on social work student's perceptions of education (McCarthy et al., 2022) has emerged, there are few studies centering on the perceptions and experiences of practicing LISWs and how these discernments may have changed from their time as a student to their role as a professional treating substance use and addicted populations (Glassburn, 2020).

The primary research problem addressed in this study was the role of MSW program education in preparing LISWs to work with substance use and addicted populations. The literature review highlights the need for additional training and education for LISWs directly related to assessing and treating SUDs. Using a basic qualitative research design, I recruited participants who self-identified as having graduated from a CSWE-accredited MSW program and holding a bachelor's degree in an area other than social work. The participants also self-identified as having obtained their independent social work license from the State of Ohio Counselor, Social Work, Mariage, and Family Therapist Board and having worked in a paid position for a minimum of 3 years as a LISW with substance use and addicted populations. I conducted semistructured, individual interviews with the participants.

The theories and/or concepts that grounded this study stem from Bandura's (1977) self-efficacy theory, which provides a basis for understanding self-efficacy's role as a predictor of performance. Bandura suggested that the effort one puts into completing a task is directly linked to their confidence level about their ability to complete that task. The more confident an individual feels, the more effort they will put forth. By better understanding how LISWs perceive the role of their MSW program education as it relates to their confidence and ability when working with SUDs, stakeholders can begin to identify what gaps exist within the social work curricula and how best to implement change.

The keywords I used in my searches included *social work students*, *MSW*, *BSW*, *professional bias*, *substance use disorder*, *addiction*, *education*, *biases*, *perceptions*, *social work curriculum*, *student attitudes*, *Bandura*, *self-efficacy theory*, *integrated health care*, and *addiction treatment.* The databases searched included Education Source, Complementary Index, MEDLINE with Full Text, Academic Search Complete, CINAHL Plus with Full Text, Social Work Abstracts, SocINDEX with Full Text, Science Citation Index Expanded, and Supplemental Index. The search engine Google Scholar was also used. The literature selected as part of the review has been published in the last 5 years with a few exceptions. The seminal works utilized as a foundation for understanding the link between student attitudes and substance use-related practice date back to 2003, and Bandura's initial self-efficacy theory to 1977. Online databases were utilized for much of the literature review content and academic textbooks related to qualitative research and substance use were also consulted.

This literature review highlights the history of SUD treatment and its impact on the social work profession, including the role of the social worker, accredited social work program curriculum, and the challenges associated with each. I further review Bandura's self-efficacy theory; research is presented that supports that the level of self-confidence an individual has related to a task, the more likely it is that they will successfully complete the task. Literature on the changes in integrated health care, legislation, and stigma is also reviewed, and the impact seen in the social work profession related to SUD treatment is discussed. Finally, gaps in the current research related to the perceptions and experiences of LISWs regarding the role their MSW program education played in preparing them to work with substance use and addicted populations are discussed.

**History of Substance Use Treatment**

The treatment of addiction is a phenomenon that has garnered attention since 1784 when Benjamin Rush argued alcoholism is a disease and, therefore, should be treated (Katcher, 1993). From the onset, treatment approaches varied based on societal views, research, and current drug patterns and trends (Kelly, 2016; Stern, 2005; The Sentencing Project, 2022; White, 2002). As these trends evolved, so did the way treatment, prevention, and education were approached. With each emerging view of addiction came an accompanying treatment model focused on a specific etiology.

In the early 1900s, alcohol and substance abusers were treated the same as those identified as mentally ill and developmentally delayed, with officials in many U.S. states legally granting asylums and prisons the ability to sterilize patients (Stern, 2005). The creation, in 1935, of Alcoholics Anonymous (AA) changed the view of addiction and led

to the Minnesota model of addiction, or the abstinence model, which focuses on self-help and the AA philosophy of treatment (Anderson et al., 1999). Also, at this time, the United States saw the first appearance of what is now known as medication-assisted treatment (MAT) with the introduction of disulfiram, a medication used as a supplemental treatment for alcohol abuse (White, 2002). Disulfiram was intended to produce a feeling of nausea or unwellness to deter the user from further drinking. These early treatment modalities laid the foundation for future abstinence and behavior modification treatment models.

In 1951, as membership within AA continued to grow, the organization received the Lasxfker Award from the American Public Health Association, considered by many to be the U.S. equivalent of the Nobel Prize (Kelly, 2016). The growing popularity of AA brought awareness to addiction and the effects of alcohol abuse not previously seen. As a result, the American Medical Association officially defined alcoholism in 1952, eventually calling it a chronic disease (White, 2002). Following the American Medical Association's recognition of alcohol addiction as a disease, the field of addiction treatment began to change. A new treatment approach was introduced by E.M. Jellinek (1960), known as the disease model; insurance companies began reimbursing for alcohol treatment, leading to a rise in inpatient treatment facilities. Methadone was introduced as a new medication in the treatment of opioid addiction, and in 1987, the American Medical Association identified all drug addictions as a disease, not just alcohol (White, 2002).

Throughout the next few decades, trends continued to shift, with new drugs gaining popularity and others becoming obsolete. Each change brought with it its own unique set of treatment criteria, as well as intervention challenges. In the early 1980s, attention shifted toward the growing problem of illegal drug use with the sudden influx of crack cocaine. Women became a primary treatment concern as more drug-exposed babies were born (White, 2002). States operating under the War on Drugs initiative introduced in the 1970s and aimed at combating illegal drug use through harsher penalties for offenders required medical professionals to report pregnant drug users (Lester et al., 2014). As a result, many addicted women began to hide their pregnancies, increasing emergent deliveries as a growing number faced criminal endangerment charges and the removal of children from their care (Lester et al., 2004). This shift led to the addiction treatment field becoming increasingly concerned with what is now termed "special populations" or specific groups with unique circumstances who may be more vulnerable to drug or alcohol abuse (White, 2002).

As political views on addiction began to shift, President Clinton introduced the three strikes and you are out measure in 1994, aimed at imposing harsher penalties for individuals who had committed more than two serious crimes, including drug offenses (Wagner, 20019). The war on drugs initiative, which appeared centered around criminalizing drug use, eventually led to a 500% increase in the prison population by the end of the 1990s (History.com, 2017; The Sentencing Project, 2022). Despite the push to penalize those deemed to be drug users, this era brought about a new evidence-based treatment founded on the principles of partnership, acceptance, compassion, and

evocation (Miller & Rollnick, 2013). Motivational interviewing (MI) was a treatment approach introduced by William Miller and Stephen Rollnick in the early 1990s to address an individual's ambivalence to change by using their values and interests. MI presented a unique approach to behavior modification by focusing on collaboration between therapist and client and maintaining a sense of unconditional positive regard (Miller & Rollnick, 2013). This approach, founded on mutual respect, was introduced at a time when methamphetamines began replacing crack cocaine as the nation's drug of choice, teenage substance abuse began to rise, and more drug users than ever were being incarcerated, lending to its growing popularity as an effective treatment (The Sentencing Project, 2022; White, 2002).

The start of the new millennium brought about another changing trend, with opioid use replacing methamphetamines and becoming the most significant drug epidemic in the history of the United States (Centers for Disease Control and Prevention, [CDC], 2022). With 564,000 overdose deaths occurring between 1999-2020, several strategy changes were implemented involving the legislation, prevention, and treatment of addiction. The opioid epidemic is described in three waves, with the first in the late 1990s and early 2000s, as overprescribing of opioids by physicians led to a 17% increase in prescription opioid overdose deaths (CDC, 2022). The second followed in 2010 as physician prescribing laws became stricter, limiting the availability of opioid medications such as Vicodin and OxyContin and creating an increase in heroin use and overdose deaths. The third occurred in 2013, with overdose rates skyrocketing due to synthetic opioids, particularly fentanyl (CDC, 2022). The effects of this growing health crisis, as

recognized by President Trump in 2017, had far-reaching implications (Haffajee & Frank, 2018). Impacts could be seen as HIV and Hepatitis C (HCV) infections spiked for the first time since 1992 due to an increase in intravenous drug use, the foster care system became inundated due to the number of opioid-related overdose deaths, and unemployment rates climbed to an all-time high of 13.3% in May of 2020 (Haffajee & Frank, 2018; Mumba et al., 2022). In response to these and other barriers limiting an individual's participation and follow-through with treatment, MAT became the primary treatment for opioid use disorders (OUDs; Deyo-Svendsen et al., 2020). Although MAT is identified as the best treatment option for OUD, according to the CDC, some professionals in the addiction treatment field oppose harm reduction methods, opting instead only to provide abstinence-based interventions (Dowell et al., 2022; CDC, 2022).

Over the past several decades, the belief and focus of treatment have transitioned from addiction as a moral affliction to addiction as a disease to the introduction of harm reduction treatment models (Barnett et al., 2020). Each change brought with it new advancements and new challenges. The knowledge and insights gained from each transition played a significant role in shaping the field of addiction treatment and continue to influence our understanding of addiction today.

## Problems in the Current Treatment of Substance Use Disorders

### *Increased Demand*

Substance use has long been seen as a national health problem, with rates of misuse increasing over the past 2 decades. According to the National Center for Drug Abuse Statistics (2022), approximately 11.7% of the population were active drug users in

2021, with more than 106,000 individuals dying from a drug-involved overdose. Nearly 15.6% or 43,700,000 people age 12 and older needed substance abuse treatment in 2021, with only 6.8% receiving treatment.

**The Opioid Epidemic.** The opioid epidemic has been a primary contributor to the widening gap between those needing SUD treatment and those receiving services over the past 20 years. In early 2000, the rise of the opioid epidemic brought about what would become one of the country's biggest health problems, with more than 600,000 total deaths and a $51,000,000,000 annual cost to date (Meyerson et al., 2021). With more individuals suffering from OUDs and the staggering number of opioid-related overdose deaths, the Affordable Care Act was expanded in 2014 to include required coverage of mental health and SUD services (Abraham et al., 2017; Blevins et al., 2018). While the expansion of health care benefits and the inclusion of SUD treatment provided millions of Americans the opportunity to seek SUD treatment, the lack of availability, health inequities, and stigma have prevented many from following through.

**Integrated Health Care.** Integrated health care began to rise following the expansion of the Affordable Care Act in response to the increased need for SUD treatment. The traditional approach to treating SUDs, which involved the individual seeking or coming to the treatment, was being replaced with the concept of meeting the individual where they are. This idea supports prior and current research that shows integrating behavioral health and general medical services in community-centered locations, easily accessible and frequented by marginalized individuals, improves outcomes, is more cost-efficient, and reduces stigma (Marchand et al., 2019; Oviedo et

al., 2023; Weisner, 2001). While this method of health care has provided clients with an organized and deliberate approach to physical and mental health treatment, its effectiveness is often contingent on the knowledge, skill, and demeanor of those professionals providing services. Integrating SUD treatment into environments that did not previously employ social workers has created an increased demand for social workers with the knowledge and skills needed to treat this population. This demand has been seen within the health care system and has risen within the criminal justice, child welfare, and legislative systems (Benjamin et al., 2021).

### *Stigma*

Addiction and mental illness are seen as some of the most stigmatized conditions worldwide, with the most harm stemming from interactions with the health care system (Khenti et al., 2019). Research has shown that stigma plays a primary role in the growing gap between treatment needs and attainment (Livingston, 2020; Pasman, 2022; Zwick et al., 2020), with many individuals anticipating adverse reactions from health care professionals, treatment agencies, and society. Structural stigma, frequently associated with the health care system and supported through rules, policies, and procedures that limit the opportunities and rights of individuals with SUD, can often result in unmet needs, delays in service attainment, and early withdrawal from treatment (Livingston, 2020). The desire and motivation of individuals with SUDs to seek treatment will likely continue to decline as more individuals experience stigma first-hand.

### *Professional Bias*

Despite drug abuse continuing to plague the nation and more individuals than ever experiencing the effects, addiction stigma and professional bias continue to exist, with no group or profession exempt. Prior research has shown that negative attitudes displayed by health care professionals treating patients with SUDs often create barriers to treatment and impact service delivery (Bielenberg et al., 2021; Callister et al., 2022; Rey et al., 2019). Biases perpetuated by health care professionals have also been shown to contribute to reductions in treatment compliance and follow-through, with research finding many professionals hold negative attitudes toward SUD patients and often stereotype them as lazy, irresponsible, or deviant (Pasman, 2022; Zwick et al., 2020). As more social workers are entering the field of addiction treatment, the more critical it is to understand and address the influence of professional bias and stigma on treatment outcomes. Negative attitudes held by social workers and other health care professionals have the potential to impact diagnosis, interventions, and rehabilitation (van Boekel, 2013).

**Social Work Students' Perceived Bias, Stigma, and Attitude Toward Substance Use and Addiction.** The perceptions and beliefs of social work students about addiction have long been an area of attention for researchers looking to better prepare students working with SUD clients and their families (Stein, 2003). A 2003 study by Jack Stein, the first of its kind, focused specifically on social work students and their attitudes toward substance abuse. Steins's (2003) study examined if a brief educational program could modify the attitudes of master's level social work students about substance abuse.

The findings from this study played a significant role in identifying areas related to attitudes and biases of social work students and their effect on SUD treatment in need of further research. Several studies emerged utilizing SUD related education material or training with BSW and MSW students to determine what, if any, changes occur in knowledge, attitudes, and empathy (Lawrence et al., 2022; Putney et al., 2017; Woods et al., 2022), with other studies focused on the motivational factors of social work students to work with the SUD population (Jarvi et al., 2020; Nguyen, 2020).

One area emphasized by Stein (2023) was the need for an empathetic clinical approach to effectively engage and motivate clients who are often distrustful and ambivalent. A study by Lawrence et al. (2022) explored levels of empathy and attitudes of social work students before and after participating in training about substance use assessment and intervention and supported the idea that empathy is a teachable concept. Additional research conducted over the past 10 years continues to show students are more likely to want to work with individuals who use drugs and display increased job satisfaction if they have positive attitudes toward their clients and increased knowledge of drugs and drug-related problems (Cabiati & Raineri, 2016; Lawrence et al., 2022; Nguyen, 2020; Stein, 2003).

### *Social Work Education*

Social work has transitioned from a vocation practiced by charities to a profession employing more than 700,000 in 2021 (CSWE, 2023; U.S. Bureau of Labor Statistics, 2021). As the field began to change, various perspectives and approaches were used to prepare new social workers. With no set standards in education and research, the CSWE

was founded in 1952, becoming the national association representing social work education in the United States (CSWE, 2023). CSWE, which is recognized by the Council on Higher Education Accreditation, has since become the governing body responsible for accrediting BSW and MSW social work programs (CSWE, 2023).

The social work profession has long established its role as one of the primary service providers to individuals experiencing SUDs. Research conducted throughout the past 20 years has shown that between 71% and 87% of social workers reported working with a client experiencing substance use issues (Smith, 2006; Whitaker et al., 2006), and the Department of Labor (2021) identified more than 119,800 social workers employed in mental health and substance abuse treatment settings in 2021. Yet, despite the recognized need for social workers to be adequately trained and educated in the treatment of SUDs, CSWE (2023) does not identify any standards addressing substance abuse education or training requirements as part of the general curriculum in either BSW or MSW programs (Mekonnen & Lee, 2021).

**Limited Course Offerings.** The limited number of addiction-related courses offered by many BSW and MSW programs shows few curriculum changes have occurred over the past 20 years. Without CSWE accreditation standards aimed at the SUD curriculum, we continue to see a deficit in substance use curriculum within many BSW and MSW programs. Research conducted by Russett and Williams in 2015 showed half of all undergraduate social work programs lack any substance use-related course offerings. In 2019, Minnick completed a content analysis of course listings for all CSWE-accredited master's programs in the United States. Of the 263 programs reviewed, 34%

did not offer a substance use–specific course and only 3% mandated that their students take a substance use–specific course (Minnick, 2019).

Additionally, Minnicks's research found that 27% of the programs analyzed did not employ a full-time faculty member with a substance use practice background or research interest, indicating that many MSW programs lack the faculty personnel necessary to deliver SUD content to students sufficiently. In a separate study by Russett and Williams (2015), the authors looked at all offered and required courses focused on substance abuse in counselor education, BSW, and MSW programs. The authors reviewed programs of study and course catalogs identified and accessed online. Of the 89 BSW programs reviewed, only three required at least one course in substance use, while 40 offered at least one SUD elective. Of the 58 MSW programs reviewed, only one program required at least one course in substance use, compared to 67 of the 97 master-level counseling programs examined.

***Competence***

Many social workers ' competence in working with SUD populations remains compromised due to inadequate academic training (Mekonnen & Lee, 2021). According to CSWE (2023), social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations purposefully, intentionally, and professionally. Yet, research showing social workers are underprepared for addiction treatment dates back to 1986 (Schlesinger & Barg, 1986). Almost 30 years later, research that supports the implementation of SUD-specific education, training, or interprofessional learning experiences as a means for increasing the attitudes, skills, and confidence of

those working with SUDs continues to be published (Kim et al., 2020; McCarthy et al., 2022; Simmons et al., 2017).

According to Russett and Williams (2015), social workers entering the field may not possess the competence necessary to be clinically effective with individuals needing SUD treatment due to a lack of basic education and skills. The Surgeon General shared this sentiment in a 2016 report entitled Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. The report stated the primary academic disciplines responsible for educating students entering the field of mental and behavioral health (psychology, nursing, and social work) were not providing adequate substance abuse education to students (Minnick, 2021). In response to the identified deficit, Minnick (2021) conducted a study composed of a survey of the institutional leaders of MSW programs to provide insight into the perceptions of MSW program leaders on the role and importance of substance use concepts in social work education and the field, the determinants of substance use, course and material implementation in MSW programs, student substance use preparedness capacities following graduation, and substance-use-specific curriculum and organizational needs for individual MSW programs. The outcome of this research was consistent with prior studies indicating MSW students are not prepared to provide SUD services following graduation (Minnick, 2021).

### *Changes in the Social Work Role*

The NASW (2022) identified the social work profession's mission as enhancing human well-being and helping to meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable,

oppressed, and living in poverty. Social workers aim to promote social justice and social change for individuals and society. As such, social workers engage in activities that include direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation (NASW, 2022).

The social work field has seen many changes since the first social work class was offered at Columbia University in 1898 (NASW, n.d.). The evolving nature of the profession requires social workers to be adaptable and informed to ensure they have the knowledge and skills necessary to assist those in need. The past 20 years, however, have presented a succession of new challenges at such a rapid pace that many social workers are providing services to clients despite the lack of necessary education and training (Reamer, 2018).

The field of addiction treatment is one area significantly impacting the social work profession. While drug use and abuse have been around for over a century, trends seen over the past several years have altered how we view addiction, treatment, research, and education. Social workers, who in many cases have received no formal education or training in SUDs, are not only dealing with direct treatment, they are also encountering secondary exposure through their work with the child welfare system; legal system; homeless population; and lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) communities (Calcaterra et al., 2022; Center for Behavioral Health Statistics and Quality [CBHSQ], 2016; DiNitto et al., 2005; Kawasaki et al., 2021; Reamer, 2018).

For social workers to practice successfully, they must clearly understand their purposes, aims, and activities (Payne, 2005).

Historically, social workers have not been well trained to handle clients with SUDs, with many lacking the knowledge and skill to identify and respond with appealing and effective treatment options (Farkas, 2022). Many social workers report feeling unprepared to assist this growing population, ultimately impacting their desire and ability to seek employment opportunities with addicted individuals (Wells et al., 2015). The complex nature of SUD treatment warrants the need for practicing social work professionals and supervisors who are familiar with the multidisciplinary aspects of addiction and are prepared to provide direct treatment services or make the necessary referrals (Pavlovská et al., 2019).

The problem is with the current curriculum lacking SUD-related coursework, exposure and knowledge of substance use and addiction may be significantly limited. According to SAMHSA (2022), those working with populations at risk for substance use or co-occurring disorders should have the skill and competency to, at a minimum, recognize, screen, and refer clients to the appropriate providers if they are unable to provide treatment. With social workers encountering challenges directly or indirectly related to substance use, regardless of practice level, service delivery, problem area, or population served, there is an increased need for formal SUD education and training (Begun et al., 2021).

## Current Social Work Practice and Substance Use Disorder Treatment

SUDs can range from mild to severe, involve legally prescribed medications needed by individuals for chronic health conditions, affect individuals of almost any age, include substances or behaviors, and occur along with other mental health disorders such as anxiety, depression, or bipolar. SUDs can impact multiple areas of an individual's life, including family and relationships, legal implications, physical and mental health, housing, and employment. To effectively treat SUDs, professionals need to understand the influence of these complex characteristics on the individual and their addiction.

### *Standards for Professional Practice*

In recognition of the unique position of social workers in influencing the delivery of SUD treatment, the NASW established 12 standards to broadly define the scope of practice for social workers providing SUD treatment or service. These standards help enhance the "awareness of the skills, knowledge, values, methods, and sensitivities that social workers need to work effectively within systems dedicated to serving clients with substance use disorders" (NASW, 2013, pp. 8–9). The standards, which include ethics and values, qualifications, assessment, intervention, decision-making and practice evaluation, record keeping, workload management, professional development, cultural competence, interdisciplinary leadership, and collaboration, advocacy, and collaboration, were designed according to the NASW Standards for Social Work Practice with Clients with Substance Use Disorders (2013). The key aims are to

- establish expectations for social work practices and services with clients with SUDs

- ensure that social work practice with clients with SUDs is guided by the NASW Code of Ethics;
- ensure that the highest quality of social work services are provided to clients with SUDs and their families;
- provide a basis for advocating for clients' rights to be treated with respect and dignity, have their confidentiality protected, have access to supportive services; and
- encourage social workers providing services to clients with SUDs to participate in the development and refinement of public policy at the local, state, and federal levels to support client success.

Although the NASW has outlined 12 professional standards, only those standards covering qualifications, interdisciplinary leadership, and collaboration were focused on in this study.

**Standard 2: Qualifications**. The second standard identified by the NASW as essential for social work professionals engaging in SUD intervention and practice details the need for social work professionals working with SUD populations to have specialized knowledge and understanding of psychological and emotional factors, physiological issues, diagnostic criteria, legal considerations, and co-occurrence of mental health disorders and substance use (NASW, 2013). Yet, many social workers currently working with this population lack sufficient education and training to successfully and confidently employ SUD interventions and strategies, according to research conducted by Pavlovská et al. (2019). Many professionals have acquired their knowledge and experience through

their clinical practice or personal experience with addiction treatment (Pavlovská et al., 2019) and not as a result of formalized addiction education and training.

As drug trends, treatment options, and legislation continue to change, many social workers struggle to adequately address their clients' needs. Several studies have shown that over the past 20 years, the field of addiction has seen the emergence of new psychoactive substances, drugs initially developed as legal alternatives for illicit drugs, an increase in MAT, revisions to opiate provider procedures and regulations, and legislative overhaul affecting health care benefits; all of which significantly impacted the way SUD treatment was implemented, maintained, and funded (Abouk et al., 2019; Filteau et al., 2022; Maclean et al., 2021; Peacock et al., 2019). Social workers treating SUDs who lack the most up-to-date knowledge of treatment options, evidence-based practices, and funding sources may place their clients and themselves at risk.

**Standard 10: Interdisciplinary Leadership and Collaboration.** The tenth standard focuses on the need for social workers to provide SUD-related training, education, and supervision to families, the community, and other professionals (NASW, 2013). Social workers employed in areas of the community, including schools, hospitals, courts, and treatment centers, are ideally placed to play a vital role in helping those affected by substance use and addiction. However, they must remain current on relevant policies, regulations, legislation, programs, and evidence-based practices to be effective in this role. Clinical supervision has been shown to help prepare social workers to effectively work with SUD clients (Laschober et al., 2013) and is designed to "foster the supervisee's professional development" and to "ensure client welfare" (Bernard &

Goodyear, 2019, p. 12). According to the Center for Substance Abuse Treatment (2009), clinical supervision is the foundation in which practicing professionals acquire the knowledge and skills necessary to effectively treat SUDs, bridging the gap between education and application. Despite SAMHSA, the agency within the U.S. Department of Health and Human Services identifying clinical supervision as a necessity for improving client care, developing the professionalism of clinical personnel, and imparting and maintaining ethical standards in the field of SUD treatment (Center for Substance Abuse Treatment, 2009), current research shows a significant lack of trained and qualified clinical supervisors (Giannopoulos et al., 2021; Hatch-Maillette et al., 2019).

Continuing education is a requirement for all licensed social workers and is detailed in the NASW Code of Ethics. Continuing education or professional development opportunities assist social workers in complying with ethical standards, maintaining licensure, and providing the most effective and current services, education, and resources to clients and the community (Landuyt & Traish, 2017). According to research, participation in continuing education can be the only opportunity many professionals have to gain the skills and knowledge needed to practice in specialty areas like SUD treatment, with many professions calling for an increase in SUD related content (Minnick, 2019; Muzyk et al., 2019; Smothers et al., 2018).

While participation in continuing education is required for all licensed social workers and intended to ensure that social workers provide relevant and effective services (Osborne-Leute et al., 2019), there is no current requirement outside of ethics related to content areas or educational topics. Even though statistics show approximately 119,800

social workers are engaging in practice with clients affected by substance use and addiction (United States Department of Labor, 2022), research indicates an increased need for SUD-related educational opportunities (Kourgiantakis et al., 2020; Osborne-Leute et al., 2019). One factor contributing to this deficit is the emergence of new trends. With rapid shifts in treatment interventions, legislation, and the profile of those needing services, it can be difficult for professionals to initiate educational opportunities that keep pace with changing practices (Sherman et al., 2017).

## Treatment Approaches

According to NIDA (2018), addiction is a chronic disease characterized by drug seeking and use that is compulsive or difficult to control despite harmful consequences. While there is no cure for addiction, treatment can help individuals recover, providing them with the support needed to return to their lives as productive and well-functioning individuals. While treatment programs are most effective when individually tailored, each should offer clients easy and quick accessibility, a range of care options, and interventions addressing all needs, not only drug use (NIDA, 2018).

### *Assessment*

The assessment process is the first step to determining the type of treatment or level of care best suited for an individual. SUD assessments are in-depth and require the assessor to possess knowledge in areas specific to signs and symptoms of substance use, biopsychosocial effects and disease progression, co-occurring conditions, stages of change, relapse prevention, and diagnostic criteria outlined in the *DSM-5* (American Society of Addiction Medicine [ASAM], n.d.). The multidimensional approach utilized

as part of the SUD assessment allows for several factors to be considered when evaluating the severity of an individual's substance use and recommending appropriate treatment options. Given that treatment can take on many forms, occur in various settings, over different durations, and involve multiple approaches, it is essential for the assessor to be a qualified professional with the appropriate knowledge and skill (Glasner & Drazdowski, 2019).

**The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.** The *DSM-5* is a guide published by the American Psychiatric Association for classifying mental disorders, including substance use. The guide offers shared language and standard criteria for diagnosing the presence and severity of SUDs (American Psychiatric Association, 2013). The *DSM-5* recognizes 10 substance-related disorders: alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics or anxiolytics, stimulants, and tobacco, using eleven criteria to determine three levels of severity (mild, moderate, and severe). The criteria used to assess for a SUD include:

- “consumption of the substance in larger amounts or for longer than was intended;
- persistent desire or unsuccessful attempts to cut down or stop using the substance;
- a great deal of time is spent getting, using, or recovering from use of the substance;
- cravings, or strong desire or urge to use the substance;

- recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home;
- continued use, despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance;
- the giving up of important social, occupational, or recreational activities because of substance use;
- recurrent substance use in situations in which it is physically hazardous;
- continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance;
- tolerance, as defined by either of the following: (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect or (b) A markedly diminished effect with continued use of the same amount of the substance; and
- development of withdrawal symptoms, which can be relieved by taking more of the substance (DSM- 5, p. 483)."

The diagnosis established through the assessment is the catalyst for determining the next steps in the treatment process. Therefore, according to the Addiction Counseling Competencies established by SAMHSA (2006), the assessment and diagnosis of SUDs is a practice that should only be conducted by professionals possessing the knowledge of established diagnostic criteria, treatment modalities, and placement criteria within the continuum of care.

### *Levels of Care*

Following the initial assessment, information related to the individual's needs, strengths, and support systems is used to determine the best treatment option. This process utilizes a best practice level of care continuum developed by ASAM (2022). As part of the process to determine program intensity, all aspects of an individual's life are considered using a six-dimensional scale that includes acute intoxication or withdrawal potential, medical needs, emotional, behavioral, or cognitive conditions and complications, readiness to change, relapse, continued use, or continued problem potential, and recovering living environment. The clinician will then use information acquired from assessing the six dimensions to inform them which of the nine levels of care is the most appropriate at the time of assessment for meeting the individual's treatment needs (ASAM, 2022). The ASAM (2022) levels of care include early intervention (.5), outpatient (1), intensive outpatient (2.1), partial hospitalization services (2.5), clinically managed low-intensity residential services (3.1), clinically managed medium-intensity residential services (3.5), medically monitored high-intensity inpatient services (3.7), and medically managed intensive inpatient services (4).

The ASAM (2022) levels of care are intended to identify the least restrictive yet most effective treatment option for a client. However, service or program availability and ability to pay can impact the treatment options an individual receives. While best practice standards are always the intent, legislation changes, funding cuts, or treatment demands may prevent clients from receiving programming deemed most appropriate for their specific treatment needs, instead offering them a less effective but available option.

### *Interventions*

Research has shown successful treatment involves more than the absence of drug use. To be effective, it must address the needs of the person as a whole, considering all aspects of their life, including those medical, mental, and social areas impacted by their use (NIDA, 2023). According to a recent study by Connery et al. (2020), a range of evidence-based interventions are available to address these needs, including behavioral therapies, peer-led supportive treatments, and medication treatments. According to the Surgeon General's report on alcohol, drugs, and health (2016), the effects of substance use can range in severity, duration, and complexity, producing unique challenges and characteristics for individual users. Effective treatment programs offer a range of care options for sustained recovery, including prevention, early intervention, treatment, continuing care, and recovery support.

**Behavioral Therapies.** Behavior therapy focuses on identifying and modifying maladaptive behaviors (Glasner, S. & Drazdowski, 2019) and has long been used to treat SUDs. The popularity of this treatment approach is based largely on its versatility, with several recent studies concluding behavioral therapy is effective in a variety of settings, with various techniques, including brief therapy, and in combination with other forms of treatment (Boness et al., 2023; Fagan et al., 2019; Glasner & Drazdowski, 2019).

Cognitive behavioral therapy (CBT) is a behavioral intervention approach based on the idea that behaviors, thoughts, and feelings are connected (NIDA, 2019). Utilized as part of the therapy process, CBT helps individuals better understand how negative thoughts or behaviors can contribute to addiction or mental health issues. Over the past

10 years, research has consistently supported CBT's effectiveness with multiple SUDs, co-occurring populations, and various levels of care, with little adaptation needed (Bador & Kerekes, 2020; Boness et al., 2023; Connery et al., 2023; Fagan et al., 2019; Gouzoulis-Mayfrank et al., 2015; McGovern & Carroll, 2013). Research conducted by McGovern and Carroll (2013) and the more recent study of Boness et al. (2023) also concluded CBT is durable, with progress increasing even after active treatment.

While there is significant empirical evidence supporting the effectiveness of CBT, research also shows several challenges that can arise in the implementation and success of CBT. The examination of CBT has shown it is most effective when the client is committed to the process and engages in treatment exercises and between-session homework assignments (Dobson, 2021). As a result, CBT may not be as helpful for individuals mandated to treatment or without time to invest in additional therapeutic exercises. A study conducted by Carroll and Kiluk (2017 concluded that the complexity of CBT and the demand placed on the client and clinician regarding the density of ideas and the need for structure also created barriers to CBT implementation and effectiveness. Yet, despite these challenges, the versatility and validity of CBT have maintained its popularity, allowing it to be one of the most used SUD treatment approaches (NIDA, 2019).

MI is a collaborative communication style easily incorporated into various SUD treatment discussions to strengthen motivation and commitment to change (Rollnick et al., 2016). MI approaches treatment differently than other behavior modification modalities, taking into account the individual's readiness or stage of change (SAMHSA,

2019). Based on this stage, the social worker or professional can assist the individual with addressing and overcoming their ambivalence by utilizing their reasons and motivations for change (SAMSHA, 2019). While research has shown that MI's client-centered approach can be successful for individuals seeking help and those court-ordered or mandated into treatment (Beckwith et al., 2020; Frost et al., 2018), additional research has found that individuals with complex addiction issues or severe mental health concerns may need a more direct and intense approach (Barkhof et al., 2012; Wong-Anuchit et al., 2019). Still, MI is one of the most popular treatment interventions utilized due to its adaptability and effectiveness with a range of populations, including adolescents, pregnant women, court-ordered individuals, college students, and those with co-occurring disorders (SAMHSA, 2019).

**Medication-Assisted Treatment.** Medications are an alternate treatment approach used in SUD treatment to manage withdrawal symptoms, prevent relapse, and treat co-occurring conditions. While MAT medications have been FDA-approved for the treatment of alcohol and tobacco use, their sudden rise in popularity can be attributed to their effectiveness in curbing cravings and side effects of opioid withdrawal (CDC, 2022). According to SAMHSA (2023), MAT is a clinically effective evidence-based treatment approach that can significantly reduce the need for inpatient detoxification, and when used in combination with counseling and behavioral therapies, MAT is the most effective intervention for OUDs (CDC, 2022; SAMSHA, 2023). Despite opioid-related overdose deaths and health care costs continuing to rise and research showing MAT's

effectiveness, several studies concluded MAT is currently an underused intervention strategy in OUD treatment (Brezel et al., 2020; Brown, 2022; Oesterle et al., 2019).

Posen et al. (2023) found only 11% of all patients diagnosed with an OUD in 2020 received medication treatment. This study also concluded that treatment retention increased by 25% when implementing medication-assisted recovery services. While research strongly supports MAT's effectiveness, consistent data also identifies several barriers contributing to its underutilization. Brown (2022) found negative attitudes held by health professionals influence prescribing practices, referrals, and adoption within programs. Additional studies cite accessibility, federal regulations, and personnel shortages as consistent barriers (Oesterle et al., 2019; Snell-Rood et al., 2021). A systematic review completed by Gregory et al. (2021) examined 23 articles aimed at identifying perceived barriers to the use of first-line medications for treating alcohol use disorders and found three themes of barriers were consistently present: lack of knowledge and concerns about efficacy and complexity of prescribing treatment; treatment philosophy and stigma; and medication accessibility including formulary restrictions, geographical and socioeconomic barriers.

## Summary

Section 1 includes a review of the literature to better understand the role MSW program education played in preparing LISWs to work with substance use and addicted populations. Historically, the climate surrounding SUD education, prevention, and treatment has consistently fluctuated. Over the past decade, the belief and focus of treatment have transitioned from addiction as a moral affliction to the introduction of the

12-step model of treatment and addiction as a disease, to the belief that addiction is not just a physical dependence but that behavior and social factors also influence an individual's drug use (Barnett et al., 2020). Despite these changing trends, substance misuse remains a national health problem.

Even as treatment views and approaches evolve, the gap between those needing and receiving SUD treatment continues to grow. In 2021, 15.6% or 43,700,000 people 12 and older needed substance abuse treatment, yet only 6.8% received it (National Center for Drug Abuse Statistics, 2022). Research has identified several factors contributing to this growing gap, including the opioid epidemic (Meyerson et al., 2021), the expansion of the Affordable Care Act (Abraham et al., 2017; Blevins et al., 2018), the rise of integrated health care (Marchand et al., 2019; Oviedo et al., 2023; Weisner, 2001), and the stigma associated with health care professionals, treatment agencies, and society (Livingston, 2020; Pasman, 2022; Zwick et al., 2020).

As social workers remain one of the primary service providers of SUD treatment, with approximately 119,800 social workers working in mental health and substance abuse treatment settings in the United States in 2021 (U.S. Bureau of Labor Statistics, 2022) they must possess the skills, knowledge, values, methods, and sensitivities needed to work effectively with this population according to NASW (2013). In 2013, the NASW published a set of standards for social workers practicing with SUDs, identifying SUD practice as a "distinct specialty" requiring "specialized knowledge and understanding" (NASW, 2013, p. 11). Despite this recognition, CSWE (2023) does not require accredited social work programs to offer SUD courses as part of the program curriculum. Current

research shows few changes have been made by most universities over the past 15 years, expanding programs and curricula focused on substance use and addiction (Pavlovska et al., 2019).

While the social work curriculum has seen few changes over time, the scope and responsibilities of the social work role have undergone many transformations. The changing landscape of the social work profession and the growing demand for integrated health care services have contributed to social workers not only dealing with the direct treatment of SUDs but also encountering secondary exposure through work with the child welfare system, legal system, homeless population, and LGBTQ communities (Calcaterra et al., 2022; CBHSQ, 2016; DiNitto et al., 2005; Kawasaki et al., 2021, Reamer, 2018). As a result, many social workers are practicing with addicted populations despite lacking formal education or training in SUD treatment (Reamer, 2018).

The complex nature of SUD treatment warrants the need for practicing social work professionals and supervisors who are familiar with the multidisciplinary aspects of addiction and are prepared to provide direct treatment services or make the necessary referrals (Pavlovská et al., 2019). The problem is with the current curriculum lacking SUD-related coursework, exposure and knowledge of substance use and addiction may be significantly limited. Research shows that social workers encounter challenges directly or indirectly related to substance use, regardless of practice level, service delivery, problem area, or population served (Begun et al., 2021), supporting the need for formalized SUD education and training.

Section 2 details this study's research design and data collection methods. As maintained throughout the literature review, a gap in research exists aimed at understanding how LISWs feel their MSW program education prepared them for, affected their perceptions towards, and impacted their desire to work with substance use and addicted populations. A discussion of the research questions, research design, data collection, and ethical considerations will support the chosen methods of this qualitative study.

Section 2: Research Design and Data Collection

## Introduction

I conducted this qualitative study to better understand the perceptions and experiences of LISWs regarding the role their MSW program education played in preparing them to work with substance use and addicted populations. A significant deficit in formal substance use education exists in accredited social work curricula (Minnick, 2019) despite the pervasive nature of the drug epidemic and evidence supporting social workers as one of the primary service providers in the treatment of substance use and addiction (Kourgiantakis et al., 2020). Research in the area of education for SUD treatment has shown growth over the last several years yet remains focused on BSW and MSW student perspectives, with limited studies aimed at the perceptions of LISWs currently providing this treatment.

Research recently conducted in this area shows social work students with a positive attitude toward substance users and those with increased knowledge of drugs and drug-related problems are more likely to seek and maintain work in drug treatment settings, regardless of age, race, or gender (Nguyen, 2020). While this data is helpful in better understanding the role MSW education plays in treating SUDs, little research exists on whether these same perceptions and motivating factors remain true once students graduate and begin working as LISWs treating substance use and addicted populations. By utilizing Albert Bandura's self-efficacy theory, I sought to better understand how LISWs perceive the role of their MSW program education as it relates to their confidence and ability when working with SUDs and begin to identify existing gaps

within the social work curricula and how best to implement change. This section includes discussion of the research design, methodology, and data analysis for this study. The study's research question is reviewed, and key concepts and variables associated with the research are explained. Additionally, ethical considerations related to participant confidentiality, data storage, usage, and my role in the research process are further discussed.

## Research Design

I explored LISWs' perceptions and experiences regarding their MSW program education's role in preparing them to work with substance use and addicted populations. By better understanding how LISWs perceive the role of their MSW program education as it relates to their confidence and ability when working with SUDs, stakeholders can begin to identify changes needed within the social work curricula. Further, additional insight can be gained by exploring what perceptional variations exist as individuals transition from the student role to that of a practicing LISW. Stakeholders can better understand how experiences and factors such as supervision, ongoing training, and legislation impact the knowledge and skills identified as critical in treating SUDs.

The information gathered from this study can help inform future social work practice at the micro, mezzo, and macro levels. Data collected can help inform academic institutions and SUD treatment agencies by highlighting curriculum, training, and support system needs. Practicing social workers and other SUD treatment professionals can better prepare themselves for working with this population by recognizing that professional knowledge, skill, and support needs change over time and identifying those resources and

systems available to assist them early in their careers. The data collected may also have policy implications for professional licensure boards, national organizations, and accreditation bodies tasked with advocating for changes in legislation to ensure social workers and other SUD treatment professionals consistently engage in best practices. For this study, the research question was designed to understand better how LISWs perceived the role of their MSW program education and experiences in preparing them to work with substance use and addicted populations. Additional attention was given to exploring if these educational perceptions had changed over time and what factors may have led to these changes. Questions were formulated to allow participants to share their lived experiences through narrative responses. The research question for this study was, What content, knowledge, or skills do independent LISWs identify as lacking from their MSW programs based on their practice experience working with substance use and addiction populations? For the purpose of this study, the key variables and concepts are defined as follows:

*Addicted populations*: Individuals, families, and communities who have been adversely affected by the use and or abuse of illicit and prescription substances.

*Addiction*: A chronic disease illustrated by drug seeking and drug use that is difficult to control despite negative or harmful consequences (NIDA, 2018).

*Educational content*: The academic curriculum and program options received by students at the master level in a CSWE-accredited social work program (CSWE, 2023).

*Educational knowledge*: Any information or learning gained as part of the MSW program course work or field practicum experience.

*Licensed independent social worker* (LISW): A professional who engages in clinical practice in the field of social work, who has received specific education and training to provide ethical and competent services, and who has taken and passed the required licensure exam for their qualifying practice level (ASWB, n.d.-a).

*Master of Social Work* (MSW) *program*: A master-level social work program meeting CSWE accreditation standards, in which an individual who does not hold a bachelor's degree in social work attended and received an MSW degree.

*Perceptions*: An individual's understanding, interpretation, or identification of the role their educational experience played in preparing them to engage and treat clients with SUDs.

*Practice experience*: The period of time, to include a minimum of 3 years, in which an individual has worked as a LISW with substance use and addicted populations in a paid employment position.

*Substance use disorder* (SUD): The diagnosis associated with an individual's substance misuse, which can present as mild, moderate, or severe as outlined in the *the Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013).

*Substance-use disordered clients*: Individuals' seeking or receiving services to address alcohol and/or drug use which can or has caused clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMHSA, 2022).

*Substance use disorder treatment*: Research-based methods that assist individuals to stop using drugs and resume productive lives (NIDA, 2018).

## Methodology

A basic qualitative research design utilizing semistructured interviews was conducted with six participants who self-identified as being graduates of a CSWE-accredited MSW program who had a bachelor's degree in an area other than social work and who had obtained their independent social work license from the State of Ohio Counselor, Social Work, Mariage, and Family Therapist Board. Participants also reported having worked in a paid position for a minimum of 3 years as an LISW with substance use and addicted populations. Following institutional review board (IRB) approval from Walden University, the process of identifying research participants began using purposive sampling. Participants engaged in semistructured interviews with me for approximately 60 min. A responsive interview style was used throughout the interview process.

### Participants

Participants for this study self-identified as being graduates of a CSWE-accredited MSW program who had a bachelor's degree in an area other than social work and who had obtained their independent social work license from the State of Ohio Counselor, Social Work, Mariage, and Family Therapist Board. Participants also reported having worked in a paid position for a minimum of 3 years as an LISW with substance use and addicted populations. Six participants engaged in one-on-one, semistructured interviews lasting around 60 min.

### *Sampling*

Purposive sampling was used to identify self-referring participants for inclusion in the current research. This approach aided the researcher in identifying participants with relevant insight and knowledge related to better understanding the role education plays in preparing LISWs to work with substance-using clients despite the smaller sample size often used in qualitative research (Ravitch & Carl, 2016). Participants were identified using RELINK (2024), a digital database for locating addiction and mental health treatment programs throughout Ohio. Seventy-five agencies in rural, urban, and suburban areas were selected, and a contact person was identified for each agency. An email requesting volunteer participation and containing details of the current study was then sent for distribution to qualified employees. Those interested in participating in the study completed an online questionnaire to establish that the inclusion criteria were met.

### Instrumentation

Semi-structured, open-ended interview questions were presented to participants to elicit meaningful and expressive responses to inform the study's main research question. Questions were designed to explore what content, knowledge, or skills the participant felt were lacking from their MSW program based on their practice experience with substance use and addicted populations. Follow-up questions exploring participant's level of confidence, preparedness, knowledge, and interest in working with substance use and addicted populations upon completion of their MSW program, the impact practice experience has had on how they view educational criteria for MSW programs, and

recommendations they would offer their prior MSW program to help better prepare students for working with substance use and addicted populations, were also presented.

## Data Analysis

I used Microsoft Teams to conduct virtual interviews to accommodate the participants. I took notes during the interviews as well as audio recorded them. Each participant was assigned a number identification (e.g., P2) to protect confidentiality, and all information was stored on a password and VPN-protected computer. Following each interview, data was transcribed using a Microsoft Excel spreadsheet. A coding and transcription program, NVivo, was used to help identify meaning and themes resulting from the data obtained. An inductive data analysis process helped avoid preconceived ideas and allowed the data to guide the analysis (Ravitch & Carl, 2016). Themes were developed by gathering emerging codes into groups for the various data sets. Theme analysis was completed on each interview following the coding of all transcripts.

### Credibility

Validation strategies established to maintain credibility included member checking, transcript review, and authentication. Thick descriptions were utilized to help identify nuances and interpret meaning, providing readers with a better context of the data obtained (Ravitch & Carl, 2016). Due to the researcher's personal experience with the research topic, an external auditor was used, minimizing researcher bias through additional assessment and review of data, analysis, and interpretations (Ravitch & Carl, 2016).

**Transferability**

Transferability, or how the data will be generalized, was established using thick descriptions, context, and detail when presenting findings. This process allowed results to be applied and comparisons made to other contexts, situations, and populations (Ravitch & Carl, 2016).

**Dependability**

Dependability was established and maintained through the use of one-on-one, semistructured interviews, which allowed for a flexible and exploratory approach to obtaining participant information. Data triangulation was incorporated as participants were selected from diverse treatment agencies, programs, and locations, representing different years of practice and educational experiences. Utilizing participants who attended state and private universities and worked in various SUD treatment roles, including direct treatment, support and case management, private practice, supervision, and screening and referral settings, allowed for comparison at different points based on the participant's perceptions of their practice experience. The use of an external auditor in the analysis process also contributed to the dependability of the research.

**Confirmability**

Confirmability is acknowledged through the understanding that the researcher is a primary instrument in the research process and that maintaining neutrality is essential for objectivity (Ravitch & Carl, 2016). Triangulation strategies and external auditing helped identify potential data interpretations resulting from researcher bias or prejudice (Ravitch & Carl, 2016).

## Ethical Procedures

I obtained IRB approval through Walden University. The IRB process helps to ensure participants' safety and welfare throughout the research process (Ravitch & Carl, 2016). Following acceptance for inclusion in this study, participants received an informed consent document via email before participating in the one-on-one, semistructured 60-minute interviews. This document helped ensure participants understood this process is voluntary and they have the right to withdraw at any time. This document also included the research study question, an explanation of the study's data collection process, usage and storage, approximate time commitment, and potential risks and benefits for participants (Ravitch & Carl, 2016).

### Confidentiality

All participants' identities will remain confidential. Each participant was assigned an identification code utilizing a number identifier. Identification codes were assigned to correspond to the participant's interview position, such as P2.

### Data Protection

Interviews were conducted virtually over Microsoft Teams, a free video-conferencing platform easily accessible to accommodate all participants. Consent was received for interviews to be audio recorded, and all recordings, session notes, transcriptions, coding, and data analysis were stored on a password and VPN-protected computer accessible only to the researcher. Hard copy records of the data obtained were kept in a secured filing cabinet accessible only to the researcher and maintained in a locked office. All records obtained as part of the current research will be retained for 5

years following the IRB project closure date. Electronic records will be deleted, files overwritten, and hard copies shredded.

### Other Ethical Considerations

I am a department of social work faculty member at a state university in Ohio and have held teaching and field director positions within the department's MSW program. Current and previous roles within the university could result in a prior professional relationship with a potential participant. Individuals with whom the researcher had a professional relationship were only considered when more participants were needed to achieve data saturation.

## Summary

An overview of the research project, including the purpose, rationale, research questions, and theoretical framework, was presented in this section. Significant key variables and concepts were defined, and a review of the research design, analysis, and procedures were outlined. Consideration was given to possible ethical concerns related to procedures, confidentiality, data protection, and this researcher's role within the university being used as part of this study. In Section 3, I will discuss the findings of this research study.

# Section 3: Presentation of the Findings

## Introduction

The purpose of this qualitative study was to understand the perceptions and experiences of LISWs regarding the role their MSW program education played in preparing them to work with substance-using clients. Semi-structured interviews were conducted with six participants using questions formulated to allow them to share their lived experiences through narrative responses. The research question was, What content, knowledge, or skills do LISWs identify as lacking from their MSW program education based on their practice experience working with substance use and addiction populations?

In Section 3, I will discuss the recruitment and demographics of study participants, the instrumentation and format of interviews, the data collection and analysis process, and the trustworthiness and limitations of the study. Findings from the study will be reviewed using data obtained from participant interviews to support each of the main themes. Lastly, areas identified by each participant as crucial to working with addicted populations yet lacking in MSW programs will be examined.

## Data Analysis Techniques

### Participant Recruitment

I began recruiting participants after receiving IRB approval from Walden University (approval no. 12-01-23-0742955) in December 2023. Using RELINK (2024), a digital database for locating addiction and mental health treatment programs throughout Ohio, 25 agencies in rural, urban, and suburban areas were initially selected, and a contact person was identified for each agency through information provided on the

database. An email request for volunteer participation and study details was sent to each agency's contact person, requesting the information be distributed to all social work employees. This first attempt at recruitment yielded no results. A second attempt using the same process also yielded no results. A third attempt, following the same process yielded four participants. Through convenience sampling, which resulted from individuals receiving the participation email and study information from professional colleagues, two additional viable participants were identified, for a total of six participants. All six individuals completed an online questionnaire to establish inclusion criteria before being approved for participation. Following acceptance for inclusion in this study, participants received an informed consent document via email before participating in the one-on-one, semistructured 60-min interviews. This document helped ensure participants understood this process was voluntary and they had the right to withdraw at any time. This document also included the research study question, an explanation of the study's data collection process, usage and storage, approximate time commitment, and potential risks and benefits for participants (Ravitch & Carl, 2016). Once informed consent was given, virtual interviews were scheduled using Microsoft Teams. Each participant was asked the same questions, utilizing the same delivery and format (see Appendix). Interviews ranged from 45 to 60 min.

**Demographics**

The participants in this study all self-identified as being graduates of a CSWE-accredited MSW program who had a bachelor's degree in an area other than social work and who had obtained their independent social work licensure from the State of Ohio

Counselor, Social Work, Mariage, and Family Therapist Board. Participants also reported having worked in a paid position for a minimum of 3 years as an LISW with substance use and addicted populations. Despite the small sample size, participants identified a range of employment roles (see Table 1), including direct treatment services, support services or case management, private practice, supervision, and screening and referrals. Undergraduate fields of study included government, human Ecology, English, music, and psychology. Variations in MSW program types were also seen, with state and private universities represented. None of the participants reported holding additional professional licensure outside of their LISW.

**Table 1**

*Participant Demographics*

| Characteristic | *n* |
|---|---|
| **Age group** (years) | |
| **31–40** | 2 |
| **41–50** | 3 |
| **51–60** | 1 |
| **Gender** | |
| **Male** | 2 |
| **Female** | 4 |
| **Other licensure held** | |
| **None** | 6 |
| **Licensed chemical dependency counselor** | 0 |
| **University type for Master of Social Work degree program** | |
| **Public** | 4 |
| **Private** | 2 |
| **Undergraduate field of study** | |
| **Government** | 1 |
| **Human ecology** | 1 |
| **English** | 1 |
| **Music** | 1 |
| **Psychology** | 2 |
| **Employment role with addicted populations** [a] | |

| | |
|---|---|
| **Direct treatment services** | 3 |
| **Support/case management** | 2 |
| **Private practice** | 1 |
| **Supervision** | 2 |
| **Screening and referral** | 2 |

[a] Participant could have engaged in more than one role.

**Data Collection**

All participants engaged in a virtual interview using Microsoft Teams. Each was asked the same semistructured interview questions employing the same format. Before the start of the interview, the study's purpose was briefly reviewed, and an overview of the interview process was provided, including the approximate time involved, transcription and recording process, and confidentiality. Additionally, each participant was reminded they were free to stop the interview at any time. Once each participant acknowledged that they understood and stated they had no questions, the audio recording and transcription started, and the interview began. In addition to the audio recording through Microsoft Teams, audio was recorded using a digital recorder as a backup method. The researcher utilized a hard copy of an Interview Question Guide for each participant, which included the participant's identifier (e.g., P2) throughout the interview to document follow-up questions, ideas, and notes.

The interview began with general demographic information, which included age, gender, and licensure information. Additional questions explored each participant's interest, knowledge, and experience with addicted populations before, during, and after completing their MSW program. Questions were designed to support the primary research question: What content, knowledge, or skills do independently licensed social

workers identify as lacking from their MSW programs based on their practice experience working with substance use and addiction populations? Questions examining pre-MSW program participation included: Before starting your MSW program, how would you describe your knowledge of or interest in working with substance use and addicted populations? How had that knowledge or interest changed by the end of your MSW program? Now? Those exploring the participant's experiences within their MSW program included: Please rate the following question on a scale from 1 – 10, with 1 being not at all and 10 being extremely. At the completion of your MSW program, how did you perceive your level of preparedness for working with substance use and addicted populations? What content, knowledge, or skills gained throughout your MSW program contributed to this score? Retrospectively, in light of what you know now, how would you realistically rate that same level of preparedness today? What practice experiences, knowledge, or skills contributed to your revised score? Questions examining the impact of practice experience included: In your opinion, have your years of practice experience changed your views or beliefs on what content or subject areas should be part of the MSW program curriculum? How so? What content, knowledge, or skills do you wish you had learned in your MSW program that you feel would have helped you in your employment role with addicted populations? What training or continuing education did you feel you had to intentionally seek out due to lack of sufficient preparation by your MSW program? Finally, each participant was asked: What recommendations would you give to current MSW programs to help better prepare students for working with substance use and addicted populations?

At the conclusion of each interview, the recording and transcription were stopped, and each participant was provided the opportunity to ask any remaining questions or voice any concerns. The process for data analysis, member checking, and review of the final project was discussed, with all participants verbally agreeing to a follow-up meeting if necessary.

**Data Analysis**

Following each interview, the audio recording and transcript were downloaded from Microsoft Teams and saved to a computer file using the participant's identifier (e.g., P2). This researcher transcribed each interview within 24 hours by reviewing the downloaded transcript, audio recording, and handwritten researcher notes taken during each interview. Member checking was used to verify meaning and accuracy with two participants before moving on to the coding process.

The coding software NVivo was used to assist in interpreting and coding textual content for each interview individually. Nine hundred sixty codes were initially identified by the coding software, with 14 coding categories emerging through pattern coding (Saldana, 2016). Following each stage of coding and analysis, results were reviewed with an external auditor to help ensure the trustworthiness of the data (Ravitch & Carl, 2016). The final analysis resulted in 3 overall themes stemming from the identified research question.

## Evidence of Trustworthiness

### *Credibility*

Validation strategies incorporated to maintain credibility included transcript review, member checking, and external auditing. NVivo software and Excel spreadsheet were used to code each transcript and identify meaning and themes that resulted from the data obtained. Member checking was conducted through transcript review with all six participants, ensuring clarification and accuracy. External auditing was performed at different points throughout the study by a colleague, which helped to ensure transparency and ethical practice were maintained throughout the research. Additionally, external auditing helped identify and address researcher bias and limitations, lending credibility to the findings (Ravitch & Carl, 2016).

### *Transferability*

To help ensure generalizability, thick descriptions, context, and details were presented using direct quotes. This process helped illustrate each participant's views and experiences and allowed for a more detailed understanding of the data. By using thick descriptions when presenting findings, the reader can better understand the analyses, perspectives, and implications presented (Ravitch & Carl, 2016).

### *Dependability*

Dependability was established and maintained through one-on-one, semistructured interviews, which allowed for a flexible and exploratory approach to obtaining participant information. Throughout the interview process, an Interview Question Guide was used to ensure all questions were asked of each participant and that

the formatting remained the same. Demographics and practice experiences were diverse among participants, allowing comparisons to be made at different points throughout the study. Using an external auditor in the analysis process also contributed to the dependability of the research.

### *Confirmability*

Confirmability is acknowledged through the understanding that the researcher is a primary instrument in the research process and that maintaining neutrality is essential for objectivity (Ravitch & Carl, 2016). Using an external auditor helped identify potential data interpretations resulting from researcher bias or prejudice (Ravitch & Carl, 2016).

## Limitations

A few potential limitations exist within this study and could be addressed in future research. The first is the inclusion criteria, which limited participants to those who have independent licensure (LISW). While this is considered the terminal licensure for the social work profession, a nationwide shortage of social work professionals has resulted in many social workers with MSW degrees and non-independent licensure (LSW) being employed in roles and positions historically held by LISWs (Lin et al., 2016). Four individuals who met all inclusion criteria except holding LISW licensure expressed interest in participating in the study. Each reported more than 7 years of practice experience with addicted populations, and three reported holding Independent Chemical Dependency licensure. These individuals appear to be representative of the population under study, yet not included due to the licensure requirement. Including individuals seen as primary service providers for addicted populations who hold MSW

degrees and any professional licensure in future research may add additional insight into what addiction-related content or skills are seen as lacking from MSW programs. A second potential limitation relates to the timing of the recruitment process. IRB approval occurred in early December, with the initial recruitment emails sent out in December and January. Several potential participants may have been missed, with many individuals on vacation during these months or inundated with annual deadlines. Future research should consider recruitment periods during times not seen as major holidays or other significant events that could impact an individual's ability to participate. While additional data could have been obtained with a larger sample size, data saturation was achieved for the identified research question.

## Findings

In the current research, I examined what content, knowledge, or skills LISWs identified as lacking from their MSW program education based on their practice experience working with substance use and addiction populations. Interviews were conducted with six practicing LISW participants (see Table 1), who were asked a variety of questions (see Appendix) related to their SUD experience and knowledge before and after their MSW program, intentionally sought out training and content needed while practicing as LISW related to working with SUD populations, and recommendations they would make to their MSW programs to better prepare future social workers for practice with SUD populations. Three themes emerged.

**Theme 1: Required Course Content**

In response to several of the questions asked, all six participants provided responses highlighting their belief that all MSW programs should require SUD-specific content, with five of the six participants stating, at a minimum, one SUD course should be required for all students. Participants cited the universal problem of substance use as one reason MSW programs should require courses and SUD content for all students. P3 stated:

> I can't think of a single area of social work on the micro or even mezzo level where that's not a part of it. Where you should have some knowledge base because you're gonna be interacting with individuals who are struggling in that manner.

P5 shared they felt, “A class should be devoted to just substance use because it is a problem that clients face, regardless of what setting or type of social work you're practicing in, it's gonna be present somewhere,” and P1 concluded that while some people may feel “like they don't wanna work with substance abuse, that’s like not possible in social work, that's not really a thing.” P6 made the statement:

> There are many areas in social work that are considered specialty areas, and I realize programs can not cover them all in general courses, but play therapy is a specialty, yet we would never consider removing child development, adolescent work and interventions, from courses because we know every social worker is going to encounter working with children at some point, how is this any different?

> Why would we not at least cover the basics knowing there is not one social worker who will not encounter substance use at some point in their career.

Participants all shared feeling unprepared for working with the SUD population at the conclusion of their MSW program. Several participants could not recall any SUD content throughout their MSW program with P2 sharing, “I absolutely love the work now, but there is not one thing in my MSW experience that pointed me in that direction. Not one, I barely remember having the conversation in class, frankly” and P3 stating, “I had no increase in my knowledge base during my program, I barely remember talking about addiction in my MSW program,” and P4 and P6 sharing feeling “not at all prepared, I don’t really think it was covered much,” and “ I don’t recall a single course discussing this at all.” Two participants shared they thought SUD content was covered; however, both felt it was insufficient. P1 shared:

> I don't recall any content. I'm sure that it was woven into our family therapy class. I'm sure we talked about substance use and family dynamics, but it was brief, and nothing stands out from that as something that was a takeaway or that was effective practice. And I'm sure in my diagnosis class, I'm sure we covered substance use disorders, but beyond maybe stages of change, I'm not sure that I got much of any substance use-specific content that stands out to me.

P5 commented:

> I certainly think there was content covered like what can cause addiction issues and some very fundamental treatment options or modalities or approaches. I don't

> think it went in depth to the point that when I graduated, I would have felt confident saying, I know how to assess, intervene, treat, and evaluate.

In addition to feeling unprepared to work with the SUD population, all six participants acknowledged no increased interest in working with this population following their MSW program. Several participants, however, identified fear and necessity as motivating factors for increased knowledge or interest. P2 shared, "When I was in my MSW program, to be perfectly honest, I was terrified of engaging with the sub-population. I see now, looking back at how scared I was and how many assumptions and dangerous stereotypes I had back then." P1 shared:

> I had a client who I was working with in my MSW program who was in recovery from opioid addiction and went through a relapse. I think that was terrifying for me as a student. I was very anxious and nervous about it, and that kind of taught me that this is serious and that I needed to know more, learn more, and be able to work more effectively with people. So, I think my interest level increased because of fear. My knowledge increased out of necessity. In my career, I worked in crisis, in primary care settings, outpatient settings, and hospital settings, and every single one of them, I was working with people who were struggling with substance use, sometimes very actively.

P4 stated, "I had to develop and grow a little bit more. You know, education-wise, so having to take some continuing education courses and seeking supervision because you come across it pretty frequently."

All participants provided feedback on content areas that would have benefited them in their practice with SUD populations yet not offered during their MSW programs. Despite the six participants working in different areas of the social work field, participants noted several of the same content areas. A basic understanding of treatment and interventions was identified by all six participants, with specific mention of MAT programming and interventions identified by P1, P2, P3, and P6. Three participants referenced content related to treatment and interventions that were "grounded in reality, rather than idealism," or involved "situations related to things you're likely to face in real-life practice." Multiple participants noted an understanding of and ability to find resources for clients and social workers as content that would have been helpful in practice. P3 stated, "I wish I would have learned more about treatment resources and models of treatment and ways to increase my educational knowledge. It wasn't just that it wasn't covered, but I didn't know where to find it." Additionally, P6 shared:

> Resources and referrals are not all the same. What a client in a suburban school who got caught smoking weed might need is going to look a lot different than the homeless man in the inner city addicted to heroin. We need to know where to find these resources or which resources are best for which person. Not knowing this can make a basic referral for services difficult for the client and social worker.

**Theme 2: Knowledgeable Supervisors and Educators**

Participants discussed challenges with adequate supervision or lacking a qualified supervisor with the knowledge and skills needed when working with the SUD population.

Five participants noted that at least one job setting lacked a qualified supervisor. P2 shared that at one agency:

> The chemical dependency team was facing a lot of challenges. We went through a series of Team Directors, we lost a bunch of people, and you know, we lost our IOP, and things happened. That just made it difficult to really seek out people to learn from.

P4 noted that in a few employment roles, supervisors "were kinda like me; they just did not have a whole lot of experience working with that population yet," and P5 shared that for many of their supervisors, "I don't feel like they had much of any substance use experience or confidence in their own role around substance use treatment."

Participants also noted deliberate actions taken to seek out supervision from qualified professionals. P5 shared that after graduating from their MSW program:

> I did not realize the role and importance that supervision and consultation with colleagues played. Especially as a new practitioner, I wanted to know or have that supervisor or people that I could go to and trust and ask questions to and bounce ideas off of. But I did not have that; I had to seek that out.

P2 stated, "One thing I would just emphasize is the deficit in supervision around addiction. I wish there were some kind of resource available for people in the field to connect with, some kind of pool for supervision or supervisors out there." P6 detailed a story in which they had a client with SUD and psychosis:

> They presented in a way I was unsure about. I did not know enough about the drugs they were using and psychosis, and my supervisor was not much help. I

> literally called multiple people I knew in the field who I thought might be able to help walk me through the best treatment options, but it took a while before I found someone.

As participants shared their thoughts on supervision, several noted specific supervisors who stood out. Those participants described these supervisors as holding dual licensure as Independent Social Workers or Counselors and Licensed Chemical Dependency Counselors and having significant experience working with SUD populations. P3 stated:

> The reason I got an MSW was that my supervisor, at the time, was an MSW who also was a LICDC [licensed independent chemical dependency counselor] and was very knowledgeable. He's one of the main reasons why I ended up getting an MSW and going into the program that I did. He thought that would be the best way for me to increase my knowledge not only on substance use disorders but all of the other things that I was seeing working out in the field.

P4 shared, “I had one supervisor who had multiple licensures; I'm not sure what all licenses they had, but they were for sure more knowledgeable; they had worked in several different treatment facilities. So they had lots of experience and training.” P1 stated:

> One of my first jobs after my MSW had a person with dual licensure as a social worker and a chemical dependency counselor, and she was super helpful. I had several colleagues on that team who had experience working with substance use disorders across various disciplines; some were nurses, some psychiatrists, other

> social workers, and a few of our people who are like housing specialists and things like that who were paraprofessionals staff but also had done lots of training. So, I feel like in that environment, I was surrounded by people who knew more and who were helpful and supportive.

Qualified instructors and professors were another area identified as lacking by several participants. P1 shared, “I feel like even the instructors themselves could use additional training even if they didn't have or weren't able to offer the SUD courses, they should still be able to be knowledgeable and understand how addiction works.” P6 stated:

> I think that if you're going to be teaching students working with substance use anywhere in the community, the folks within the classroom should have a general knowledge base. And I'm not sure everyone does, at least when I was in my program.

P3 stated:

> When I was working with a heroin coalition group in my county, there were a lot of people in that group who were there to help combat the opioid problem who still viewed addiction as a choice. I'm not 100% sure that there weren't faculty in my program who felt that same way.

**Theme 3: Experience and Practice Opportunities**

The overarching theme seen throughout all participant interviews was the importance of engaging in practice opportunities with the SUD population. Participants associated the need for these experiences with increased skills, knowledge, confidence,

and desire. During the interview, participants were asked to rate the following question on a scale from 1 to 10, with one being *not at all* and 10 being *extremely*: "At the completion of your MSW program, how did you perceive your level of preparedness for working with substance use and addicted populations?" A follow-up question was, "What content, knowledge, or skills gained throughout your MSW program contributed to this score?" Participants were then asked, retrospectively, in light of what they know now, to rate their preparedness today and what practice experiences, knowledge, or skills contributed to their revised score. Each participant noted how practice experience was part of how prepared they felt to work with the SUD population (see Table 2).

**Table 2**

*Participants' Rating of Their Preparedness Post-MSW Degree for Working with Substance Use and Addicted Populations*

| Participant | Interview excerpt |
|---|---|
| P1 | Maybe 3. The parts gained, I do think I love stages of change. I know I'm being kind of dismissive about it, but I think it's super helpful in any setting to use as a framework, so that was definitely helpful. I think the practicum experience working with someone with a substance use disorder was helpful, so that's why those sorts of things kept it from being lower. I think the same because we knew when we were graduating that we didn't have much in that area. I think we knew that we lacked experience; I didn't see myself going to work specifically in that setting, and I knew I wouldn't be prepared for it. So, I would say the same. |
| P2 | One. You know I did have basic rapport-building skills emerging, yes, but that's not specific to the subpopulation, right? So yeah, I could not at that point have imagined myself working with somebody who came in wanting help with, you know, cocaine abuse. One, the same. Yeah, I knew nothing. I now see how scared I was. I had no real experience. I was not comfortable at all at that point. |
| P3 | Three or 4, and that's just based on the knowledge I had prior to my program, maybe a three or four because I had some experience and knowledge, but I wasn't like leaving the program thinking I could go out and do this. If I had gone and worked directly with that population, I would have sought out additional training immediately. I would say when I was leaving the program, I probably thought I was a four. Looking back, I was more a one or two. It's a two, and I might not give myself enough credit. But with all of the experiences I've had since then, especially at my current part-time work in the substance use disorder clinic, I realize we just didn't cover anything of the knowledge or experience that I would have needed. |
| P4 | One, not at all. Well, I just don't really think that it was covered much. I would say that's not the only area I didn't feel prepared in. UM, but I don't feel like I really knew what I was doing when it came to substance work. I had no context or experience to do any kind of treatment or intervention at that point. I would say I was still pretty much not prepared. Looking back, knowing what I know now versus then, I definitely didn't have enough knowledge or skills to do good work with that population. |

| Participant | Interview excerpt |
|---|---|
| P5 | Four. I think because I worked with a number of clients patients by that time, I felt like I had at least a foundational working knowledge of how to approach work with people who have substance use issues. Also, in the area that I was practicing in geographically, I knew some resources in both outpatient and inpatient treatment options available by the time I graduated. So, I think that helped increase my confidence even though I wasn't necessarily specifically doing just substance use treatment myself. I think it was still at a four because I think that I had enough knowledge, most importantly, not to actively cause harm to people. So, I think that is a big part of the reason it is not at a zero. |
| P6 | Maybe a 3. I was not confident that I knew what I was doing or could do or say the right thing if I had a client of my own. But not a zero because I did have a few clients through my field practicum that had SUD issues, so I was able to see some treatment stuff with them, so I guess that added a little confidence. Still probably a three. I think that having worked in different areas of SUD treatment throughout my career, like when I moved from working with adults to working with kids; I still needed some different knowledge and skills that I had not had just working with adults. So, basically, having no real knowledge or experience after my MSW program, I definitely do not think I was prepared to go out and start working with that population. |

*Note*. Participants were asked to rate the following question on a scale from 1 to 10, with one being *not at all* and 10 being *extremely*: "At the completion of your MSW program, how did you perceive your level of preparedness for working with substance use and addicted populations?" MSW = Master of Social Work degree.

Participants who had field practicums in which they engaged with even one SUD client or situation noted the impact that experience had on their abilities and confidence. P2 noted, “One of the first things that happened to me in my MSW program and this was not with my MSW program itself, I guess, but it really happened in my field placement. I began to be very interested and curious about just various psychiatric presentations like

SUD and OCD I was seeing in my field placement." P4 shared that while they did not feel they learned much related to the SUD population throughout their MSW program, "I think most of what I learned was probably from my field experience, like with my field practicum. Just because the population was present within, like the community mental health center, I worked in." P5, who, when asked the scaling question, reported the highest level of confidence of all participants, with a rating of 4, also shared:

> I think the practicum was a significant component. Especially when I think back to one patient in particular that comes to mind. My 1st-year practicum was with Children, Family Services. Of course, in child welfare, there were a lot of substance use issues that often led to issues of people being able to care for their children, either legally or emotionally, or physically care for them. That was a very big recurring issue. My senior year internship, substance use issues were also still pretty prevalent, so I got some practice as part of my field practicums.

P3 discussed how they did not gain any real practice experience throughout their MSW program, stating, "Both of my practicum experiences were on college campuses. One was at the clinic where they did psychotherapy and the other one was at a community college, where I did some organizing, some peer resource groups, and peer support groups. We had a couple of clinical counselors there, but there was never any focus on, you know, addiction. I think in both of those situations, if there was, I never had any clients, but if someone else had a client that needed those resources, they were referred out, and that was the extent of the discussion on it."

## Summary

The current research focused on better understanding what content, knowledge, or skills LISWs identified as lacking from their MSW program education based on their practice experience working with substance use and addiction populations. While the study may present some limitations, the findings outlined in this section indicated a need for additional SUD education and practice experience in MSW programs as well as for knowledgeable and experienced supervisors and instructors. In Section 4, I will further discuss these findings and their applicability to professional ethics in social work practice. I will also offer recommendations for social work practice and consider the study's potential implications for social change.

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

## Introduction

The purpose of this qualitative study was to understand the perceptions and experiences of LISWs regarding the role their MSW program education played in preparing them to work with substance-using clients. By better understanding how LISWs perceive the role of education as it relates to their confidence and ability when working with substance use and addicted populations, stakeholders can potentially begin to identify changes needed within social work curricula. Further, additional insight can be gained by exploring what perceptional variations exist as individuals transition from the student role to that of a practicing LISW. Stakeholders can better understand how factors such as supervision, ongoing training, and practice experiences impact the knowledge and skills identified as critical in treating SUDs.

I used Bandura's (1977) self-efficacy theory as a framework to analyze the themes that emerged from the research question, offering insight into what factors LISWs identified as impacting their ability to be successful when working with the SUD population following the completion of their MSW program. The four areas believed to be the epicenter for the formation of self-efficacy beliefs, performance accomplishments, vicarious experiences, verbal persuasion, and emotional arousal (Bandura, 1977) were seen in responses provided by all participants. Utilizing qualitative interpretation and consistent with Bandura’s theory (1977), performance accomplishments and vicarious experience, in the form of practice-related opportunities, were most often identified by participants as essential in developing confidence, knowledge, and skill. Verbal

persuasion and emotional arousal were also reflected as participants noted the need for qualified academic and practice educators and supervisors and disclosed feelings of fear produced as they anticipated having to work with the SUD population despite no academic courses or learning opportunities.

**Findings**

The findings from this study offer insight into what knowledge and skills current LISW professionals feel would have benefited them in their work with the SUD population. Much of the prior research conducted on SUD education has focused on BSW and MSW student perspectives, with limited studies focused on those currently practicing in the field. This study sheds light on the areas of social work practice and education that LISWs see as essential when working with substance use and addicted populations. When discussing these findings, it should be noted that the study's participants graduated from their prospective MSW programs between 2010 and 2020 and have worked with the SUD population in many settings and roles, including private practice, nonprofits, hospitals, and mental health, substance use, and psychiatric treatment agencies.

Participants in this study identified a lack of SUD-related courses, general knowledge, practice opportunities, and adequately trained supervisors and instructors as missing from their MSW program education. These findings are consistent with a content analysis conducted by Minick (2019) of all 2017 CSWE-accredited MSW programs, highlighting the lack of changes made to the MSW curriculum over the past several years. The need for professionals trained to identify, assess, and treat SUDs continues to

rise in part due to the ongoing opioid epidemic, the increase in fentanyl use, the effects of the COVID-19 pandemic, and the growing need for integrated health care services (Abraham et al., 2017; Marchand et al., 2019; Vo et al., 2022). Yet, the last two CSWE Educational Policy and Accreditation Standards revisions, conducted in 2015 and 2022, saw no changes to include SUD-related educational curricula (CSWE, 2023).

Participants in this study expressed the need for an educational curriculum that keeps pace with the changing climate of the social work profession, especially as it relates to substance use and addicted populations. One participant, in response to the question about the content, knowledge, or skills they wished they had learned in their MSW program to help in their employment role with addicted populations, stated, "Certainly MAT options, something that I am immersed in all day, every day. I did not even know what MAT meant when I graduated with my MSW. I did not even know what those initials were." A second participant shared, "Resources you can utilize with the population would have been really helpful. Because again, once you're out in the field, you're kind of on your own, scrambling to figure things out. It would have been nice to have a foundation for knowing where to at least look for that information." These findings, which identify a need for up-to-date knowledge and skills related to current substance use, treatment, and research trends, mimic those seen in previous studies (Minnick, 2019; Miovsky et al., 2021; Osborne-Leute et al., 2019; Pavlovská et al., 2019). According to the NASW (2013) standards for social work practice with clients with SUDs, to meet the needs of clients, social workers must remain current in all areas of practice, including education, intervention, and prevention. Similar to those areas

identified by participants in the current study, changes in legislation, third-party payor sources, diagnostic criteria, and increased federal funding for harm reduction approaches to treatment have all been identified as trending areas (NASW, 2013).

The need for qualified and knowledgeable SUD professionals, both in the academic and practice settings, was also identified by study participants as a critical component of learning. While these findings are akin to those seen in nursing, psychiatry, and physician programs (Balasanova & Marcovitz, 2023; DeJong et al., 2022; Fisher et al., 2024; Pederson & Sayette, 2020), they further highlight the need for health-related professionals with the training, experience, and skills needed to educate and supervise SUD providers. Several participants shared they felt some of their MSW program instructors lacked a general knowledge and understanding of substance use and addiction, with two participants indicating experiencing instructors who provided misinformation and displayed bias towards those struggling with addiction. Other participants noted how having a practice supervisor knowledgeable in SUD treatment helped motivate, support, and train them, while those who did not share experienced feelings of fear and uncertainty toward SUD practice. These findings further support the literature indicating that SUD supervision provided by qualified individuals improves access to and quality of care (Pedersen & Sayette, 2020), reduces stigma (Dice et al., 2019), and helps minimize rates of burnout and staff turnover (Peavy et al., 2024). While knowledgeable educators who find ways to innovate and incorporate SUD-related content into social work courses can increase student's understanding of addiction and provide safe and supportive spaces

to address unresolved questions and concerns related to substance use and addiction (Dice et al., 2019; Salas-Wright et al., 2018).

The most significant finding from the current study shows the value all participants placed on practice-related experiences in developing the confidence and skills perceived as necessary when working with the SUD population. Participants noted the impact the inclusion or exclusion of these experiences had during their MSW program. While not all participants had field practicums in settings where SUD clients were seen, having even one encounter with a SUD client or situation was identified as impactful, with one participant sharing how their engagement with one client changed how they viewed their level of preparedness extending it from zero to three, at the end of their MSW program. Field practicums and other experiential learning opportunities utilize reflective observation and abstract conceptualization by presenting realistic practice scenarios that help to improve the knowledge, attitudes, and skills of social work students preparing to work with the SUD population (McCarthy et al., 2022; Putney et al., 2024; Robinson et al., 2022). These findings, along with existing research, can be used to help inform MSW and other health profession programs on the content and practice experiences identified as lacking in the curriculum but deemed essential by professionals currently working with the SUD population. This information could better prepare LISWs and other SUD professionals by informing them of the changes in knowledge, skill, and support needs that can exist over time and identifying what and where to access available resources and systems. This research can also inform professional licensure boards, national organizations, and accreditation bodies through

advocacy efforts seeking legislation changes that would ensure social workers and other SUD professionals consistently engage in best practices.

## Application to Professional Ethics in Social Work Practice

At the foundation of the social work profession are six core values all social workers should aim to achieve: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. All practicing social workers and social work students are bound by these guiding principles, regardless of position, setting, or population (NASW, 2022). While each value plays a role in the current research, competence and the importance of human relationships represent the values and principles at the center of this study.

### Competence

The ethical principle behind competence focuses on the responsibility of social workers to practice within their area of proficiency while developing and enhancing their professional knowledge and expertise, as cited in the NASW Code of Ethics (2023). It is also stated that social workers should only represent themselves as competent within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. Additionally, social workers working with clients with SUDs need to possess specialized knowledge and understanding of psychological and emotional factors, physiological issues, diagnostic criteria, legal considerations, and co-occurrence of mental health disorders and substance use, according to the NASW standards for social work practice with clients with SUDs (2013).

The findings from this study found that SUD-related coursework, practice opportunities, and qualified educators and supervisors are lacking in accredited MSW programs. All participants identified a score of 3 or below when asked to rate their level of preparedness to work with the SUD population at the conclusion of their MSW program. With the U.S. Bureau of Labor Statistics (2022) reporting social workers as one of the primary service providers in the treatment of SUDs and research supporting social workers encounter clients with substance use and addiction not only in direct treatment settings but also in secondary settings, such as child welfare agencies, legal and court systems, homeless populations, and LGBTQ communities (Calcaterra et al., 2022; CBHSQ, 2016; DiNitto et al., 2005; Kawasaki et al., 2021; Reamer, 2018), there is a reasonable expectation to believe all social workers will encounter clients, at some point, who are in need of treatment, referral, or prevention interventions. The lack of SUD preparation and education provided by CSWE-accredited MSW programs directly impacts emerging social workers' ability to practice competently.

**Importance of Human Relationships**

The value of the importance of human relationships states that social workers understand that relationships between and among people play a crucial role in change. This principle further highlights the need to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities (NASW, 2022). Prior research indicates that a lack of knowledge or training in an area such as substance use can create pre-existing ideas about addiction and negative attitudes and biases toward

those affected by it (Stein, 2003). Research supporting the lack of SUD training and education in social work programs has been seen for decades (Richardson, 2008; Schlesinger & Barg, 1986), with one study classifying the absence of change that has occurred around this topic as institutional denial and minimization (Quinn, 2010).

Findings from this study are consistent with the literature, indicating that a lack of information, training, and misperception can increase stigma and bias related to SUDs (Renner, 2019; Stein, 2003). One study participant noted that looking back, they can now recognize the "assumptions and dangerous stereotypes" they held at the conclusion of their MSW program. The field of social work, and more specifically, CSWE and university MSW programs, have failed to uphold the importance of human relationships by ignoring the impact a lack of training and education can have on the biases and stereotypes perpetuated by SUD providers. Additionally, positive attitudes and enhanced knowledge of SUDs have been shown to increase an individual's desire to work with the SUD population and lead to increased job satisfaction (Cabiati & Raineri, 2016; Lawrence et al., 2022; Nguyen, 2020; Stein, 2003), helping to enhance the well-being of individuals, families, and communities (NASW, 2022).

## Recommendations for Social Work Practice

### Required Substance Use Disorder Curriculum in Accredited Master of Social Work Programs

While CSWE has recognized the importance of incorporating SUD curriculum into social work practice and has provided guidance and resources to support MSW programs in implementing this curriculum, it is currently not an accreditation

requirement. As seen in this study and prior research findings, few accredited MSW programs include SUD curricula in their required coursework despite the known importance and regularity at which social workers encounter SUDs within their practice (McCarthy et al., 2022; Osborne-Leute et al., 2019; Tuchman et al., 2017). With drug overdose deaths up 30% and continuing to rise (National Center for Drug Abuse Statistics, 2024) and the need for more than 2,000,000 additional SUD service providers to meet the current demand (SAMHSA, 2021), education accrediting bodies like CSWE need to consider mandatory SUD curriculum in MSW and other health profession programs. Implementing SUD course requirements within accredited MSW programs not only teaches emerging social workers current SUD practices, interventions, and policy but also provides a level of confidence and interest needed to sustain trained and skilled social workers in an already dwindling workforce (SAMHSA, 2021).

**Changes to National Social Work Licensure Requirements for Renewal**

Although overseen by the ASWB, social work licensure requirements vary from state to state and require a multiyear renewal process. As part of this process, licensed social workers must obtain a set number of continuing competence or continuing education hours ranging from 15 to 50 (ASWB, n.d.-b). Although the type and number of hours can vary, the purpose remains the same: to ensure social workers stay current on best practices within the field of social work. The ASWB identifies no continuing education content area mandates; however, approximately 75% of the 229 states and jurisdictions licensing social workers require a set number of ethics hours as part of their renewal process (AWSB, n.d.-b). As indicated by participants in this study and prior

research, there is an increased need for social workers who are knowledgeable and skilled in SUD treatment (Kim et al., 2020; McCarthy et al., 2022; Mekonnen & Lee, 2021). By implementing a renewal requirement that includes a set number of continuing education hours specific to SUDs, social workers can increase their competence and knowledge, leading to better care and better outcomes in SUD treatment and prevention.

## Implications and Social Work Practice

Through my role as an MSW social work instructor and field education director, I am in a position to help support and guide the next generation of social workers. I believe that to best prepare students for the realities and experiences they will face in the field; we must ensure they receive educational learning and practice opportunities consistent with the demand. The findings from this study further support this belief and can aid in the advocacy, development, and implementation of SUD courses and curricula, increasing the knowledge, skills, and practice experiences necessary for students to work with this and other populations effectively. My experiences as a social work student who participated in SUD courses, as an instructor who has taught BSW and MSW SUD courses and field practicum opportunities, and as a practitioner who has worked in the field of substance use and addiction for over 25 years, provides me with a unique outlook. Using the insights gained from those experiences and the findings from this study, I am better prepared to look at how our current MSW curriculum and accreditation standards affect service delivery and advocate for policy changes needed to ensure individuals, families, and communities affected by SUDs receive the best possible treatment and services.

**Transferability**

The findings from this study can be transferable to other academic settings and applied across various domains of social work practice. Better understanding student perspectives on SUD course content and practice experiences allows universities, social work, and other health profession fields to tailor programs and experiences to meet the evolving needs of students. While participants in the current study identified required course content, knowledgeable supervisors and educators, and experience and practice opportunities as the primary areas lacking from their MSW program education, these findings can also inform teaching practices in other social work areas, emphasizing adaptable and engaging teaching methods. The insights gained from participants related to preexisting values, biases, and ethical dilemmas can also contribute to ongoing discussions about ethical practice within the social work profession.

A deficit of more than 2,000,000 qualified SUD service providers, which includes social workers, currently exists (SAMHSA, 2021). The experiences and perspectives relayed by participants in the current study and prior research on entering the workforce unprepared to work with SUD populations can aid as an advocacy tool to drive policy change around education, program regulations, and practice standards. Additionally, student perspectives can contribute to quality assurance processes. Accrediting bodies often seek evidence of student engagement, satisfaction, and learning outcomes. Research outcomes can guide program evaluations, resulting in continued improvement and follow-through of accreditation standards, leading to improved reputations and credibility of social work programs. As the field of social work continues to change, so must

education, practices, and policies. Listening and applying the feedback from those currently working in the field will help ensure we continue to adapt and thrive while positively impacting people's lives.

**Limitations**

Limitations identified as part of the methodology used in the research process include participant recruitment and sample size. The recruitment process, which included locating addiction and mental health treatment programs throughout Ohio, identifying an agency contact person, and sending out a recruitment email, did not begin until December 2023, with IRB approval. The timing of this process appeared to limit the pool of participants, with many individuals on vacation during these months or inundated with annual deadlines. With the first two attempts at recruitment unsuccessful, efforts continued until data saturation was met. The time dedicated to recruitment efforts also appears to have contributed to the limited number of participants.

The sample size used in this study consisted of six participants. Despite the small number, data saturation was achieved, and participants represented ages in the range of 31-60, male (2) and female (4), private (2) and state (4) universities, and varying practice experiences. Findings were presented using thick descriptions, context, and direct quotes, ensuring generalizability and a better understanding of the analyses, perspectives, and implications (Ravitch & Carl, 2016).

**Recommendations**

Recommendations for this study include recruitment periods not seen as major holidays or other significant events that could impact an individual's participation ability

and expanding the participant pool to include LISWs with undergraduate degrees in social work. Current MSW programs offer two educational tracks: Foundation for those students who do not hold an undergraduate degree in social work and Advanced for those who do. Incorporating LISWs with a BSW and MSW degree will allow for a more comprehensive understanding of the social work curriculum and help identify specific gaps within MSW programs related to SUD education. Additionally, including LISWs with BSW degrees adds insight related to practice experience, as individuals with a BSW degree may practice as social workers before returning to school to obtain their MSW degree. Understanding how these individuals perceive this experience can add valuable insight when looking at MSW program revisions.

Additional recommendations include identifying LISW participants who attended MSW programs with SUD-focused curricula or specialty tracks and those who did not. Examining how practicing social workers view the knowledge and experiences received in SUD-specific programs can further enhance our understanding of what content and experiences social workers find most helpful in service delivery. Further, exploring the differences perceived within the two program types can help shed light on the practical strategies, specialized interventions, and the impact of social work in addressing SUDs.

To disseminate the findings from this study, I will seek out social work and addiction conferences best suited to present the data and pursue the publication of this study in journal article format. Additionally, the data will be shared in a curriculum revision proposal with my current university department dean and chair to further support

the implementation of a required SUD course for all MSW students and the addition of an addiction-related certificate program.

## Implications for Social Change

The primary purpose of social workers is to enhance human well-being and help meet the basic needs of all people, especially those who are poor, vulnerable, and oppressed (NASW, 2022). As such, social workers need to understand the factors that can create, contribute to, and address societal problems. By utilizing data obtained in this study, future social workers will be better prepared to influence change across all levels of SUD practice.

Integrating SUD content into the MSW program curriculum allows social workers at the micro level to gain the specialized knowledge and skills needed to assess, treat, and prevent SUDs. Enhancing clinical competence also encourages a holistic approach to treatment, incorporating all aspects of the person's life, including mental health, family, community, and socioeconomic factors (Marchand et al., 2019; Oviedo et al., 2023). By better understanding the impact of substance use and addiction, social workers at the mezzo level can establish meaningful partnerships with community leaders and groups, helping to increase the number of treatment options, programs, and resources available, leading to higher rates of service participation and retention (Zemore et al., 2021). At the macro level, social workers with SUD experience, knowledge, and expertise can influence policy development through advocacy efforts focused on equitable access to treatment, harm reduction, and funding for prevention programs (Day et al., 2023). Changes to MSW curricula incorporating SUD content and practice experiences can

significantly influence social change across various levels, including increased competence and confidence levels, community engagement and partnerships, implementation of best practice interventions and education, and systematic changes involving the promotion of social justice, challenging of discriminatory practices, and advocacy efforts to combat addiction effectively.

## Summary

I examined what content, knowledge, or skills LISWs identified as lacking from their MSW program education based on their practice experience working with substance use and addicted populations. Participants in this study were practicing LISWs, varying the focus from social work students as in much of the prior research on this topic. Findings identified three critical areas lacking from MSW programs: required SUD course content, knowledgeable supervisors and educators, and SUD-related experience and practice opportunities. The most significant finding from the current study shows the value all participants placed on practice-related experiences in developing the confidence and skills perceived as necessary when working with the SUD population. Participants noted the impact the inclusion or exclusion of these experiences had during their MSW program. The findings from this study indicate a need for changes to the MSW program curriculum that include the addition of SUD content and practice experiences. Further research to include participants with both a BSW and MSW degree and those who attended MSW programs with SUD specialty tracks could add to the breadth and scope of the data, ensuring social workers receive the most current and relevant information in the treatment of SUDs.

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# Appendix: Research and Interview Questions

Research Question: What content, knowledge, or skills do independently licensed social workers identify as lacking from their MSW programs based on their practice experience working with substance use and addiction populations?

**Interview Questions**

1. Can you tell me your current age?
2. What gender do you identify with?
3. Do you hold any additional professional licensures or certifications other than your LISW?
4. Before starting your MSW program, how would you describe your knowledge of or interest in working with substance use and addicted populations? How had that knowledge or interest changed by the end of your MSW program? Now?
5. In your opinion, have your years of practice experience changed your views or beliefs on what content or subject areas should be part of the MSW program curriculum? How so?
6. What content, knowledge, or skills do you wish you had learned in your MSW program that you feel would have helped you in your employment role with addicted populations?
7. What training or continuing education did you feel you had to intentionally seek out due to lack of sufficient preparation by your MSW program?
8. What recommendations would you give to current MSW programs to help better prepare students for working with substance use and addicted populations?

9. Please rate the following question on a scale from 1 to 10, with one being *not at all* and 10 being *extremely*. At the completion of your MSW program, how did you perceive your level of preparedness for working with substance use and addicted populations? What content, knowledge, or skills gained throughout your MSW program contributed to this score?
10. Retrospectively, in light of what you know now, how would you realistically rate that same level of preparedness today? What practice experiences, knowledge, or skills contributed to your revised score?
11. Is there anything else you feel is important to note related to today's discussion?