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Social Workers' Perceptions of Barriers to Substance Abuse Treatment in Mississippi

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Walden University
2019

Abstract

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by

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MS, University of Southern Mississippi, 1988

BS, Mississippi State University, 1984

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

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Abstract

Addiction is a national problem in the United States that impacts public health and social and economic welfare. The purpose of this case study was to identify barriers that impede treatment and hinder the success of client recovery from addiction. The research question focused on social work clinicians' perceptions of barriers to effective treatment with substance abuse clients in Coastal South Mississippi. The theoretical framework for this research was the reasoned action theory. Data was collected from a focus group, personal interviews, and the review of literature. Purposeful sampling was used to select 13 social workers for interviews and for a focus group. The social workers needed to have obtained a bachelor or higher degree and a minimum of one year professional experience working with substance abuse clients. Data analysis was conducted by evaluating transcripts of audio recordings from the focus group. The results were then further developed using common words and phrases among the participants to assist in the development of themes. Three themes emerged from this research study: the counselor attitudes/perceptions to treatment, client identified barriers to successful treatment, and the identification of environmental barriers to treatment. The findings of this study might bring about social change by helping social workers to identify factors that influence substance abuse treatment delivery and adapt successful treatment approaches to serve clients by providing social workers with the knowledge and awareness of practitioners' perceptions on treating substance abuse clients. This should lead to enhanced clinical practices by empowering treatment outcomes for the benefit of substance abuse clients.

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Dedication

I would like to dedicate this research study to my mother, Patricia Rogers. She instilled in me the importance of education and following your dreams. I only wish she would have lived to see this accomplishment. I would also like to dedicate this to my children, Billy, Bradley, Benjamin and Briana. I kept going because of you. You helped me in moments of crisis and kept me laughing. Finally, I dedicate this to Billy Pacher Sr. You have been a loving supportive part of my educational endeavors through listening to me whine and complain and yet remained encouraging.

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Section 1: Foundation of the Study and Literature Review

Addiction is a problem in the United States (Corsier & Marsch, 2016) despite the impact on public health and safety (Kerloikowske, 2014). There are approximately 2.7 million U.S. adults who are receiving treatment for substance abuse (Chalk & Williams, 2012). This number represents about 9% of the total population (Straussner, 2012). The National Survey on Drug Use and Health (NSDUH, 2015) found there were 492,000 adolescents aged 12-17 years who misused psychotherapeutic drugs in a months' time. That figure equates to 1 in 50 or 2% of the adolescent population NSDUH, 2015). Of 18-25-year-olds, 1.8 million have used psychotherapeutic drugs or roughly 5.1% of the population (author, year). Adults over age 26 are about 2.0 % of the population or about 4.1 million using drugs (Substance Abuse and Mental Health services Administration [SAMHSA], 2015). Individuals over the age of 50, or19% of the elderly population, misuse substances (SAMHSA, 2015). These figures do not include the misuse of over-the-counter medications. There are 21.7 million individuals over the age of 12 who need some form of substance abuse treatment for a substance abuse disorder (NSDUH, 2016). Substance use disorder is shown to have increased impairments due to the repeated usage of alcohol and drugs. This includes many health problems, disabilities, and failure to fulfill major responsibilities at home, school settings, or the work place (NSDUH, 2016). There are many acute and chronic health problems associated with repeated substance abuse. Some of these are the transmission of blood-borne diseases such as Hepatitis C and HIV/AIDS. There has been an increase in deaths related to substance abuse (World

Drug Report, 2014). Some of the deaths are due to the increase in suicides (Hood, Miller, & Christou, 2012). Addiction behavior is a combination of substance and personality (Crocq, 2007). Substance abuse is a combination of experiences, the environment, and motivations that move individuals in various directions (Pfeifer, 2016).

Social workers have been identified as a primary treatment provider for substance abuse clients. Many social work clinicians find this population challenging to work with (Eack & Newhill, 2013). Social workers may hold negative attitudes towards this population, which has a direct impact on the outcomes of substance abuse treatment (Eack & Newhill, 2013). The attitudes and challenges social workers face when treating this population are based on noncompliance, lack of cooperation, and manipulative behaviors (Eack & Newhill, 2013). Acker and Mason et al. (2004) showed that social work attitudes are influenced more by client recidivism and manipulative behaviors than system-related issues. The negative attitudes may exacerbate and influence frustrations experienced by social workers (Eack & Newhill, 2013).

The use of evidence-based practices (EBPS) has been growing in the social work treatment field. However, the understanding of using psychosocial interventions in the treatment of substance abuse disorders has been low (Bride, Abraham, & Roman, 2012). Social workers are key substance abuse treatment. Educational level influences social work attitudes when working with substance abuse clients. Bride, Abraham, and Roman (2010) found that social work clinicians with longer tenure have negative attitudes with substance abuse clients.

However, Kirby, Benishek, Dugosh, and Kerwin (2006) found that social workers with more experience are more prone to be positive with substance abuse clients. Bride et al. (2012) also noted that a social worker's norms and values play a role on attitudes of the treatment of substance abuse clients. Attitudes may also be influenced by the social workers colleagues. For social workers who are in personal recovery, attitudes are influenced by beliefs that intrinsic motivation is vital for successful treatment rather that extrinsic motivation (Bride et al., 2012).

Social work attitudes have also been shown to influence referral practices and the use of medication-assisted treatment (MAT) in substance abuse treatment (Bride, Abraham, Kintzle, & Roman, 2013). Social worker attitudes of using MAT have been influenced by professional characteristics of the social work practitioner and his or her values and exposure to using MAT. The professional characteristics include education, experience, and knowledge base of MAT (Bride et al., 2013). The general attitudes of social work clinicians treating substance abuse clients is reflected in their endorsement of 12 step treatment ideology and recovery status. Some research has been done on social work attitudes and consequential client use of these programs. These negative attitudes can contribute to the discouragement of using programs (Dennis & Earleywine, 2013).

Section 1 is an introduction to addictions and the study. The background follows with a connection of social workers to the research subject. I then address the problem, purpose of the study, the question, a theoretical framework for this study, the nature of the study, and definitions of key terms used in this paper. The assumptions are also listed,

along with the scope and limitations of the study. There is also a brief explanation of the significance of the study followed by a summary of what is to be included in Section 2.

Background

Social workers have a role in the improvement of treatment outcomes and minimizing the negative effects of drug usage by substance abuse clients to themselves and to the general public (Kalebka, Bruijns, & Van Hoving, 2013). Substance abuse has no boundaries on ethnicity, economic status, or social status. Its effects can be seen by all. Former President Gerald Ford's wife, Betty Ford, battled an addiction to alcohol, Former President Bill Clinton admitted to marijuana usage, and several other family members have addiction to alcohol and cocaine. Former President George Bush had a DUI and completely abstained from alcohol. His daughter and niece also have had issues with drugs and alcohol (DiNitto, 2002).

Since the inception of social work as a profession in the United States, social workers have helped individuals with substance abuse problems. The National Association of Social Workers (NASW) is the largest membership organization of social workers in the world with over 155,000 members (DiNitto, 2002). There are also many social workers who are not members of NASW but are still social work practitioners. Social work with addiction can be traced back to the early 1800s.

Social workers were involved with mutual aid societies in the 1800s with Native American tribes to form sobriety circles. In 1864, there were asylums for the inebriated. The first asylum in the country was in the state of New York. This was when opium was

becoming popular in the United States. In 1879, Leslie Keeley opened a for-profit drug treatment center in Florida. At the same time, Sigmund Freud was proposing cocaine as an effective treatment for alcohol and morphine addiction (White, 2015). In 1914, the Harrison Tax Act regulated opiates and cocaine. Morphine maintenance clinics begin to open across the United States from 1919-1924. Alcohol Anonymous was formed as well as National Council on Alcoholism and Drug Dependence. In 1954, the American Society of Addiction Medicine is formed. Marijuana usage has surpassed 200 million users. In 1963, morphine and methadone use increased by 50% within 2 years. In the 1970s, alcohol treatment was a reimbursable expense by insurance companies. More awareness of alcohol and drug treatment programs is seen. In 1980, Mothers Against Drunk Driving was formed. Crack cocaine shows up in 1985. Addiction treatment expanded to include the elderly and LGBT populations. In 1990s, methamphetamine use rose. The American Society of Addiction Medicine publishes a level of care system applied to all patients. In 2000, the *Journal of American Medical Association* proposed that addiction should be treated as a chronic medical illness. In 2012, New Jersey passed legislature to require nonviolent drug offender to participate in treatment instead of being incarcerated (White, 2015).

Social workers play a role in the detection and access to treatment. Social workers must be able to determine the most beneficial treatment approach for helping substance abuse clients. A combination treatment approach is most effective in substance abuse clients reaching recovery (McIntosh, 2010; Reardon, 2014; Rowan, Abraham, &

Knudsen, 2011; Volkow, Frieden, Hyde, & Cha, 2014). However, some social workers

do not have sufficient knowledge to be effective with this population (DiNitto, 200). The

research has been from a medical standpoint rather than a social work perspective

(Dance, Galvani, & Hutchinson, 2014). Social work practitioners may not recognize the

signs of addiction until there is a significant impact on the social functioning or health of

the client. There are also some social work practitioners who are hesitant to approach

their client with a discussion of alcohol and drug dependency (Dance et al., 2014). Many

social work practitioners tend to treat substance abuse clients as difficult, challenging,

and unchangeable (Ford & Lacerenza, 2011; Gilchrist et al., 2011; Livingston, Milne,

Fang, & Amari, 2012; McFarling et al., 2011; Van Boekel et al., 2013). Some of these

social work practitioners may not be aware of the attitudes they have developed about the

substance abuse client. Some of their views have been attributed to cultural and societal

norms as well as standard practices of acceptable behaviors (Livingston et al., 2012).

Social work practitioners' exposure to MAT is helpful in gaining a knowledge

base regarding the effectiveness of this type of treatment. It also impacts the social

worker's perceptions of forming opinions about MAT (Bride et al., 2013). Social work

practitioners' attitudes influence their receptivity about MAT (Bentley & Walsh, 2005;

Bradley, 2003; Moses & Kirk, 2006). MAT is underused. There is a gap between

treatment need and treatment delivery. This includes a lack of access to opioid

maintenance programs, lack of training for providers, stigma, and negative attitudes

toward agonist maintenance (Cicero, Surrat, Inciardi, & Munoz, 2007; SAMHSA, 2012).

There are many health care professionals who carry a negative opinion of MAT despite medical evidence of its benefits (Knudsen, Abraham, & Roman, 2011; Knudsen, Ducharme, & Roman, 2007; Zaller, Bazazi, Velazquez, & Rich, 2009).

Problem Statement

The research issue for this project was the social work practitioners' perceptions of using MAT as part of an overall treatment plan for substance abuse clients. Addiction is a disease that has national effects on social and economic welfare (Kerloikowske, 2014; Volkow, 2016). This problem is relevant to the practice setting. Addiction affects families, individuals, and communities (National Council on Alcoholism and Drug Dependence, 2009). Medication alone has not been proven to be effective in treating substance abuse clients (Storie, 2014). Social workers continue to be the primary service providers for those individuals seeking treatment for substance abuse. However, substance abuse continues to remain an unidentified area of primary practice for social workers (Bride et al., 2013).

Social work attitudes can be detrimental to the care of substance abusers and to their progress in recovery. Social work professionals may have judgmental views towards substance abuse treatment. These mental attitudes are a part of their value and belief system that is present in society (Levitt et al., 1963). Social workers have both positive and negative attitudes toward the treatment of substance abuse (Galvani & Allnock, 2014; Hutchinson, Galvani, & Dance, 2013; Loughran, Hohman, & Finnegan, 2010; Soto & Stuart, 2014; Vairo, 2010). Social workers have continued to struggle to respond

appropriately to substance use within practice. Some nay feel that their professional

education had not prepared them well enough to address substance abuse (Galvani, 2015;

Galvani et al., 2014; Hutchinson et al., 2013).

This research is beneficial to social work clinicians to help them to incorporate

various combinations of treatment approaches for the betterment of client success. The

benefits are also to the substance abuse clients for positive outcomes in their recovery

program. Families and communities will also reap the benefits of successful treatment

outcomes.

Purpose Statement

This research project is significant to social work practitioners' practice because

substance abuse problems have been reported to be a health concern in the United States

(Simmons, Deal, & Strauber, 2016). The successful usage of integrated treatment

approaches will impact communities on various diverse levels. The social worker's

perception on using MAT as part of substance abuse treatment has a crucial impact on the

success of the client's recovery efforts.

This research project should improve and enhance social work practice by

shedding light on the perceptions that social workers hold towards MAT. I aimed to

identify and understand the mental attitudes and barriers that social work practitioners

have toward MAT. Combination treatment approaches have been found to be important

in the modification of behaviors of substance abuse clients (Mallon & Smith, 2011). This

research may outline the factors related to social work practitioners' hesitance to use MAT and understand how attitudes influence social work practice.

Research Questions

1. What are the perceived influences/ factors on social work attitudes in coastal South Mississippi when working with opioid-addicted clients?

2. What are social work practitioner attitudes toward the use of MAT for the treatment of opioid dependence?

These questions are directly related to the clinical social work practice problem of improving substance abuse services for those individuals struggling with substance abuse dependence in the coastal region of South Mississippi. The knowledge achieved shall contribute towards improving outpatient clinical social work practice with substance abuse clients and the social work profession as a whole. The goal is to develop new knowledge to improve clinical social work practice with substance abuse dependent clients. The primary objectives were to explore best practices for substance abuse treatment and the barriers that were specific to coastal South Mississippi.

Nature of this Study

The application of focus groups was used for this qualitative case study. Focus groups are advantageous for researchers (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Focus groups are accepted as a legitimate form of data collection for qualitative studies (Doody, Slevin, & Taggert, 2013). They draw on communications between research participants in order to compile data (Kitzinger, 1995). Conducting an in-depth

qualitative examination was necessary to aide in the understanding of social work practitioners' perceptions on the barriers to effectively treating their substance abuse clients. The goal of focus groups is to use the data resulting from the discussions to increase the depth of enquiry (Doody et al., 2013). Social work perceptions can affect treatment outcomes (Godlaski, 2015; Isobell, Kamel, & Savahl, 2015; Lundgren, Chassler, Amodeo, DeAmp, Ippolito, & Sullivan, 2012; Palmer & Daniluk, 2007; Vairo, 2010).

This research flows from social work practice. This type of research is about effecting desired change and looking at practice in a way to improve upon it (Huang, 2010; McNiff, 2016). The social work clinicians' perceptions of substance abuse treatment will guide their approaches that will influence social work clinical practice.

Social work practitioners were identified through a purposeful sampling technique. Those selected to participate met a set of identified criteria as explained in Section 2. Research was conducted in a focus group as well as individual interviews of each participating social work practitioner. All communication was electronically recorded and transcribed for later analysis.

Definition of Key Terms

Attitudes: A feeling or way of thinking based on perceptions. It is how a person reacts to a perception (Tauber, 2014).

Medication-assisted treatment (MAT): Treatment that combines behavioral therapy and medications to treat substance use disorders (SAMHSA, 2016).

Perceptions: How a person sees things. It can be subjective or objective. The use of the mind to comprehend things (Tauber, 2014).

Psychosocial interventions: Any nonpharmacological interventions performed by social work practitioners with an individual client in a clinical setting.

Substance abuse treatment: Effective treatment that addresses all needs of treatment consisting of counseling, behavior therapies, medication, and detoxification (SAMHSA, 2015).

Substance use disorder (SUD): A pattern of drug use that results in repeated adverse social consequences and is clinically diagnosed as mild, moderate or severe (American Psychiatric Association [APA], 2013).

Assumptions

The success of this study was based in part on several assumptions.

1. There will be a sizable number of social work participants to meet the criteria for participation in this study.

2. The participants will be open, honest, and fully participate in the process.

3. The participants are representative of the general social work population of the Mississippi gulf coast region.

Within the context of this study, a plan was developed to address these assumptions to protect the integrity of the study, its findings, and the participants. When an assumption is affected by this study's findings, it will be reported in an open, honest manner.

Limitations

Practical constraints, such as geographic location, limited this study to social work practitioners in coastal South Mississippi. An examination of social work practitioners in other regions of the United States was beyond the scope of this study.

Social work perceptions in coastal South Mississippi may differ from those in other regions, therefore limiting the generalizations of findings from this study to other areas without looking at common characteristics. The sample size of 13 participants may be small; however, the sample allowed for data collection that yielded an exhaustive analysis of social work practitioners' perceptions of factors that influence the effective substance abuse treatment in coastal South Mississippi.

Scope Delimitations

This research project was specific to social work practitioners who provide counseling services to substance abusing clients. The sample was chosen from social workers in the coastal community of South Mississippi who have experience in substance abuse services. Each participating social work practitioner had at least 1 year of experience counseling substance abuse clients. There were 13 participants interviewed in order to achieve saturation, as suggested by Guest, Bunce, and Johnson (2016). Participant criteria and details of the research methods used are explained more in Section 2.

Significance of the Study

This research project will help social work clinicians improve practice when treating substance abuse clients by using a combination of treatment approaches. Social workers will use the research process to contribute to development of knowledge and the use of that knowledge in practice (NASW, 2008). This study will help to elucidate factors contributing to social workers' hesitance in adopting MAT; consequently, educational or awareness initiatives could be adopted to address these issues.

Theoretical Framework

The theory of reasoned action (TRA) was the underlying theory used for this research project. The TRA was key to the understanding of social workers' perceptions on using combination treatment approaches. By using attitudes and norms of other people, behavioral intent can be predicted (Fishbein & Ajzen, 1975). TRA is important in explaining and predicting intentions. Normative beliefs play a part in decision making (Maroux & Shope, 1997). This theory focuses on theoretical constructs that are concerned with individual motivation aspects as determinants of the likelihood of exhibiting a behavior. According to the TRA, the best predictor of exhibiting a behavior is behavioral intent (Glanz, Rimer, & Viswanath, 2008). This is determined by attitudes and social norm perceptions. This also includes perceived control over exhibiting a behavior. This can explain a sizeable proportion of the variance in behavioral intention and can also be a predictor of numerous behaviors (Armitage & Conner, 2001; Albarracin, Johnson, Fishbein, & Muellerleile, 2001; Albarracin et al., 2003; Albarracin,

Kumkale, & Johnson, 2004; Albarracin et al., 2005; Davidsen, 2013; Downs &

Hausenblas, 2005; Durantini et al., 2006; Hardeman et al., 2002; Sheeran & Taylor,

1999; Webb & Sheeran, 2006). There have been many intervention studies that report

that changing TRA constructs lead to change in behaviors (Jemmott & Fong, 1992; Kamb

et al., 1998; Kalichman, 2007; Rhodes et al., 2003). This theory has been used to predict

and explain many heath behaviors and intentions, such as drinking and substance abuse

(Albarracin, Fishbein, & Goldstein de Muchinik, 1997; Albarracin et al., 2001; Bandawe

& Foster, 1996; Bogart, Cecil, & Pinkerton, 2000; Bosompra, 2001, Fishbein, 1993;

Montano & Taplin, 1991; Morrison, Spencer, & Gillmore, 1998; Steen, Peay, & Owen,

1998; Trafimow & Miller, 1996). These findings have been used to create more effective

behavior change interventions.

The intention of this research was to examine the social work practitioner

relationships within the treatment approaches that will help to improve clinical practice.

The ability to understand the connections will assist in influencing the success of

treatment.

<div align="center">**Social Work Values and Ethics**</div>

Social workers follow the NASW code of ethics as it supports the mission to

enhance the wellbeing of all people. One of the ethical principles relevant to this action

research is the principle of helping those in need and addressing social problems. The

other relevant principle is to enhance the inherent dignity and worth of the person. These

principles are directly related to this project of helping those individuals with substance

abuse problems. Social workers have a responsibility to their clients and to society. They enhance change in clients and provide the opportunity to do so. The social workers' ability to understand MAT will improve the worth of the clients they serve, and the increased awareness will lead to an increase in competency.

Summary

Social work practice has recognized the need for a combination of approaches to effectively treat substance abuse clients. However, social work practitioners' approaches to substance abuse have hindered the success of treatment. The current literature is insufficient to show how social work practitioners can remove perceived barriers to effective substance abuse treatment.

Section 1 detailed a review of the literature to provide a comprehensive history of previous work on this topic and to provide background information on the history of social work practitioners with this subject. Section 2 details the methods used for data collection, analysis, and the role of the researcher; description of how participants were selected; and ethical protection of participants.

Section 2: Literature Review

Social workers have been a part of addictions treatment since the early 1900s. Richmond, the mother of social casework, was instrumental in diagnosing addictions as a disease (Straussner, 2001). Social workers continued to be an influence during the time of prohibition and in World War II. They worked with interdisciplinary teams and helped to develop treatment models. In the 1940s, the first field placements were created to work with alcoholics (Straussner, 2001). Social work training seminars began in the 1950s. In 1970, the Hughes Act was passed by congress. This act provided funding for treatment facilities and for the hiring of social workers to work as addiction counselors. Most of the roles of social workers in the addiction field were treating alcoholism. However, the movement towards drug addiction treatment began to evolve with the 1960s (Straussner, 2001). Since the 1980s, there has been an escalation in drugs such as cocaine, heroin, and poly substance abuse. These issues have created the need for social workers to assume more roles in the field of addictions (Straussner, 2001). These social workers are working with the clients in a therapeutic role in communities, half way houses, hospitals, and outpatient programs. They are also involved in program and administrative aspects. In the last decade, social workers have also had to incorporate awareness of cultural and ethnic issues related to addiction treatment with clients and their extended families (Amodeo & Jones, 1997; Philleo & Brisbane, 1995; Straussner, 2001). In the 21st century, social workers are taking on a more significant role in the field of research on addictions and playing a part in the legislative process. The social work profession uses a

biopsychosocial perspective that allows them to be flexible in using new, innovative ideas and implementing them into practice.

In this section, I will discuss the roles that social work practitioners have in treating substance abuse clients as well as their knowledge skill set or lack of. I will examine the TRA as it was chosen to frame this study. I will examine the current literature available on the social workers' perception on barriers to effective treatment for substance abuse clients. Finally, I will examine the current research available and explore the gaps that are present with social work perceptions on treating substance abuse clients effectively.

Literature Review Search Strategies

The purpose of the literature review strategy was to conduct an exhaustive search of the literature of relevant studies on social workers and their perceptions on barriers to effective substance abuse treatment. The literature review was conducted digitally among electronic psychology, social work, sociology, nursing, health sciences, and counseling databases such as EBSCO, Medline, SocIndex, Up-to-date, Thoreau, Research Gate, Sage, Biomed Central, Taylor & Francis Online, and Boolean searches. Also, some of my searches were conducted through the Walden Library site. These searches led to textbooks, websites, and over 2 million scholar articles. I narrowed the search by focusing on themes specific to the perceptions and attitudes of social workers with substance abuse clients. For this study, the number was reduced to 212 peer-reviewed resources. The literature review period was from 1985 through 2017. The following terms

were used to search the data bases: *social work practitioners, social worker attitudes towards treatment, social worker perceptions to treatment, substance abuse treatment, barriers to treatment, addiction, addiction treatment, reasoned action theory, theory of planned behavior, theories of addiction, social work history, history of addiction, addiction statistics, phenomenological research, clinicians knowledge of addictions, social work roles, medical social workers*, and *philosophies on addiction*.

Social Work Roles

Social workers serve several roles and have contributed to addressing the growing problem of substance abuse in the United States (Daley & Feit, 2013; Staussner, 2001). Social work is a regulated profession in the United States and in some other countries as well. Social workers are uniquely educated and have qualifications to lend support to individuals and families in their time of need. They play a role in safeguarding individuals' rights, building relationships to assist children, families, and individuals in decision making that has impacts on their life (College of Social Work [CSW], 2014). Social workers are required to have knowledge, emotional intelligence, analytical abilities, and the power to work within these relationships. They should have the confidence to confront challenges and advocate for others. They must draw on community resources and EBPs to make professional contributions to the public and to promote individuals' wellbeing (CSW, 2014). The more distinctive roles when treating substance abuse are listed below:

1. Social workers use social work knowledge and skills to guide clients while understanding the unique aspects of social work practice with substance abuse clients.

2. Social workers will have a specialized area of knowledge and understanding of psychological and emotional factors when treating substance abuse clients.

3. Social workers are collaborative with other professional disciplines. They conduct assessments for substance abuse clients to determine appropriate treatment plans and diagnosis.

4. Social workers must be knowledgeable of appropriate interventions based on assessments and use EBP in their treatment of substance abuse clients. They keep in mind the individual needs of the person. They will act as needed within legal context to protect others.

5. Social workers are educated and trained to engage with individuals who are substance abusers. They will evaluate practice periodically and expand services when necessary. They will measure goals and outcomes on a regular basis.

6. Social workers act accordingly with principles of personalization. They ensure their case load is manageable while treating substance abuse clients. They will establish priorities in their practice and clarify their roles.

7. Social workers also will pursue advancement of knowledge and skills to provide current, beneficial treatment to substance abuse clients.

8. Social workers offer self-awareness and knowledge of cultural competence.

They will continue to develop understanding about the clients they serve and

culturally appropriate resources.

All social workers are service providers, educators, case managers, administrators, and

policy advocates. Social workers choose services and advocate for the delivery of

evidence-based treatment (Daley & Feit, 2013; Straussner, 2001; Wells, Valente, Peavy,

& Jackson, 2013).

Theory of Addiction

Social, psychological, and biomedical research does not have a clear

understanding on the nature of addiction. There is controversy over theoretical findings in

the social sciences, neurology, and psychology domain (Miller & Carroll, 2006; Oksanen,

2013; Orford, 2001; Robbins, Everitt, & Nutt, 2010; West, 2006). In the past 10 years,

studies on addiction have been in development; however, there are still theoretical

limitations. Neuroscientists and sociologists disagree on theories. Neuroscience discounts

the impact of human behavior on addiction (Hyman, 2007; Oksanen, 2013; Robbins et

al., 2010). Foddy (2010, 2011) reported that addiction is not a psychiatric disease.

Addicts can have cognitive control and autonomy. Most of the writing on addiction

focuses on the notion of self-control. Psychological theories report that addiction is a

failure of the motivational system (Oksanen, 2013; West, 2006). Philosophical theories

construct addiction as being a choice and a matter of willpower (Foddy & Savulescu,

2010). Addictions are considered more of a process than a fixed condition. This theory

was brought up in the 1930s by Lindesmith (as cited in Weinberg, 2002). Deleuze

believed that human beings are social and cultural individuals who interact with material

realities (as cited in Oksanen, 2013). Deleuze believed that addiction is constantly

changing and developing with an overwhelming predilection for a particular substance.

Deleuze reported that addictions are a situational process that affects the body and the

brain. Deleuze believed that neurology, psychology, and social sciences should be

included in analyzing addictions (Deleuze & Guattari, 1980; Goodchild, Deleuze &

Parnet, 1996; Plant, 1999).

Social, cultural, and situation factors have a determining factor on the choice of

the addict. There has been little research on the situational aspects of drug research (Duff,

2007; Tigerstedt & Torronen, 2007). Desire is a productive force with addicts. It

produces reality. It activates connections between individuals. It is not subjective. It

intersects people and sociocultural realities. It is present every day as an active life force

(Oksanen, 2013). The brain is complex, and there is still a need to understand the effect

the social environment has on the way the brain operates.

Theoretical Framework

I sought to explore and answer how social work practitioners' perceptions

influence substance abuse treatment and on the attitudes of the clinicians. The TRA was

used to frame this study. This theory was also used to assist me in understanding the data

collected.

The TRA was developed in 1967. This theory was developed to more fully

understand the relationships between attitudes, intentions, and behaviors (Montano &

Kasprzyk, 2014). It was revised by Ajzen and Fishbein in the 1970s. The theory was used

to study human behavior and to develop interventions (Ajzen, 1998; Madden, Ellen,

Scholder, & Ajsen, 1992). The TRA is used to explain volitional behaviors. Volitional

behaviors are a set of behaviors that are influenced by persuasion, voluntary, and

conscious decision making (Hale, Greene, & Householder, 2002). However, some

researchers exclude those behaviors that are impulsive, habitual, and the result of

cravings. The exclusion was due to a question of whether those individuals have

conscious decision-making ability. There have been other researchers who disagree with

this view. Some scholars have shown that changing behavior constructs lead to a change

in behavior including a range of addictive behaviors (Albarracin et al, 2003; Albarracin et

al., 2005; Jemmott & Fong, 1992; Kalichman, 2007; Kamb et al., 1998; Rhodes et al.,

2007). This theory is connected to behavior and is guided by behavioral intentions. These

behavioral intentions have three parts: individual's attitudes toward behavior, subjective

norms, and perceived behavior control (Ajzen, 1991, 1985, 1987). When measuring

attitudes toward behavior, individual subjective norms be included as well as the

individuals' beliefs on how others will view their behavior and the influence surrounding

the individual (Ajzen, 1991; Mackenzie & Jurs, 1993).

Attitudes of Social Work Practitioners

In the past 30 years, scholars have examined the attitudes and roles of social

workers. However, statistics have excluded substance abuse professionals (Bush &

Williams, 1988; Skinner, Roche, Freeman & McKinnon, 2009; Hutchinson et al., 2013).

Clinical researchers have reported that social workers attitudes are a piece of substance abuse treatment, and the attitudes are often seen as negative (Amodeo, 2000; Vairo, 2010). This may be due to a lack of engagement by social workers with substance abuse clientele. This poor engagement has been linked to negative therapeutic attitudes, a lack of confidence in professional skills, and role insecurity. Exhibiting negative attitudes about working with substance abuse clients will affect the client's openness to discussing the issue. Attitudes may be cognitive, behavioral, and affective predispositions to respond to individuals. Attitudes serve motivational and cognitive roles. They color the view of the clinician in how they treat the client. There are many studies that correlate clinician attitudes to practice outcomes that decreases the effectiveness of the counselor when there are negative attitudes present (Stein, 2003; Vairo, 2010). Social worker role confusion and negative attitudes are barriers to practitioners engaging with substance abuse clients (Galvani & Hughes, 2010; Hutchinson et al., 2013; Neale, Thompkins, & Sheard, 2008).

Social work practitioners project onto the client their own negative perceptions in the care setting. This negative projection can produce substandard care for substance abuse clients. The way in which social workers understand and conceptualize substance abuse treatment will affect the types of treatment, goals, and interventions that are implemented (Bride, Abraham, Kintzle, & Roman, 2013; Fillmore & Hohman, 2015). There have been new harm reduction approaches implemented across Western Europe and the United States (Bride et al., 2013). Further curriculum training may be effective in

increasing the social work practitioners' openness to using harm reduction methods in treating substance abuse clients (Bonar & Rosenberg, 2010). A majority of social work practitioners have negative stereotypes against substance abuse clients. The negative attitudes, thoughts, and perceptions have an influential relationship on negative behaviors (MacKay & Zufferey, 2014). Wells et al. (2013) found that social workers are the least interested in working with substance abusers and are more pessimistic about substance abusers' prognosis and their ability to work therapeutically with clients of substance abuse. Some scholars view substance abuse as a moral problem. This can influence the clinician into thinking the treatment is not going to solve a moral issue (Googins, 1984; Stein, 2003). This view ignores the growing evidence that past trauma and community determinants have an impact on individuals (Windsor & Murugan, 2012).

Social settings and surroundings affect when and how drugs are used. Rituals accepted by groups are considered a norm. Social settings can influence the perception of behaviors with substance abuse (Shanmugam, 2017). Culture can affect the social worker's perceived evaluation of desirable circumstances for a treatment outcome. Individual's desire for interaction with one another is a core influence on addictions (Abbott & Duanem, 2008; Westmeyer, 2014). Understanding culture in an assessment is a part of the recovery treatment plan (Horvath, Misra, Epner, & Cooper, 2014). Entire groups have been susceptible to being vulnerable to addiction, such as Native Americans, Hispanic Americans, and African Americans.

It is also important for social workers to be aware of racial disparities that make up some attitudes of addiction clients. McKenzie (2017) reported that European Americans have been medicalized in terms of addiction whereas African Americans have been criminalized. There is some concern this is due to physician prejudice against treating African Americans and Hispanic Americans for fear they will divert medication. Some authors have suggested the reason for the increase on a call for treatment is racially motivated to aid the European American population (Johnson, 2016; McKenzie, 2017; Schoenberg, 2014). Anderson, Scott, and Kavanagh (2014) reported that public perception in the form of documentary films has shown the inequalities in addiction. The representation of addicted individuals and their causes of addiction has been symbolic of race. The European Americans addicts were shown as suffering from a medical disease and in need of treatment while the minorities were depicted as criminals and deviants. Instead of helping clients, this can encourage the cycle of discrimination and stigma associated towards substance abuse clients, thus causing further harm (MacKay & Zufferey, 2014; NASW, 2011).

There has been a gradual shift in public perception from addicts being considered junkies and criminals into treating them as a public health crisis (Schoenberg, 2014). The national attitude has been changing due to the efforts of politicians, physicians, and social workers. African Americans are feeling bitter sweet about the outcry after the failed war on drugs that has affected so many lives (Yankah, 2016). Massachusetts senator Flanagan stated that addiction sees no socioeconomic boundaries. There are no boundaries of race,

gender, or identity in terms of drug addition (Schoenberg, 2014). The studies on practice

behavior are limited. The overall effect that age, gender, and education have on attitudes

is inconsistent.

Social workers must acquire attitudes, knowledge, and skills to be effective with

clients (Bidell, 2005; Krentzman & Townsend, 2008; NASW, 2011). Since the affordable

care act was passed in 2010, individuals seeking substance abuse treatment has risen.

This has brought new challenges to social work services (Fenster & Monti, 2016;

Straussner, 2001). The new guidelines have called for integration of services to substance

abuse clients. This influx of clientele is causing social workers to be able to assess and

treat substance abuse. It is vital for social work practitioners to have the skill set to

engage and treat this population in a nonjudgmental manner. Many substance abuse

clients have other psychiatric symptoms, such as anxiety and depression (Keaney, 2006;

Punzi & Fahlke, 2015). Behavioral issues may go unnoticed in the clinical setting. It is

difficult to identify behavioral problems in substance abuse clients. The literature has

reported controversy in the definition of behavior problems with substance abuse clients

(Punzi & Fahlke, 2015). Social workers should tailor substance abuse treatment to the

individual clients needs and perception of the problems. A general knowledge of

substance abuse and behavior is necessary to be effective with treatment (Kellog &

Tatarsky, 2012).

Social workers must be free from any bias that would impede the acceptance of

treatment by clients (Fenster & Monti, 2016; Wilkey, Lundren, & Amodeo, 2013). It is

important to use harm reduction treatment interventions and to become familiarized with various therapeutic options without any moral judgement. There is a tendency for social workers to stigmatize and avoid substance abuse clients. Stigma is a complex subject. Whenever stigma is attached, the practitioners' attitude towards the substance abuse client is based on stereotypes and labeling. This spills over to the client and his or her perception of being judged, which may prevent him or her from obtaining services or terminating services early (Mackert, Mabry, Hubbard, Grahovac, & Steiker, 2014). Future research is necessary to develop strategies that would reduce stigma and its impact on treatment. Some social workers have a low level of knowledge and competence in treating substance abuse (Jani et al, 2009). There is a failure to train and prepare social workers to work with substance abuse clients. There is also a lack of preparedness and deficits in education, training, and field placements (Wells et al., 2013).

There is a relationship between attitude and education when treating substance abuse clients. After completing course training in substance abuse services, social workers had more positive attitudes regarding the clients (Straussner & Senreich, 2013). Education impacts attitude. The newer graduates felt less confident than the more experienced social worker. Other studies did not show any significant differences in attitude based on course training (Fenster & Monti, 2016).

The attitudes of social work practitioners were also a concern with efforts to promote and implement EBPs. The implementation of EBPs is a crucial part of service delivery in substance abuse treatment programs. The successful implementation requires

the practitioner to have experiences in implementation (Amodeo et al., 2013). According to the TRA, there is a relationship between attitudes toward research and using EBPs. The social worker's attitudes toward EBPs is important for substance abuse counseling (Benishek, Kirby, Dugosh, & Padovan, 2010). The social workers' attitude toward treatment is important; yet, there have been studies with mixed results (Smith, 2013). The efforts to introduce EBP into treatment settings has been more successful when practitioners are ready for change. Resistance makes the process more challenging. There have been mixed findings on the outcome of acceptance of willingness to use EBPs (Heiwe et al, 2011). The process social workers use to incorporate evidence-based interventions and knowledge into their clinical practice is of importance. They must have a strong alliance and high engagement with EBPs. These factors surpass the intervention chosen and help to guide the relationship in which service is being delivered. The client/therapist relationship is the most important factor in treatment (Barth et al., 2012; Brook, 2014; Cameron & Keenan, 2010; Drisko, 2004; Horvath, Del Re, Fluckiger, & Symonds, 2011). Many scholars have shown a correlation between the therapeutic relationship and client retention. It is important to have agreement with goals, tasks, and reasons for treatment (Palmer, Murphy, Piselli, & Ball, 2009). However, researchers have claimed that the client's perception of the therapeutic relationship influences the retention rate. Further research is needed on the therapeutic relationship to improve client outcomes (Palmer et al., 2009). There have been some links between attitudes and evidence-based interventions; however, it is unclear if this is due to using new methods

or routine practice over a period of time (Aarrorns, Summerfield, & Walraith-Greene, 2009). Practitioners are more likely to have self-confidence when implementing EBPs when they have support (Amodeo et al., 2013). Social workers with positive attitudes toward EBPs are more likely to break through treatment barriers (Patterson Silver Wolf, Maguin, Ramsey, & Stringfellow, 2014). The level of education influences the acceptance of EBP. Individuals with a higher level of education are more receptive to research and use EBPs. This has also been noted when social work students have completed internships that use EBPs. When the social worker's supervisor has higher levels of education and provides adequate resources, there is more likely to be organizational involvement in some type of research (Patterson Silver Wolf et al., 2014). Experience also has a bearing on the positive outlooks of the practitioner (Hartzler et al., 2012). The social worker's involvement in EBPs has been recognized as a factor for predicting implementation in the treatment setting.

There is a gap in the literature regarding the training on EBPs. This lack of training has led to fewer opportunities for specialization, less educational attainment, and lower standards for employment (SAMHSA, 2013). To keep up with addiction services, social workers must embrace EBPs and build upon strategies to improve implementation (Patterson Silver Wolf et al., 2014). The attitudes of social work practitioners have been recognized as a component of treatment and an area of research (Vairo, 2010). Attitudes are related to the perceptions that social workers have regarding substance abuse treatment.

Perceptions of Social Work Practitioners

Social work practitioners' perceptions of outside interventions have implications within the therapeutic relationship with substance abuse clients (Dennis, Earlywine, 2013). Many social workers have limited knowledge and negative attitudes towards 12-step programs. Social workers who are able to learn of programs and discuss their applications in reference to other components of the client's life are able to anticipate and address any obstacles that arise during treatment (Dennis et al., 2013).

Social workers must understand scientific causes of addiction as this can be an obstacle to effective treatment. Addiction is not just science or behavior but a combination. Addiction is an affliction of the human spirit (Molbak, 2010). Addiction is experienced by how people relate to others and the way they experience themselves (Molbak, 2010). The human science approach has not had literary research to back these claims.

Social work practitioners' perceptions of substance abuse are also influenced by burnout. Burnout is characterized by three elements: emotional exhaustion, depersonalization, and reduced personal accomplishments. The factors contributing to burnout are demanding clients, the work environment, and other clinician factors. Social worker collective perceptions are important in supporting and assisting clients. The practitioner's perceptions on professional growth affects satisfaction in the work environment and in general life satisfaction. There is limited support to show a link

between a practitioner's wellbeing and therapeutic engagement (Best, Savic, & Daley, 2016).

Social work practitioners are concerned with the quality of care they provide to substance abuse clients. There is a provider stigma that is associated with a lower quality of clinical services (Kulesza, Hunter, Shearer, & Booth, 2017). Social work practitioners' perceptions on their ability to perform their job duties leads to prejudicial views of substance abuse clients and of higher job turnover rates. There is a need to address these perceptions in the clinical setting. Social work perspectives on positive interventions could inform theory and influence further studies. Social workers believe that positive interventions will support treatment efforts by counter acting any negative thinking about substance abuse treatment. Social workers have identified negative thinking and negative moods in the process of addiction. This is central to conceptual frameworks (Carrico, 2014). Social workers perceive themselves to be inadequate to work with substance abuse treatment due to lack of training. This lack of training negatively impacts knowledge of substance abuse content, attitudes towards clients, and the quality of treatment provided to clients (Amodeo, 2000; Hall, 2000). Prior scholars have shown negative reactions and pessimism about treatment outcomes. This gives the social worker disillusionment and a reluctance to work with substance abuse clients. Some social work programs do not provide the training or education necessary for social workers to become effective substance abuse clinicians. Social work education has a positive effect on social work practice. The more experienced social workers have positive views on treatment

outcomes (Amodeo, 2000). The perceptions of preparedness to work with substance abuse clients is important (Bina et al., 2008).

Education and training in professional and ethical principles is necessary for the promotion of competence in clinical practice (Schmidt, Ybanez-Llorente, & Lamb, 2013). Social work supervision is important in the preparation of social work clinicians to be able to practice competently (Whitley, 2010). Social workers who are not skilled in practice may minimize problems with clients or miss them entirely and avoid focusing on treatment goals related to substance abuse (Jani et al., 2009). The literature has continued to show gaps in substance abuse training for social workers. These gaps are significant differences between the needs and the ability to meet the needs of substance abuse clients (Duryea & Calleja, 2013). There is a need for more substance abuse counselors as the addiction population continues to grow. There is a demand for practitioners who are able to apply EBPs that support a variety of approaches including pharmacological and behavioral interventions (Wilkey et al., 2013). There are also many barriers to substance abuse treatment.

Barriers to Treatment

The barriers to substance abuse treatment have been researched as they pertain to different treatment contexts. Social work practitioners have found stigmas and a lack of respect for the profession. There are issues with funding and the establishment of trust (Pullen & Oser, 2014). A barrier to treatment may be the lack of motivation to change on the part of the substance abuse client.

There are also logistical concerns, such as the access to treatment, cost of treatment, and the lack of insurance. Policies must be developed to address situational barriers (Windsor & Murugan, 2012). Some substance abuse clients have cooccurring mental health disorders that are not being treated. Strategies are needed to recognize and treat patients with substance abuse and other mental health conditions (Matthys et al., 2014). Social work clinicians must be aware of support systems (Van Hout & McElrath, 2012).

Social work clinicians have found that past traumas may hinder substance abuse treatment efforts. There are different treatment philosophies that cause concerns. Scholars have found interconnections among substance abuse, trauma, and the needs of clients. Social workers believe that professional barriers are present that can be related to beliefs and attitudes of how counselors approach their work (Blakey & Bowers, 2014). Substance abuse treatment is emotional, so practitioners must possess the skills to recognize ethical dilemmas. They must be able to reconcile their own personal beliefs with the professional code of ethics (SAMHSA, 2000). This is also seen in work with a combination of treatment approaches (Bojko et al., 2015).

Research

Researchers and practitioners must be cooperative with each other to enhance the benefits of treatment. The lack of quality practitioners has caused a mistrust of clinicians. Cooperation needs to occur between disciplines to facilitate change and to improve practice (Edelbacher & Einstein, 2015). There is a growing knowledge base in addictions

that requires research to be more rigorous on policy, program planning, and practice (Reimer, Sawka, & James, 2005). Changes are needed to enhance research and create more effective strategies for research transfer. Addiction needs to be understood as a psychological and philological disorder that has ecological, contextual, and holistically aspects.

Summary

The problem of substance abuse addiction has been recognized since the early 1900s. Over the course of time, there has been increased government involvement to help combat this growing epidemic. Social workers have helped to treat substance abuse clients. Their roles have expanded over decades to include direct service providers, educators, case managers, administrators, and policy advocates. Throughout history, it has been shown that social workers have influenced policy such as in the Hughes Act of 1970.

There is a link between the treatment process and social workers' perceptions of treatment as well as their attitudes towards addiction clients. This issue is directly relative to the theory chosen for this project. The TRA is important in the understanding of the relationship between attitudes, intentions, and behaviors (Montano & Kasprzyk, 2014). There are gaps in the literature in assisting social workers in recognizing barriers to treatment and for providing training to embrace EBP to improve service delivery. Attitudes of social workers have been shown to be a part of treatment and a part of

research (Vairo, 2010). In Section 3, I will present the research design, methodology, data analysis, and ethical procedures. This will be followed by a summary.

Section 3: Presentation of the Findings

The purpose of this study was to understand the attitudes and barriers that social worker practitioners have when they are working with substance abuse clients who are involved in a MAT program in Southern coastal Mississippi. In order to understand this complex issue, a focus group was used to gather the data along with personal interviews. The focus group consisted of 13 participants. There were two research questions used for this study:

RQ1. What are perceived influences /factors on social work attitudes in coastal South Mississippi when working with opioid-addicted clients?

RQ2. What are social work practitioner attitudes towards the use of MAT for the treatment of opioid dependence?

All of the data gathered from the focus group and interviews were analyzed using data analysis techniques with the assistance of NVIVO coding and descriptions that produced categories and themes to create findings from the focus group related to the research questions. Zamawe (2015) reported that NVIVO is a computer-assisted, qualitative data analysis software. NVIVO helps with research designs and data analysis methods such as grounded theory, ethnography, literature reviews, and mixed methods. The software allowed me to organize and analyze the content from interviews and focus group discussions.

In this section, I present the data analysis procedures that were used, a description of the findings that will help to understand the research questions, and the themes that emerged from the data.

Data Analysis Techniques

The data collection time frame began within 3 weeks of recruitment during August 2018. This was after institutional review board approval was obtained. The approval number was 07-23-18-0563105 with an expiration date of July 22, 2019. Recruitment of 36 social workers resulted in 13 social workers responding with an interest in participating in the focus group. The focus group was held on September 21, 2018. The focus group lasted for 2 hours in length. The participants were 13 individuals with a range of experience from 1 year to over 20 years in the field of substance abuse. All of the participants had at least a master's degree. Each participant was also interviewed separately for demographic information. Only one focus group was conducted to gather the data for this project.

Permission was granted from each participant to audio record the focus group meeting. All participants were asked if they had any questions prior to beginning the focus group. At the conclusion of the focus group, the audio recording was transcribed using Temi transcription services. Temi is a company that transcribes data uploaded to their system. The files are securely stored and transmitted using TLS1.2 encryption, the highest level of security available. The files are transcribed by machines and are never

seen by a human. Once the transcription of the recording was complete, it was shared with the participants for accuracy and approval to use the recordings.

I read the transcripts of the recordings before beginning the coding process. A review of the answers to the interview questions line by line was performed. Words and phrases that were common among the participants were underlined and highlighted. I then used NVIVO software to import my data into files for coding that was collected in the focus group and interviews.

I began by creating a mind map that helped to categorize the data using nodes and eventually creating themes. Mind mapping is a diagram used to represent concepts or ideas that are arranged around a key word or idea. One of the advantages of mind mapping is that it reflects the natural thinking patterns. They are valuable in planning, needs assessment, and practice development (Burgess-Allen & Owen-Smith, 2010). After completion of the mind map, a word map and a word tree were created to assist in the development of emerging themes relative to the research question. Themes will be discussed further in the findings section.

In order to validate my interpretation of the data collected, memoing was used, and a personal journal of notes was kept. Member checking was conducted to avoid any misinterpretations or omissions from the data collected. The journal was a documentation of reflections and observations that were made throughout the process. This also included any preconceived ideas that I had about the process and the outcomes.

Limitations

Analysis of qualitative research is a complete detailed description of data. The findings cannot be extended to under populations. The findings were not tested to discover if they are statistically significant. A limitation encountered during this study involved the small number of social work participants from the Southern coastal region in Mississippi. The sample size was 13 social work practitioners. Creswell (2003) found that a small sample size and the interpretive process of phenomenology makes it harder to generalize findings to a broader population. The design of this study may be replicated but may not be transferable to other localities. The results from these participants may be skewed by the local culture and regional considerations. The participants were all from private practice outpatient settings. There were none from inpatient settings.

Although this may be restrictive as settings go, this did not impact their experiences with individuals with substance abuse dependence and their overall perceptions. Peer debriefing was used to discuss personal thoughts on my process. I also kept journal notes on this in order to avoid any undue influencing or wrong interpretations. All of this was used to avoid researcher bias. It is important to incorporate various strategies in analyzing data. Openness and accountability of the choices of methods used to implement approaches to credibility are critical in qualitative research (Barusch, Gringeri, & George, 2011).

Findings

As the opioid epidemic continues to escalate in the United States, I wanted to understand the perceptions, attitudes, and barriers that social workers have in treating the opioid dependent population. Having had personal experiences of 20 years in working with substance abuse clients, I was aware of the many struggles that practitioners face when dealing with this population. However, I was aware that my perceptions of the same events could be interpreted differently. The findings supported a further understanding of practitioners' awareness of attitudes that were confirmed in the literature reviewed before beginning the focus group.

Sample Characteristics

The participants in the focus group consisted of 13 practitioners. Figure 1 indicates the participants' demographics by gender. There were five male participants and eight females. Figure 2 shows the participants' demographics by age. Their experiences were all outpatient private practice settings and proved to be valuable to the findings of this study. Figure 3 depicts the participants level of experience by years. In order to maintain confidentiality, no names were used in the audio recordings or the transcripts. Each participant is identified by the use of initials to maintain complete anonymity.
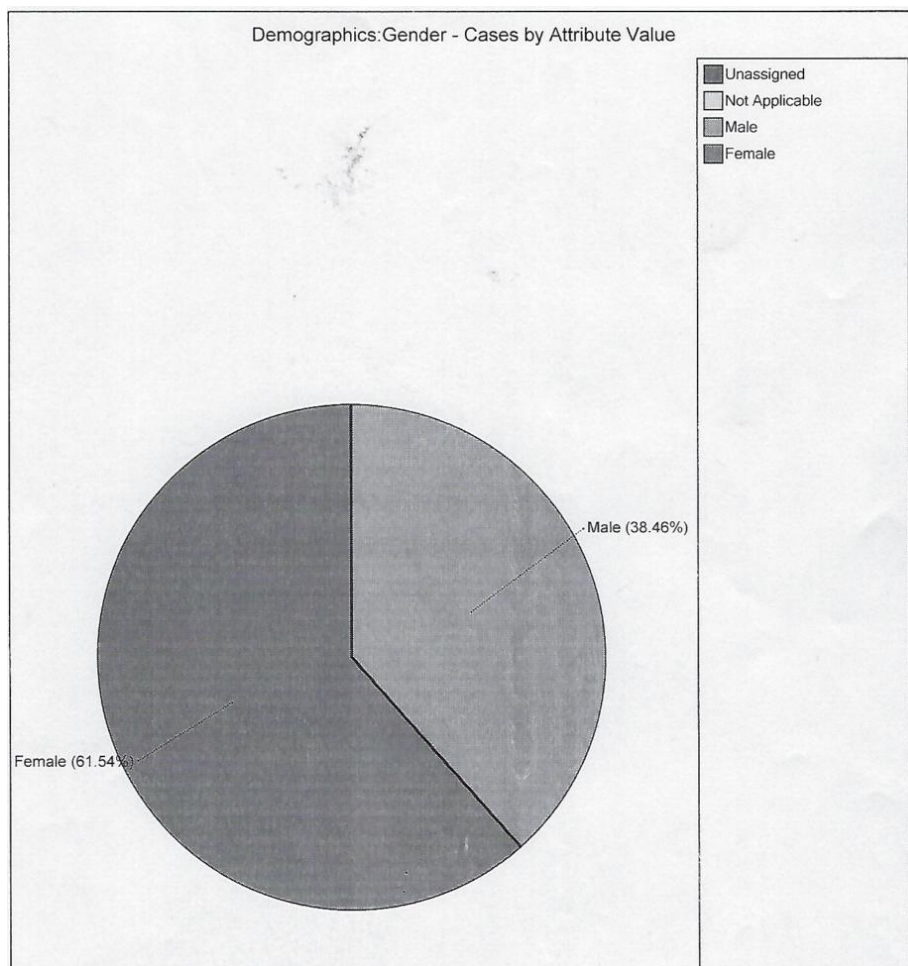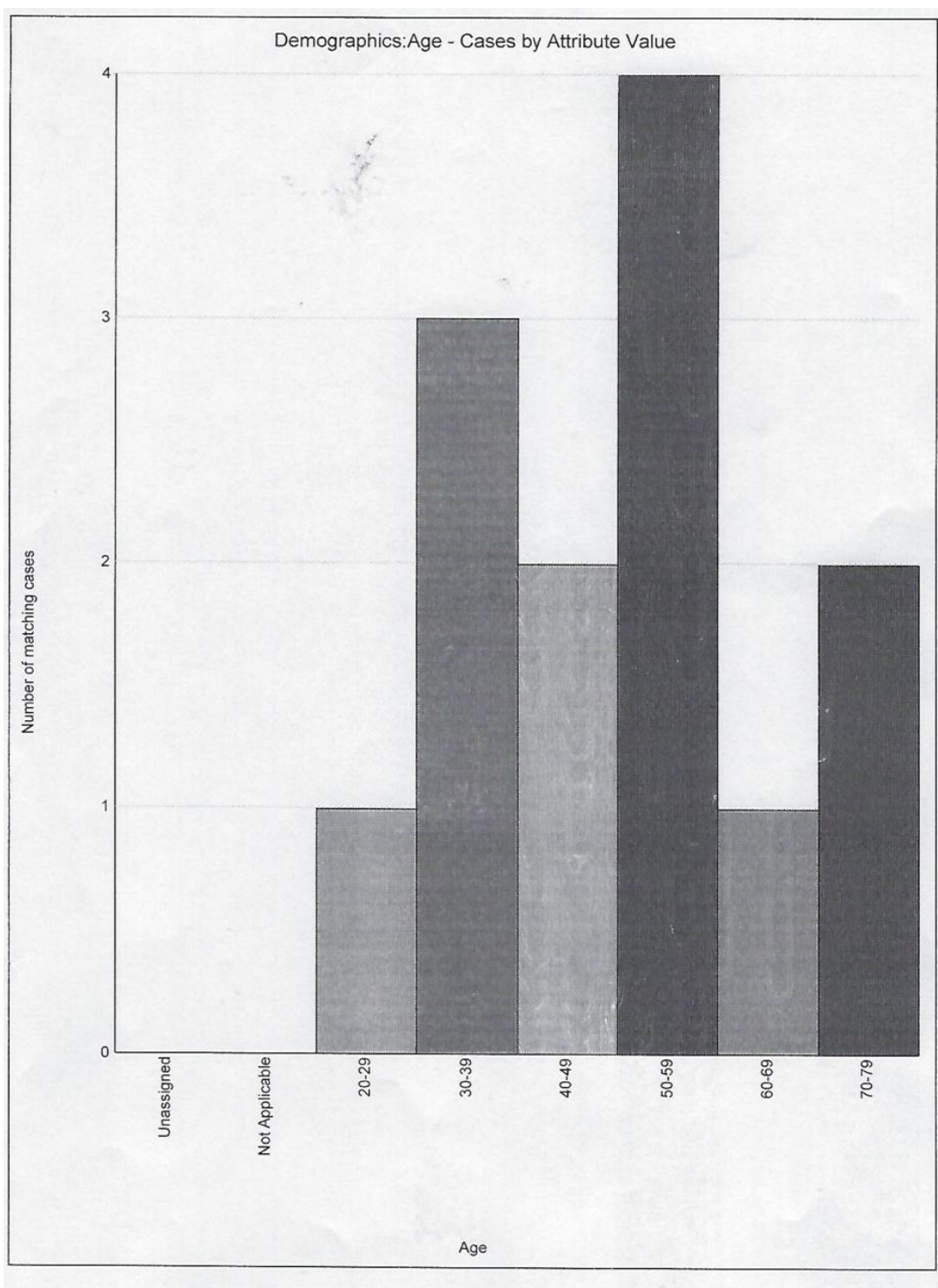
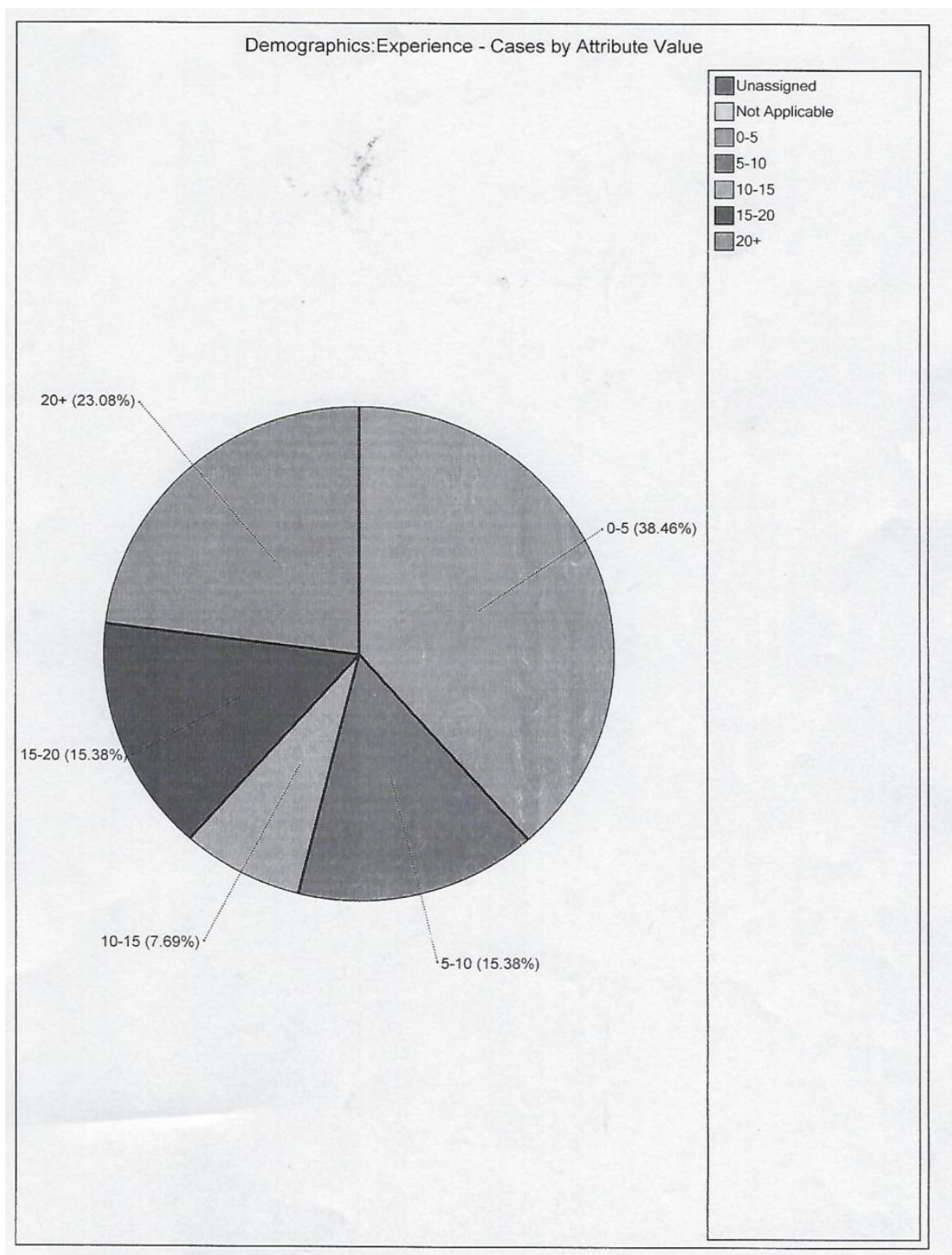*Figure 1.* Participants 'gender.

Figure 2. Participants' age.

Figure 3. Participants' experience.

Demographics

Participant B. W. was a 71-year-old European American male. He had approximately 16 years of experience with clients who have substance abuse dependency. His specialization was working with MAT with substance abuse clients. He was in private practice.

Participant B. M. was a 66-year-old European American female. She had approximately 8 years of experience in working with substance abuse clients. She specialized in substance abuse counseling with MAT, as well as mental health issues such as transgender concerns and posttraumatic disorders. She was in private practice.

Participant G. C. was a 33-year-old European American male. He had 3 years of experience in working with substance abuse clients. He specialized in counseling opioid dependent clients who are receiving medication management and he also provided couples counseling. He had a background in serving the community at the local mental health center. He was currently in private practice.

Participant T. F. was a 52-year-old European American male. He had 2 years of experience in providing substance abuse counseling. He provided a range of counseling to individuals on an outpatient basis. He had experience with the local community health center in providing addiction counseling. He was currently in private practice.

Participant C. H. was a 30-year-old European American female. She had 1 year of experience in working with substance abuse clients. She had a background in working with battered women in the local women's shelter. She was currently in private practice.

Participant E. V. was a 48-year-old European American female. She had 16 years of experience in working with substance abuse clients. She had a prior background in working with the local mental health center. Her specialty was counseling substance abuse clients who are involved in a MAT program. She was currently in private practice.

Participant J. G. was a 28-year-old European American male. He had 2 years of experience in working with substance abuse clients. He had a background in counseling adolescents in the school setting. He was currently in private practice.

Participant L. R. was a 40-year-old European American female. She had 15 years of experience in working with substance abuse clients. She had a background of supervising master's level social workers. She was working in private practice as well as for a local university.

Participant J. S. was a 73-year-old European American male. He had 10 years of experience in working with substance abuse clients. He had a background in working with inmates at the county jail. His specialty was working with substance abuse and providing couples counseling to military families. He was currently in private practice.

Participant L. F. was a 55-year-old European American female. She had 20 years of experience in working with substance abuse clients. She had a varied background in working at the local juvenile court system and local mental health system. She was in private practice.

Participant K. F. was a 36-year-old African American female. She had 3 years of experience in working with substance abuse. However, her experience was somewhat limited in she provided referrals and support for medication-assisted programs.

Participant P. S. was a 55-year-old European American female. She had 26 years of experience in working with substance abuse clients. She had experience in inpatient and outpatient settings in working with medication-assisted substance abuse clients. She was in private practice.

Participant J. P. was a 57-year-old European American female. She had 26 years of experience in working with substance abuse clients. She had a background of working with the local department of human services. She had a specialty in working with substance abuse clients and posttraumatic disorder issues. She was in private practice.

Coding Specifics

The data analysis of my focus group began with 132 descriptive codes. Descriptive codes are words or phrases that have been assigned based on the interviews, transcripts, notes, and observations (Saldana, 2008). To generate categories, themes, concepts, meanings and theories, the data must be arranged in a systemic order (Coffey & Atkinson, 1996). Scholars use coding to link data to ideas that can be grouped and put in an order to signify some meaning. After finding and describing codes based on the information obtained for this research, the codes were then narrowed down to 27 commonalities that shared some characteristics. These characteristics were then further classified into eight categories relevant to this research. The categories were identified as

accountability, temperament, transference, attitudes, functionality, ability to change, client barriers, and life situations. Further evaluation of these categories was the emergence of patterns that produced themes that helped to understand the research questions.

Themes

There were three themes that were presented in the data analysis from the information obtained from the focus group. These themes have a direct relationship to the research questions in this study. The identified themes are discussed further in detail below.

Theme 1: Counselor attitudes/perceptions to treatment. Relating to the two research questions on the attitudes toward the use of MAT for opioid dependence and the influencing factors on treating substance abuse client, practitioners reported to feeling negativity and disappointments based on lack of honesty and lying. This was in relation to their compliance with their MAT program. The practitioners had judgements of their clients based on prior performances of other similar clients. There was a lack of awareness of how practitioners' attitudes affect the clients they are trying to help, thus creating a personal problem with objectivity. The participants acknowledged the importance these factors play in the treatment of the substance abuse clients.

The participants expressed that the negativity stemmed from clients' attitudes of placating the system at any cost. They only wanted to please practitioners. One practitioner stated, "Clients only come to counseling when are forced to." Some of the

practitioners reported that the setting was a factor in treatment. Private practice includes clients having a more personal interest, which decreases negative feelings that practitioners have towards treating them.

The participants also acknowledged the disappointments they encountered when clients are dishonest. A participant stated, "I am tired of clients lying to me about positive drug test results even when confronted with the results." The disappointments were also with their overall relationship with the clients as the clients tried to please the clinician at any cost to obtain their medication. Some of the participants admitted that the disappointments and dishonesty affected their overall attitude with clients. A practitioner stated, "I am tired of the excuses I receive from clients." All of the practitioners were supportive of MAT, but some of the practitioners did not like the structure of the program. One of the participants stated, "If the client does not want to do therapy, I am not as invested in them to help them to recover."

The participants recognized that having preconceived judgements can affect successful treatment delivery. A practitioner pointed out that "we should see addiction clients as who the person is not just see the drugs." This is important on the first visit. There were also preconceived prior judgements that addiction clients are more noncompliant than clients who present in therapy for issues of depression and anxieties. A practitioner stated, "We have a more optimistic view of client's success when clients have good attitudes."

A participant remarked, "We are not aware of our own attitudes that are projected onto our clients." They did recognize some pessimism when relating to their addiction clients being successful in completing their treatment program. The participants reported that they did not think clinicians who have alcohol issues would be biased against clients with addiction problems. A participant stated, "We do not feel we are unsupportive in projecting clients relapse occurrences."

A participant also reported, "We have personal issues with remaining objective when treating substance abuse clients." A major problem stated by one of the participants was "I hate having the feeling of doing forced therapy." Participants stated they did not like being the one who stood between the client and the physician. They believed that clients perceived them to be the gatekeepers of their recovery. The participants recognized how difficult it was to remain objective when clients were going through the motions and were not committed for personal change. A participants stated, "It is difficult to be objective when we have negative thoughts of new clients by their primary diagnosis." All participants expressed a frustration in dealing within these areas with their clients. The participants with the most experience were the ones who had the most problems with objectivity and judgements. The participants with limited experiences had problems with disappointments, but they remained objective and positive regarding their attitudes in treating substance abuse clients.

Theme 2: Client identified barriers to successful treatment. The barriers that appeared to be the most relevant for success were the concept of the practitioner being

the gatekeeper. The practitioner can stand in the way of the client receiving medication if he or she is not compliant with all the components of treatment. A participant stated, "Clients become very angry when they are held accountable for their appointments and results of their drug screens." Some of their clients tried to place blame on the practitioner for not receiving the best treatment to help them become successful in their program. A practitioner stated, "Our clients live in fear of failure in their treatment program." They were also afraid of being kicked out of treatment for noncompliance and going into withdrawal without medication.

The participants also noticed that the clients reported feeling under pressure to succeed. This can lead to many negative feelings that arise during treatment and determining what influences the clients. The participants felt that clients are under pressure because they become bonded to their practitioner. A practitioner stated, "My clients try to please because they think highly of what the practitioner thinks." The participants also noted that clients tend to measure their success by the kind of relationship they are in and the status of their employment.

The participants have felt clients have roadblocks to being successful that are based on negativity. Many of the clients become complacent about their treatment due to feeling better on medication. One of the practitioners stated, "There becomes a sense of bravado where the client does not feel there is anything to be gained from being in outpatient therapy." Some of the participants felt that clients had a challenging time

accepting responsibility for their past actions. They were angry at others for the problems that have occurred while they have been abusing drugs.

There was also a question of the client's ability to change, which can be motivated by so many internal and external factors. The participants found that a part of change is affected by the lack of support clients have. Many of the substance abuse clients had burned their bridges with family and friends. This caused angry feelings and doubts of sincerity of being in a structured program. A participant stated, "We have also discovered there is a perception in the community that substance abuse clients in a medication assisted program are substituting one addiction for another." The participants stressed the importance of educating individuals to change perceptions and realizing the difference between a functional dependence as opposed to being highly functional dependence. The clients can try to push boundaries, and this can inadvertently negate any changes they have already made.

A participant remarked, "Many of the clients have problems with successful treatment due to motivational factors." Many of the clients reported that they are tired of treatment. They were also afraid to stop taking medication daily. The participants observed that once a client was sober, he or she did not see a need to continue with outpatient supportive therapy services. There was a higher chance of relapse without support. Some of the clients lose the fear they had of returning to the lifestyle they had before treatment. The participants also remarked that the motivation was affected by the setting a client was in. In a structured setting, such as incarceration or inpatient, clients do

well initially. However, upon return to their natural environment, motivation is not as strong.

Theme 3: Environmental barriers to treatment. The environment factors can hinder a client's ability to be successful in his or her quest to become free of opioid dependence. The most relevant factor was money. This could be seen in two ways. A practitioner remarked, "Some of the clients do not have insurance and the ability to pay can be prohibitive." It also can be a motivator for change when the client is financial invested. The practitioners had a mixed reaction to this issue. The participants felt that clients who had to scrap up the money to obtain treatment did better with the success of their program. One of the practitioners did not agree with this assessment. One of the practitioners remarked, "In my experience private paying clients dropped out of treatment faster than clients who have insurance." Most of the other practitioners reported that they worked harder with those clients who must pay out of pocket for services. They had negative experiences with clients who were not invested with a financial interest in their treatment program.

Another barrier was a level of commitment. This tied into the financial constraints previously discussed. Some of the practitioners felt that the clients with insurance and small monetary investments did not show a sense of commitment, and this affected client and practitioners' attitude towards treatment. A practitioner remarked, "Some of the clients are not as committed to staying sober due to life situations that continue to change over and over." This could be issues of employment, family relationships, and affordable

housing. Many of the clients did not feel they were accepted, no matter how far they came in their treatment program. The participants found that clients felt labeled no matter what they accomplished, and this impacted their self-esteem.

Another factor that was important was the idea of life choices. This could encompass a lack of family support, a lack of family understanding, or a continuation of client's questionable choices. The participants noticed that clients who had a chaotic lifestyle made more excuses to avoid participating in treatment. Many clients became absent from treatment due to transportation issues and lack of money. Many clients did not plan in advance and used these as excuses to get out of therapy. A participant remarked, "These are the same clients who always have transportation and available funds for their medication management appointments." There were also some difficult clients who participants tended to avoid regular contact with, which had a direct impact on service delivery. Practitioners were not as favorable with attitudes in dealing with clients who continually made bad choices versus the client who became addicted after justifiable health care issues.

Practitioner attitudes can affect treatment of opioid dependent clients. It has shown the attitudes can be negative or positive. These findings pinpointed barriers that can hinder or help in the treatment of substance abuse counseling.

Unexpected Findings

The findings had an unexpected result in the impact the environmental factors had on the practitioners' attitude towards treatment receptiveness. The practitioners were

passionate about the belief that monetary commitments and relationships were the most serious of the barriers in providing successful treatment to substance abuse clients.

Summary

Substance abuse has become a crisis in the United States. The purpose of this study was to determine the attitudes and perceptions that social workers have in treating substance abuse clients. In addition, I explored the barriers created by those perceptions. I found that social work practitioners' attitudes have an influence on substance abuse treatment. I further identified various barriers that are faced when providing substance abuse treatment.

In Section 4, I will summarize my findings and the importance in social work practice with substance abuse clients. I will also discuss the relationship this social work problem has with the values in the NASW code of ethics. Lastly, I will make recommendations for practitioners working in the field of substance abuse services.

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

The purpose of this study was to understand the attitudes, perceptions, and barriers that social work practitioners have when working with substance abuse clients who are involved in a MAT program. I used a qualitative design using action research with a purposeful sample of social workers who work with substance abuse clients in Southern coastal Mississippi. The data were gathered from personal interviews of the participants and a focus group. This approach was valuable in gathering the data from the participants' different experiences in dealing with this population. To understand these experiences, suggestions can be made to enhance changes within social work attitudes to improve practice in substance abuse counseling.

A summary of the findings includes several identified barriers that social workers had in working with substance abuse clients. The participants made me aware of the frustrations that social workers face when working with substance abuse clients and the importance of developing personal coping mechanisms to avoid bias in providing services. These findings can inform social work practice on the importance of recognizing some social workers' own self bias and providing strategies to become more aware of attitudes when treating substance abuse clients.

These findings can help to extend knowledge in the social work profession by creating more awareness in social workers about attitudes and perceptions on treatment. By developing an understanding about the influence attitudes and perceptions have on treatment delivery, social workers can become more effective in treatment modalities

with substance abuse clients. Being aware of their own attitudes can help eliminate any bias in treating the substance abuse clients. Maintaining a healthy environment with peer interaction can also minimize the stress of working with this population and the barriers that are present in treatment.

Social workers who are committed to working with substance abuse clients must have specialized training in order to understand the challenges this population bring in the treatment mode. This research was aimed to help understand attitudes, barriers, and perceptions when treating substance abuse clients. The aim was also to compile strategies to successfully treat this population.

Application for Professional Ethics in Social Work Practice

Social workers follow the NASW code of ethics as it supports the mission to enhance the wellbeing of all people. One of the ethical principles relevant to this action research is the principle of helping those in need and addressing social problems. The other relevant principle is to enhance the inherent dignity and worth of the person. These principles are directly related to this project of helping those individuals with substance abuse problems (NASW, 2017). Social workers have a responsibility to their clients and to society. They enhance change in clients. The social workers' ability to understand MAT will improve the worth of the clients they serve and the increased awareness will lead to an increase in competency.

The NASW code of ethics guides clinical practice for social workers when working with substance abuse populations. Social workers should strive to be

knowledgeable in their chosen field and contribute to the knowledge base of the

profession (NASW, 2017). Social workers should be aware of professional values and

standards. It is also important that social workers show competence in their fields when

working with substance abuse clients. This research reinforces the values and practices

that social workers maintain when providing service to substance abuse clients.

Recommendations for Social Work Practice

After a review of the findings, there were two action steps recommended for

identifying barriers to treating substance abuse clients and recognizing social work

attitudes that play a part in the effective treatment of this client population.

The first action step is to ensure that social workers conduct ongoing evaluations

of their substance abuse clients while they are in treatment for substance abuse. This

helps to determine the effectiveness of the treatment and if any adjustments need to be

made to goals or to the treatment approach. They should continue to have peer-to-peer

consultations. This helps social workers to be able to destress and minimize any bias that

may occur. Richard and Rodway (1992) found that using the peer consultation process

helps with analyzing and decision making. Outside reactions of case information can be

informative in reevaluating a client's treatment.

The second action step is to promote continuing education for social workers on

substance abuse services. Social workers should attend classes that help to decrease

negative beliefs, thus improving the effectiveness of treatment. Social work beliefs and

attitudes are molded by their knowledge of substance abuse clients. The knowledge of

substance abuse services should be specialized. It is also important to stay abreast of local, state, and federal legislature that has an impact on substance abuse services.

These findings will impact my social work practice in working with substance abuse clients. I am more aware of the barriers that are faced with treating this type of population. This includes the client barriers, treatment providers barriers, and environmental barriers. This research supports the values of the social work profession and promotes the advocacy to become better practitioners for a population that is in a crisis in the United States. Furthermore, this research will help me to be more aware of the bias when treating difficult populations.

The limitations of this study are due to the small sample size of practitioners and the geographic region of the United States. Based on the information found in the literature review and the broad scope of this problem in the United States, these limitations are of small nature. There needs to be further research to determine how to make clinicians more aware of their attitudes that influence treatment with substance abuse clients. The findings that have been produced from this study can be disseminated in two ways. The information can be summarized and sent by U.S. postal service to each participant. The second way to disseminate the findings is by offering to have a group meeting to discuss the findings to the focus group participants.

<div align="center">Implications for Social Change</div>

Social workers have an obligation to promote and develop the practice of social work. They are duty bound to help individuals and families to become more functioning

and to work with communities on advocating for services (NASW, 2008). Social workers must be skilled in determining what interventions to use when helping others. They must be cognizant of their own competence and be able to make appropriate judgements. Social workers must be aware of the changes that occur on the practice, research, and policy levels.

I used the micro, mezzo, and macro systems to address the issues that have arisen out of the focus group. The macro level is necessary to advocate for changes in societies drug culture. There has become more awareness on the political level due to the opioid crisis in the United States. Continued advocacy will increase awareness and make treatment easier to obtain. Policies have to be made that involve several agencies such as the local police departments, drug enforcement agencies, and local physicians. This includes new regulations in place in the state of Mississippi to allow licensed nurse practitioners to be able to write medication for opioid dependency. They have a limit on the number of patients they can help in the first year to 50. It then increases to 100.

The mezzo level can be powerful. Community organization is important for changes to occur. Local police departments are making community efforts to warn about drug overdoses. They are helping to ensure the challenges of substance abusing individuals are understood and addressed within the societal level. Organizations should help to educate and encourage a larger family involvement in the understanding of MAT and the positive benefits that can occur with this type of treatment. Family support can help to minimize missed appointments and may improve level of commitment.

The most important positive change is at the micro level. Social workers engage individuals and families in their practice to help solve problems. Social workers should also work peer to peer on improving their practices when working with medication-assisted clients. Social workers can learn from the experiences of others when treating difficult populations. Social work practice can help to foster resilience and help the individuals build a support system to improve their lives.

Summary

Addiction is a problem in the United States. This problem continues to escalate despite the number of overdose deaths reported each year. Social workers have been identified as a primary treatment provider for substance abuse clients. Many social work clinicians find this population challenging to work with. Social workers may hold negative attitudes towards this population. This has a direct impact on the outcomes of substance abuse treatment. The attitudes and challenges social workers face when treating this population were based on noncompliance, lack of cooperation, and manipulative behaviors. This study was an action research methodology that used qualitative analysis. This was done to document the attitudes and perceptions that social work practitioners have when treating clients involved in a MAT program. This study was able to create themes social work participants identified in working with this population. The themes further identified barriers that have impeded the successful implementation of therapeutic skills in order to assist substance abuse clients in making healthy changes. The social work participants were able to recognize their roles as clinicians in barriers to being

successful. They also began to understand the barriers that clients place on treatment as well as the environmental barriers that affect continuation of treatment. By having a knowledge base of these interferents, social workers can separate these issues and work on them individually to provide the best EBPs for their clients.

References

Aarons, G.A., Sommerfield, D.H., & Walrath-Greene, C.M. (2009). Evidenced-based

Practice implementation: The impact of public versus private sector organization

type on organizational support. *Implementation Science,* 4(83).

https://doi.org/10.1186/1748-5908-4-83.

Abbott, P., & Duanem, C. (2008). Culture and substance abuse: Impact of culture affects

approach to treatment. *Psychiatric Times.* Retrieved from

http://www.psychiatrictimes.com/addiction/culture-and-substance-abuse-impact-

culture-affects-approach-treatment

Acker,J., Mason, K., Olmos, G.A., Bacon, D., Mcquilken, M., Henley, A., & Fisher, S.

community mental health care. *Community Mental Health Journal,*40(1), 32-46.

Retrieved from ncbi.nlm.nih.gov/2/15077727.

Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. Springer

series in social psychology, Heidelberg, Berlin. Springer.

https://doi.org/10.1007/978-3-642-09746-3_2

Ajzen, I. (1987). Attitudes, traits and actions: Dispositional prediction of behavior in

personality and social psychology. *Advances in Experimental school psychology,*

20, 1-63. https://doi.org/10.1016/50065-2601/08/60411-6

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human*

Decision Process, 50(2), 179-211. https://doi.org/0.1016/0749-5978/91/90020-T

Ajzen, I. (1998). Models of human social behavior and their application to health,

> *Psychology and Health,* 13(4), 735-739.

> https://doi.org/10.1080/08870449808407426

Albarracin, D., Johnson, B.T., Fishbein, M., & Muellorleile, P.A. (2001). Theories of

> reasoned action and planned behavior as models of condom use: A meta-analysis.

> *Psychology Bulletin,*127(1), 142-161. Retrieved from

> www.ncbi.nlm.nih.gov/pubmed/11271752

Albarracin, D., & Kumkale, G.T. (2003). Affect as information in persuasion: A model of

> affect identification and discounting. *Journal of Personality and Social*

> *Psychology,* 84(3), 453-469. https://doi.org/10.1037/0022-3514.843.453

Albarracin, D., Kumkale, G.T., & Johnson, B.T. (2004). Influences of social power and

> normative support on condom use decisions: A research synthesis. *Aids Care,*

> 16(6), 700-723. https://doi.org/10.1080/095401

Albarracin, D., Zanna, M.P., Johnson, B.T., & Kumkale, G.T. (2005). Attitudes:

> Introduction and Scope in D. Albarracin, B.T. Johnson, M.P. Zanna (Eds.), *The*

> *handbook of attitudes,* (pp. 3-19), Mahwah, NJ, US: Lawrence Erlbaum

> Associates Publishers.

American Psychiatric Association (2013). What is addiction. Retrieved from

> https://www.psychiatry.org/patients-families/addiction/what-is-addiction

Amodeo, M. (2000). The therapeutic attitudes and behaviors of social work clinicians

    with and without substance abuse training. *Substance Use & Misuse*, *35*(11),

    1507-1536. https://doi.org/10.3109/10826080009148228

Amodeo, M., & Jones, L. K. (1997). Viewing alcohol and other drug use cross-culturally:

    A culture framework for clinical practice. *Families in Society, 78,* 240-254.

    https://doi.org/10.1606/1044-3894.772

Amodeo, M., Lundgren, L., Fernanda Beltrame, C., Chassler, D., Cohen, A., &

    D'Ippolito, M. (2013). Facilitating factors in implementing four evidence-based

    practices: reports from addiction treatment staff. *Substance Use Misuse,* 48(8),

    600-611. Https://doi.org/10.3109/10826084.2013.794838

Anderson, T. L., Scott, B. L., & Kavanaugh, P. R (2015). Race, inequality and the

    medicalization of drug addiction: An analysis of documentary films. *Journal of*

    Substance Use, 20(5), 319-332. https://doi.org/10.3109/14659891.2014.920052

Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A

    meta-analytic review. *British Journal of Social Psychology, 40*(4), 471-499.

    https://doi.org/10.1348/014466601164939

Bandawe, C. R., & Foster, D. (1996). AIDs-related beliefs, attitudes and interventions

    among Malawian students in three secondary schools. *AIDS Care, 8*(2), 223-232.

    https://doi.org/10.1080/09540129650125894

Barth, R.P., Lee, B.R., Lindsey, M.A., Collins, K.S., Streider, F., Chorpita, B.F., & Sparks, J.A. (2012). Evidence-based practice at a crossroads: The timely emergence of common elements and common factors. *Research on Social Work Practice,* 22(1), 108-119. Https://doi.org/10.1177/1049731511408440

Barusch, A., Gringeri, C., & George, M. (2011). Rigor in qualitative social work research: A review of strategies used in published articles. *Social Work Research,* *35*(1), 11-19. https://doi.org/10.1093/swr/35.1.11

Benishek, L.A., Kirby, K.C., Dugosh, K.L., & Padovano, A. (2010). Beliefs about the empirical support of drug abuse treatment interventions: A survey of outpatient treatment providers. *Drug and Alcohol Dependence,* 107(2-3), 202-208. https://doi.org/10.1016/j.drugalcdep.2009.10.013

Bentley, K., & Walsh, J. (2005). *The social worker and psychotropic medication. Toward effective collaboration with mental health clients, families, and providers.* New York, NY: Thompson/Brooks/Cole.

Best, D., Savic, M., & Daley, P. (2016). The well-being of alcohol and other drug counselors in Australia: Strengths, risks, and implications. *Alcoholism Treatment Quarterly, 34*(2), 223-232. https://doi.org/10.1080/07347324.2016.1148514

Bidell, M.P. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision,* 44(4), 267-279. https://doi.org/10.1002/s.1556-6978.2005.1601755x

Bina, R., Hall, D., Mollette, A., Smith-Osborne, A., Yum, J., Sowbel, L., & Jani, J.

    (2008). Substance abuse training and perceived knowledge: Predictors of

    perceived preparedness to work in substance abuse. *Journal of Social Work*

    Education, 44(3), 7-20. https://doi.org/10.5175/jswe.2008.200600046

Blakey, J. M., & Bowers, P. A. (2014). Barriers to integrated treatment of substance

    abuse and trauma among women. *Journal of Social Work Practice in the*

    Addictions, 14, 250-272. Retrieved from

    https://www.tandfonline.com/loi/wswp20

Bogart, L.M., Cecil, H., & Pinkerton, S.D. (2000). Hispanic adults' beliefs, attitudes, and

    intentions regarding the female condom. *Journal of Behavioral Medicine,* 23(2):

    181-206.

Bojko, M. J., Mazhnaya, A., Makaenko, L., Marcus, R., Dvoriak, S., Islam, Z., & Altice,

    F. L. (2015). "Bureaucracy & beliefs": Assessing the barriers to accessing opioid

    substitution therapy by people who inject drugs in Ukraine. *Drugs, Education,*

    Prevention and Policy, 22(3), 255-262.

    https://doi.org/10.3109/09687637.2015.1016397

Bonar, E.E., & Rosenberg, H. (2010). Substance abuse professions attitudes regarding

    harm reduction versus traditional interventions for injecting drug users. *Addiction*

    Research and Theory, 18(6), 692-707.

    https://doi.org/10.3109/16066359.2010.483310

Bosompra, K. (2001). Determinants of condom use intentions of university students in

    Ghana: An application of the theory of reasoned action. *Social Science and*

    Medicine, 52(7), 1057-1069. https://doi.org/10.1016/s0277-9536(00)00213-6

Bradley, S. S. (2003). The psychology of the psychopharmacology triangle: The client,

    the clinicians and the medication. *Social Work in Mental Health, 1*(4), 29-50.

    https://doi.org/10.1300/j200v01n04_03

Bride, B. E., Abraham, A. J., Kintzle, S., & Roman, P. M. (2013). Social worker's

    knowledge perceptions of effectiveness and acceptability of medication assisted

    treatment of substance abuse disorders. *Social Work Health Care, 52*(1), 43-58.

    https://doi.org/10.1080/00981389.2012.725457

Bride, B. E., Abraham, A. J., & Roman, P. M. (2010). Diffusion of contingency

    management and attitudes regarding its effectiveness and acceptability. *Substance*

    Abuse, 31, 127-135. https://doi.org/10.1080/08897077.2010.495310

Bride, B. E., Kintze, S., Abraham, A. J., & Roman, P. M. (2012). Counselor attitudes

    toward and use of evidence-based practices in private substance use disorder

    treatment centers: A comparison of social workers and non-social workers. *Health*

    Social Work, 37(3), 135-145. Retrieved from https://doi.org/10.1093/hsw/hls022

Brook, J. (2014). Clinician perspectives on relationship, therapeutic strategy, and gender

    responsiveness in child welfare substance abuse settings. *Journal of Social Work*

    Practice in the Addictions, 14, 359-377.

    https://doi.org/10.1080/1533256x.2014.957118

Burgess-Allen, J., & Owen-Smith, V. (2010). Using mind mapping techniques for rapid

    qualitative data analysis in public participation processes. *Health Expectations:*

    An International Journal of Public Participation in Health Care and Health

    Policy,13(4), 406-415

Bush, R.A., & Williams, R.J. (1988). Generalist health and welfare workers' response to

    alcohol related problems: Role legitimacy and the need for role-support, and

    example from an Australian rural community. *Drug and Alcohol Dependence,* 22:

    105-111. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/3234224

Cameron, M., & Kennan, E. K. (2010). The common factors model: Implications for

    transtheoretical clinical social work practice. *Social Work,* 55(1), 63-73.

    https://doi.org/10.1093/sw/55.1.63

Carrico, A.W., Flentje, A., Gruber, V.A., Woods, W.J., Discepola, M.V., Dilworth, S.E.,

    …Siever, M.D. (2014). Community-based harm reduction substance abuse

    treatment with methamphetamine-using men who have sex with men. *Journal of*

    Urban Health: Bulletin of the New York Academy of Medicine, 91(3),555-567.

    https://doi.org/10.1007/s11524-014-9870-y

Center for Behavioral Health Statistics and Quality. (2015). *2015 National Survey on*

    Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health

    Services Administration, Rockville, MD.

Chalk, M., & Williams, A. (2012). Medication assisted treatment: An adjunct to

    addictions treatment. *Substance Abuse and Mental Health Services*

Administration. Retrieved from https://www.integration.samhsa.gov/about-us/esolutions-newsletter/march-2012

Christou, B. (2016). Improving drug courts through medication assisted treatment for addiction. *Virginia Journal of Social Policy and the Law, 179*. Retrieved from http://vjspl.org/

Cicero, T.J., Surrat, H., Inciardi, J.A., & Munoz, A. (2007). Relationship between therapeutic use and abuse of opioid analgesics in rural, suburban, and urban locations in the United States. *Pharmacoepindemiol Drug Safety,* 16(8), 827-840. https://doi.org/10.1002/pds.1452.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data.* Thousand Oaks, CA: Sage.

College of Social Work. (2014). Roles and functions of social workers in England. Retrieved from https://www.basw.co.uk/resources/roles-and-functions-social-workers-england-advice-note

Crocq, M.A. (2007). Historical and cultural aspects of man's relationship with addictive drugs. *Dialogues in Clinical Neuroscience,* 9(4), 355-361. Retrieved from https://ncbi.nlm.nih.gov/pmc3202501

Crosier, B.S. & Marsch, L.A. (2016). Harnessing social media for substance use research and treatment. *Journal of Alcoholism and Drug Dependence,* 4(3). https://doi.org/10.4172/2329-6488.1000238.

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Daley, D. C., & Feit, M. D. (2013). The many roles of social worker in the prevention and treatment of alcohol and drug addiction: A major health and social problem affecting individuals, families, and society. *Social Work in Public Health, 28*, 159-164. https://doi.org/10.1080/19371918.2013.758960

Dance, C., Galvani, S., & Hutchinson, A. (2014). The extent and nature of practitioners encounters with alcohol and other drug use in social work and social care practice. *Social Work Education, 33*(5), 557-572. https://doi.org/10.1080/02615479.2014.919066

Davidsen, A. S. (2013). Phenomenological movement and research. *Qualitative Research in Psychology, 10*(3), 318-339. https://doi.org/10.1080/14780887.2011.608466

Deleuze, G., & Guattari, F. (1980). A Thousand Plateaus. *Capitalism and Schizophrenia 2,* Paris: Minuit. https://doi.ref/10.1080/02791072.2013.763563

Dennis, C. B., & Earleywine, M. (2013). Assessing the attitudes substance abuse professionals have toward 12-step culture: Preliminary results. *Journal of Social Work Practice in the Addictions, 13*, 373-392. https://doi.org/10.1080/1533256x.2013.840207

DiNitto, D. (2002). War and Peace: Social work and the state of chemical dependency

   treatment in the United States. *Journal of Social Work Practice in the Addictions,*

   2, 7-29. https://doi.org/10.1300/j160v02n03_02 [Taylor and Francis online].

Doody, O., Slevin, E., & Taggert, L. (2013). Focus group interviews in nursing research:

   part 1. *British Journal of Nursing,* 10-23: 22(1), 16-19.

   https://doi.org/10.12968/bjon.2013.22.1.16.

Downs, D. S., & Hausenblas, H. A. (2005). Elicitation studies and the theory\ of planned

   behavior: A systematic review of exercise beliefs. *Psychology of Sport and*

   Exercise, 6(1), 1-31. https://doi.org/10.1016/j.psychsport.2003.08.001

Drisco, J.W. (2004). Common factors in psychotherapy outcome: Meta-analytic findings

   and their implications for practice and research. *Families in Society,* 85(1), 81-90.

   https://doi.org/10.1606/1044-3894.239

Duff, C. (2007). Towards a theory of drug use contexts: Space, embodiment and practice.

   Addiction, Research and Theory, 15(5), 503-519.

   https://doi.org/10.1080/16066350601165448

Durantini, M.R., Albarricin, D., Mitchell, A., Earl, A., & Gillette, J. (2006).

   Conceptualizing the influence of social agents of behavior change: A meta-

   analysis of the effectiveness of HIV prevention interventions for different groups.

   Psychology Bulletin, 132(2), 212-248. https://doi.org/10.103710033-

   2909.132.2.212

Duryea, D. G., & Calleja, N. G. (2013). Current expectations and existing deficits among

addiction specialists. *Alcoholism Treatment Quarterly, 31*(2), 254-269.

https://doi.org/10.1080/07347324.2013.771990

Eack, S. M., & Newhill, C. E. (2013). What influences social workers' attitudes toward

working with clients with severe mental illness? *Families in Society, 89*(3), 1-11.

https://doi.org/10.1606/1044-3894.3767

Edelbacher, M., & Einstein, S. S. (2015). Substance use: A police practitioner's

perspective-more cooperation between academics and practitioners is needed.

Substance Use & Misuse, 50, 1195-1198.

https://doi.org/10.3109/10826084.2015.1012929

Fenster, J., & Monti, K. (2017). Can a course change social work students' attitudes

toward harm reduction as a treatment option for substance use disorders?

Alcoholism Treatment Quarterly, 35(1), 83-94.

https://doi.org/10.1080/07347324.2016.1257895

Fishbein, E. (1993). The theory of figural concepts. *Educational Studies in Mathematics,*

24, 139-162. https://doi.org/10.1007/BF01273689

Fillmore, S., & Hohman, M. (2015). Traditional, alternative and harm reduction

approaches: What do social work students think? *Journal of Social Work Practice*

in the Addictions, 15(3), 252-266.

https://doi.org/10.1080/1533256x.2015.1056527

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior.* Reading, MA:

    Addison-Wesley.

Foody, B. (2010). Addiction and its Sciences-philosophy. *Addiction,* 106(1): 25-31. USA,

    Oxford University Press

Foody, B. (2011). Addicted to food, hungry for drugs. *Neuroethics,* 4(2): 79-89.

    [Crossref], [Web of Science],,[Google Scholar]

Foody, B., & Savulescuj. (2010). Relating addiction to disease disability, autonomy, and

    the good life. *Philosophy, Psychiatry, and Psychology,* 17(1), 35-42.

    https://doi.org/10.1353/ppp.0.0284

Ford, J., & Lacerenza, C. (2011). The relationship between source of diversion and

    prescription drug misuse. *Substance Use & Misuse, 46*(6), 819-827.

    https://doi.org/10.3109/10826084.2010.538461

Galvani, S., & Allnock, D. (2014). The nature and extent of substance abuse education in

    qualifying social programmes in England. *Social Work Education*: *The*

    International Journal, 33(5), 573-589.

    https://doi.org/10.1080/02615479.2014.919067

Galvani, S. (2015). Alcohol and other drug use: The roles and capabilities of social

    workers. *Public Health England,* 1-32. Retrieved from

    https://www.gov.uk/government/organisations/public-health-england

Galvani, S., & Hughes, N. (2010). Working with alcohol and drug use: Exploring the

knowledge and attitudes of social work students. *British Journal of Social Work,*

40(3), 946-962. https://doi.org/10.1093/bjsw/bcn137

Gilchrest, G., Moskalewicz, J., Slezakova, S., Okruhlica, L., Torrens, M., Vajd, R., &

Baldacchino, R. (2011). Staff regard towards working with substance users: A

European multi-center study. *Addictions,* 106(6), 11114-11125.

https://doi.org/10.1111/s/1360-0443.2011.03407x.

Glanz, K., Rimer, B.K., & Viswanath, K. (eds.). (2008). Health Behavior and Health

Education: Theory, research, and practice (4th ed.). San Francisco, CA, US:

Jossey-Bass. Retrieved from APApsychnet.apa.org.

Godlaski, T.M. (2015). On compassion. *Substance Use and Misuse,* 50:8-9,942-947.

https://doi.org/10.3109/10826084.2015.1007694.

Goodchild, P. (1996). Deleuze and Guattari: An introduction to the politics of desire.

Thousand Oaks, CA: Sage

Googins, B. (1984). Avoidance of the alcoholic client. *Social Work,* 29(2), 161-166.

https://doi.org/10.1093/sw/29.2.161

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An

experiment with data saturation and variability. *Field Methods, 18*, 59-82.

https://doi.org/10.1177/1525822x05279903

Hale, J. L., Householder, B. J., & Greene, K. L. (2002). Chapter 14: The theory of

reasoned action: In J. Price Dillard & M. Pfau (Eds.), *The persuasion handbook:*

Developments in theory and practice (pp. 259-286).

http://dx.doi.org/10.4135/9781412976046

Hall, M.N., Amodeo, M.A., Schaffer, H., VanderBilt, J. (2000). Social Workers

employed in substance abuse treatment agencies: A training needs assessment.

Social Work, 45(2), 141-155. https://doi.org/10.1093/sw/45.2141

Hardeman, W., Johnston, M., Johnston, D., Bonetti, D., Wareham, N., & Kinmonth, A.

L. (2002). Application of the theory of planned behavior in behavior change

interventions: A systematic review. *Psychology and Health, 17*(2), 123-158.

Retrieved from https://www.tandfonline.com/loi/gpsh20

Hartzler, B., Donovan, D., Tillotson, C., Mongoue-Tehokole, S., Doyle, S., & McCarty,

D. (2012). A multi-level approach to predicting community addiction treatment

attitudes about contingency management. *Journal of Substance Abuse Treatment,*

42(2), 213-221. https://doi.org/10.1016/j.jsat.2011.10.012

Heiwe, S., Lonnquist, I., & Kallmen, H. (2011). Potential risk factors associated with risk

for drop-out and relapse during and following withdrawal of opioid prescription

medication. *European Journal of Pain,* 15(9), 966-970.

https://doi.org/10.1016/j.ejpain.2011.03.006

Hood, R., Miller, J., & Cristou, A. (2012). *National Drug Strategy Household Survey*

2010: Western Australian Supplementary Tables, DAO Surveillance Report:

Number 06. Drug and Alcohol Office, Perth. Retrieved from

http://www.dao.wa.gov.au

Horvath, T., DelRe, A.C., Fluckiger, C., & Symonds, D. (2011). Alliance in individual

psychotherapy. *Psychotherapy (chic),* 48(1),9-16.

https://doi.org/10.1037/a0022186.

Horvath, T., Misra, K., Epner, A. K., & Cooper, G. M. (2014). Addiction and

sociological influences-culture and ethnicity-addictions. *Aroostock Mental Health*

Center. Retrieved from https://www.mentalhelp.net/articles/addiction-and-

sociological-influences-culture-and-ethnicity/

Huang, H. B. (2010). Action research: What is good action research? Why the resurgent

interest? *Sage Publications, 8*(1), 93-109. Retrieved from

https://us.sagepub.com/en-us/nam/home

Hutchinson, A., Galvani, S., & Dance, C. (2013). Working with substance use: Levels

and predictors of positive therapeutic attitudes across social care practitioners in

England. *Drugs: Education, Prevention, and Policy, 20*(4), 312-321.

https://doi.org/10.3109/09687637.2013.765385

Hyman, S.E. (2007). The neurobiology of addiction: Implications for voluntary control of

behavior. *American Journal of Bioethics,* 7(1),8-11.

https://doi.org/10.1080/15265160601063969

Isobel, D., Kamaloodien, K., & Sabahl, S. (2015). A qualitative study of referring agents'

perceptions of access barriers to inpatient substance abuse treatment centers in the

Western Cape. *Harm Reduction Journal, 12*(1), 36.

https://doi.org/10.1186/s12954-015-0064-z

Jani, J. S., Sowbel, L., Smith-Osborne, A., Yum, J., Mollette, A., Hall, D., & Bina, R.

(2009). Perceived preparedness and knowledge of substance abuse among recent

MSW graduates: Advanced standing revisited. *Journal of Social Work Practice in*

the Addictions, 9, 381-399. https://doi.org/10.1080/15332560903284487

Jemmott, J.B., & Fong, G.T. (1992). Reductions in HIV risk associated sexual behaviors

among black male adolescents: Effects of an AIDS prevention. *American Journal*

of Public Health, 82(3), 372-377.

Johnson, S. R. (2016). The racial divide in the opiate epidemic. *Modern Health Care.*

Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed?term=%22Modern+healthcare%22%5BJo

urnal%5D

Kalebka, R. R., Bruijns, S. R., & Van Howling, D. J. (2012). A survey of attitudes

towards patient substance abuse and addiction in the emergency room. *African*

Journal of Emergency Medicine, 3, 10-17.

https://doi.org/10.1016/j.afjem.2012.09.004

Kalichman, S. C. (2007). A new approach to addressing health literacy: Theory,

intervention and policy. *Psych Critiques, 52*(32).

https://doi.org/10.1037/a0007537

Keaney, F., McCambridge, J., Strang, J., Butler, CC., & Anderson, P. (2006). Hazardous

drinking and the NHS: the costs of pessimism and the benefits of optimism.

British Journal of General Practice, 56(525), 247-248. Retrieved from:

https://ncbi.nlm.nih.gov/pmc1832230

Kellog, S., & Tatarsky, A. (2012). Re-envisioning addiction treatment: A six-point plan.

Alcoholism Quarterly, 30, 109-128.

https://doi.org/10.1080/07347324.2012.635544

Kerlikowske, G. (2014). Opioid abuse in the United States. Office of National Drug

Control Policy: Office of Public Affairs.

Kirby, K. C., Benishek, L. A, Dugosh, K. L., & Kerwin, M. L. (2006). Substance abuse

treatment providers beliefs and objections regarding contingency management:

Implications for dissemination. *Drug and Alcohol Dependence, 85*(1), 19-27.

https://doi.org/10.1016/j.drugalcdep.2006.03.010

Kitzinger, J. (1995). Qualitative research: Introducing focus groups. *British Medical

Journal, 311*, 299. Retrieved from https://www.bmj.com/

Knudsen, H. K., Abraham, A. J., & Roman, P. M. (2011). Adoption and implementation

of medications in addiction treatment programs. *Journal of Addiction Medicine, 5*.

21-27. https://doi.org/10.1097/adm.0b013e3181d41ddb

Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2007). Research network

involvement and addiction treatment center staff: Counselor attitudes toward

buprenorphine. *American Journal of Addiction, 16*(5), 365-371.

https://doi.org/10.1080/10550490701525418

Krentzman, A.R., & Townsend, A.L. (2008). Review of multidisciplinary measures of

cultural competence for use in social work education. *Journal of Social Work*

Education, 44(2), 7-31. https://doi.org/10.5175/JSWE.2008.200600003

Kulesza, M., Hunter, S. B., Shearer, A. L., & Booth, M. (2017). Relationship between

provider stigma and predictors of staff turnover among addiction treatment

providers. *Alcoholism Treatment Quarterly, 35*(1), 63-70.

https://doi.org/10.1080/07347324.2016.1256716

Levitt, L.I., Baganz, P.C., & Blachly, P.H. (1963). A study of employee attitudes toward

patients in a hospital for the treatment of drug addiction. *Psychiatry Quarterly,*

37(2), 210-219. https://doi.org/10.1007/BF01562193.

Livingston, J. D., Milne, T., Fang, M., & Amari, E. (2012). The effectiveness of

interventions for reducing stigma related to substance abuse disorders: A systemic

review. *Addiction, 107*(1), 39-50. https://doi.org/10.1111/j.1360-

0443.2011.03601.x

Loughran, H., Hohman, M., & Finnegan, D. (2010). Predictors of role legitimacy and role

adequacy of social workers working with substance abusing clients. *British*

Journal of Social Work, 40, 239-256. https://doi.org/10.1093/bjsw/bcn106

Lundgren, L., Chassler, D., Amodeo, M. A., DeAmp, A., Ippolito, M., & Sullivan, L.

(2012). Barriers to implementation of evidence -based addiction treatment: A

national study. *Journal of Substance Abuse Treatment, 42*(3), 231-238.

https://doi.org/10.1016/j.jsat.2011.08.003

MacKay, T., & Zufferey, C. (2014). A who doing a what? Identity, practice and social

work education. *Journal of Social Work, 15*(6), 644-661.

https://doi.org/10.1177/1468017314549537

Mackensie, J.F., & Jurs, J.L., (1993). Planning, Implementing, and evaluating health

education programs: A primer. Pearson.

Mackert, M., Mabry, A., Hubbard, K., Grahovac, I., & Holleran, L. (2014). Perceptions

of substance abuse on college campuses: Proximity to the problem, stigma, and

health promotion. *Journal of Social Work Practice in the Addictions,* 14(3), 273-

285. https://doi.org/10.1080/1533256x.2014.936247

Madden, T., Ellen, J., Scholder, P., & Ajsen, I. (1992). A comparison of the theory of

planned behavior and the theory of reasoned action. *Personality and Social

Psychology Bulletin, 18*(1), 3-9. https://journals.sagepub.com/home/psp

Mallon, M., & Smith, J.K. (2011). The brain, drugs, and behavior- the new science of

addiction. *Social Work Today, 14*(5). Retrieved from

https://www.socialworktoday.com/

Marcoux, B.C., & Shope, J.T. (1997) Application of the theory of planed behavior to

adolescent use and misuse of alcohol. *Health Education Research,*12, 323-331.

Matthys, F., Soyez, V., Brink, W., Joostens, P., Tremmery, S., & Sabbe, B. (2014).

Barriers to implementation of treatment guidelines for ADHD in adults with

substance use disorder. *Journal of Dual Diagnosis, 10* (3), 130-138.

https://doi.org/10.1080/15504263.2014.926691

McFarlin, D'Angelo, Drain, Gibbs, & Olmstead. (2011). Sigma as barriers. *Military Psychology, 23*, 1-15. Retrieved from https://www.tandfonline.com/loi/hmlp20

McIntosh, L. (2010). Medication-assisted treatment part 3: Tobacco and other stimulant dependence. *Northwest Frontier ATTC Addiction Messenger, 13*(3), 1-3. Retrieved from https://attcnetwork.org/centers/northwest-attc/home

McKenzie, K. (2017). Opioid crisis points to racial divide. *USA Today Network.* Retrieved from https://www.gosanangelo.com/story/news/2017/03/27/opioid-crisis-points-racial-divide/99706092/

McNiff, J. (2016). *You and your action research project* (4th ed). New York, NY: Routledge.

Miller, W.R., & Carroll, K.M. (2010). Rethinking substance abuse. What the science shows, and what we should do about it. New York, NY: Guilford Press,

Molbak, R. L. (2010). The value of adopting a human science perspective in the management and treatment of addiction. *Alcoholism Treatment Quarterly, 28*, 361-375. Retrieved from https://www.tandfonline.com/toc/watq20/current

Montano, D. E., & Kasprzyk, D. (2014). Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. In K. Glanz, B. K. Rimer & K. Viswanath (Eds), *Health behavior and health education* (pp. 68-90). Thousand Oaks, CA: Sage.

Montano, D. E., & Taplin, S. H. (1991). A test of an expanded theory of reasoned action
to predict mammography participation. *Social Science and Medicine, 32* (6), 733-
741. https://doi.org/1,0.1016/0277-9536(91)90153-4

Morrison, D.M., Spencer, M., & Gilmore, M.R. (1998). Beliefs about substance use
among pregnant and parenting adolescents. *Journal of Research Adolescence,*
8(1), 69-95. https://doi.org/10.1207s15327795jra0801_4

Moses, T., & Kirk, S. A. (2006). Social work attitudes about psychotropic drug treatment
with youths. *Social Work, 51*(3), 211-222. https://doi.org/10.1093/sw/51.3.211

National Association of Social Workers. (2008). Code of ethics of the National
Association of Social Workers. Retrieved from
http://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-
English

National Association of Social Workers. (2013). NASW standards for social work
practice with clients with substance use disorders. Retrieved from
https://www.socialworkers.org/LinkClick.aspx?fileticket=ICxAggMy9CU%3D&
portalid=0

National Association of Social Workers. (2017). Code of ethics of the National
Association of Social Workers. Retrieved from
http://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-
English

National Council on Alcoholism and Drug Dependence. (2009). The addiction treatment

gap. Promoting addiction treatment, prevention and recovery through advocacy

and education. National Council on Alcoholism and Drug Dependence.

Neale, J., Tompkins, C., & Sheard, L. (2008). Barriers to accessing generic health and

social care services: A qualitative study of injecting drug users. *Health and Social

Care in the Community, 16*(2), 147-154. https://doi.org/10.1111/j.1365-

2524.2007.00739.x

Oksanen, A. (2013). Deleuze and the theory of addiction. *Journal of Psychoactive Drugs,

45*(1), 57-67. https://doi.org/10.1080/02791072.2013.763563

Onwuegvuzie, A.J., Dickenson, W.B., Leech, N., & Zoran, A.M. (2009). A qualitative

framework for collecting and analyzing data in focus group research.

International Journal of Qualitative Methods, 8, 1-21.

https://doi.org/10.1177/160940690900800301.

Orford, J. (2001). Addiction as excessive appetite. *Addiction. Society for the Study of

Addiction,* 96(1), 15-31. https://doi.org/0-1046/j.1360_0443.2001.961152.x

Palmer, R., Murphy, M.K., Pisellia, A., & Ball, S.A. (2009). Substance user treatment

dropout from client and clinician perspectives: A pilot study. *Substance Use

Misuse,* 44(7), 1021-1038. https://doi.org/10.1080/1082608082495237

Palmer, R., & Daniluk, J. (2007). The perceived role of others in facilitating or impeding

healing from substance abuse. *Canadian Journal of Counseling, 41*(4), 199-212.

Retrieved from https://cjc-rcc.ucalgary.ca/

Patterson-SilverWolf, D.A., Maguin, E., Ramsey, A., & Stringfellow, E. (2014). Measuring attitudes toward empirically supported treatment in real world addiction services. *Journal of Social Work Practice in the Addictions,* 14(2), 141-154. https://doi.org/10.1080/1533256x.2014.902717

Pfeifer, R. (2016). Contributing factors of substance abuse and drug & alcohol addiction. *Psychology Today*. Retrieved from https://www.psychologytoday.com/us

Philleo, J., & Brisbane, F. L. (1995). Cultural competence for social workers: A guide for alcohol and other drug abuse prevention professionals working with ethnic/ racial communities. NASW/ CSAP. https://doi.org/10.1037/e620842009-001

Plant, S. (1999). *Writing on Drugs,* New York: Farrar, Straus and Giroux. [Google Scholar]

Pullen, E., & Oser, C. (2014). Barriers to substance abuse treatment in rural and urban communities. Counselor perspectives. *Substance Use & Misuse, 49*(7), 89-91. https://doi.org/10.3109/10826084.2014.891615

Punzi, E. H., & Fahlke, C. (2015). Co-occurring self-reported behavioral problems in a substance use disorder treatment population: Treatment perspective. *Alcoholism Treatment Quarterly, 33*(1), 105-117. https://doi.org/10.1080/07347324.2015.982466

Reardon, C. (2014). Medication assisted treatment: A tool to support addiction recovery. *Social Work Today, 14*(5). Retrieved from https://www.socialworktoday.com/

Reimer, B., Sawka, E., & James, D. (2005). Improving research transfer in the addictions

field: A perspective from Canada. *Substance Use & Misuse, 40*, 1707-1720.

https://doi.org/10.1080/10826080500224533

Rhodes, R.E., & Courneya, K.S. (2003). Modelling the theory of planned behavior and

past behavior, *Psychology, Health and Medicine,* 8(1), 57-69.

https://doi.org/10.1080/1354850021000059269

Richard, R., & Rodway, M. (1992). The peer consultation group. *The Clinical*

Supervisor, 10(1), 83-100. Retrieved from

https://www.tandfonline.com/loi/wcsu20

Robbins, T., Everett, B., & Nutt, D. (2010). The Neurobiology of Addiction. USA,

Oxford University Press.

Rowan, P.M., Abraham, A.J., & Knudsen, H.K. (2011). Adoption and implementation

of medications in addiction treatment programs. *Journal of Addiction Medicine,*

5(1), 21-27. https://doi:10.1097/adm.0b013e318/d41ddb.

Saldana, J. (2008). *The coding manual for qualitative researchers*. Los Angeles, CA:

Sage Publications.

Substance Abuse and Mental Health services Administration. (2013). Results from the

2012 national survey on drug use and health: Summary of national findings

ANSDNH series H-46. HHS Publication No (SMA) 13-4795. Retrieved from

https://www.samhsa.gov/data/report/results-2012-national-survey-drug-use-and-

health-detailed-tables-table-contents

Substance Abuse and Mental Health services Administration. (2000). *Substance abuse treatment for persons with HIV/AIDS*. Rockville, MD: Author.

Substance Abuse and Mental Health services Administration. (2015). *Treatment improvement protocols. Substance Abuse and Mental Health Services Administration (SAMHSA)*. Rockville, MD: Author.

Schmidt, E. A., Ybanez-Llorente, K., & Lamb, B.C. (2013). Enhancing supervision in the addictions field: Introducing the supervisor evaluation of the professional and ethical competence of substance abuse counselors. *Alcoholism Treatment Quarterly, 31*(1), 78-94. https://doi.org/10.1080/07347324.2013.746624

Schoenberg, S. (2014). Public attitudes and policy toward drug addiction shift from 'War on drugs' to focus on treatment. *Masslive.* Retrieved from https://www.masslive.com/

Shanmugam, P. K. (2017). The influence of social factors in drug addiction – A mini review of work by Miller & Carroll (2006). *Journal of Alcoholism and Drug Dependence, 5*(4). https://doi.org/10.4172/2329-6488.1000272

Sheeran, P., & Taylor, S. (1999). Predicting intentions to use condoms: A meta-analysis and comparison of the theories of reasoned action and planned behavior. *Journal of Applied Social Psychology,* 29(8). https://doi.org/10.1111/j.1559-1816.1999.tbo245.x

Simmons, L., Deal, D., & Strauber, R. (2016). A promising approach for families of and (ROC) program. *Journal of Drug Abuse, 2*(2). https://doi.org/10.21767/2471-853x.100019

Skinner, N., Roche, A.M., Freeman, T., & McKinnon, A. (2009). Health professionals attitudes towards AOD-related work: Moving the traditional focus from education and training to organizational culture. *Drugs, education, prevention & Policy,* 16(3), 232-249. https://doi.org./10.1080/09687630902876338

Smith, B. (2013). Substance use treatment counselor's attitudes toward evidence-based practice: The importance of organizational context. *Substance Use & Misuse. 48*, 379-390. https://doi.org/10.3109/10826084.2013.765480

Steen, D. M., Peay, M. Y., & Owens, N. (1998). Predicting Australian adolescents intentions to minimize sun exposure. *Psychology and Health, 13*(1), 111-119. https://doi.org/10.1080/08870449808406135

Stein, J. B. (2003). Attitudes of social work students about substance abuse: Can a brief educational program make a difference? *Journal of Social Work Practice in the Addictions, 3*(1), 77-90. https://doi.org/10.1300/j160v03n01_06

Storie, M. (2014). Recovery-oriented concepts, values and practices are widely accepted in the addiction profession, but gaps still remain. *Journal of Alcohol and Drug Dependence*, 2, 165. https://doi.org/10.4172/2329-6488.1000165

Straussner, S. L. A. (2001). *Ethnocultural factors in substance abuse treatment*. New York, NY: Guilford.

Straussner, S. L. A. (2012). Clinical treatment of substance abusers: Past, present and

    future. *Clinical Social Work Journal, 40*, 127-133.

    https://doi.org/10.1007/s10615-012-0387-0

Straussner, S.L.A., & Senreich, E. (2013). The effect of MSW education on students'

    knowledge and attitudes regarding substance abuse clients. *Journal of Social*

    Work Education, 49(2), 321-336

Tauber, S. (2014, May). Perception vs attitude-what is the difference. [Blog post].

    Retrieved from http://sarahtaber.com/interesting-words/perception-vs-attitude-

    difference/

Tigerstedt. C., & Torronen, J. (2007). Following the moving and changing attachments

    and assemblages of 'addiction': Applying the actor network approach to

    autobiographies. *International Journal Drug Policy,* 54, 60-67.

    https://doi.org/10.1016/j.drugpo.2007.01.011

Trafimow, D., & Miler, A. (1996). Predicting and understanding mental practice. *The*

    Journal of Social Psychology, 136(2), 173-180. Retrieved from

    https://www.tandfonline.com/loi/vsoc20

Vairo, E. (2010). Social worker attitudes toward court-mandated substance abuse clients.

    Social Work Practice in the Addictions, 10(1), 81-89.

    https://doi.org/10.1080/15332560903498640

VanBoekel, L.C., Brouwers, E., VanWeeghel, P.M., Garretsen, J., & Henk, F.L. (2013).

    Stigma among health professionals towards patients with substance use disorders

and its consequences for health care delivery: A systematic review. *Journal of Drug and Alcohol Dependence,* 131(1-2), 23-25. https://doi.org/10.1016/j.drugalcdep.2013.02.018.

VanHout, M.C., & McElrath, K. (2012). Service user involvement in drug treatment programs: Barriers to implementation and potential benefits for client recovery. *Drugs, Education and Policy,* 19, 474-483. https://doi.org/10.3109/09687637.2012.671860

Volkow, N. D., Frieden, T. R., Hyde, P. S., & Cha, S. S. (2014). Medication -assisted therapies: Tackling the opioid overdose epidemic. *The New England Journal of Medicine, 370*(23), 2063-2066. https://doi.org/10.1056/nejmp1402780

Volkow, N. (2016). What science tells us about opioid abuse and addiction. *National Institute on Drug Abuse*. Retrieved from https://www.drugabuse.gov/

Weinberg, D. (1997). Lindesmith on addiction: A critical history of a classic theory. *Sociological Theory, 15*(2), 150-161. https://doi.org/10.1111/0735-2751.00029

Webb.T., & Sheeran, P. (2006). Does changing behavioral intentions ingender behavior change? *Psychological Bulletin,* 132(2), 249-268. https://doi.org/10.1037/0033-2909.132.2.249

Wells, E., Valente, A., Peavy, M. K., & Jackson, T.R. (2013). Social workers and delivery of evidence -based psycho social treatments for substance abuse disorders. *Social Work in Public Health, 28*, 279-301. https://doi.org/10.1080/19371918.2013.759033

West. R. (2006). The transtheoretical model of behavior change and the scientific

   method. *Addiction Society for the Study of Addiction,* 101(6), 774-778.

   https://doi.org/ 10.1111/j.1360-0443.2006.01502.x

Westmeyer, J. (2014). Cross cultural aspects of substance abuse. In M. Galanter & H. D.

   Kleber (Eds.), *Textbook of substance abuse treatment* (pp. 89-98)*.* Arlington, VA:

   American Psychiatric Publishing.

White, W. (2015). *Slaying the dragon: The history of addiction treatment and recovery in

   America*. Maryville, IL: Chestnut Health Systems.

Whitley, B. (2010). *The psychology of prejudice and discrimination*. Wadsworth

   publishing (2ed).

Wilkey, C., Lundgren, L., & Amodeo, M. (2013). Addiction training in social work

   schools: A nationwide analysis. *Journal of Social Work Practice in the

   Addictions, 13,* 192-210. https://doi.org/10.1080/1533256x.2013.785872

Windsor, L. C., & Murugan, V. (2012). From the individual to the community:

   Perspectives about substance abuse services. *Journal of Social Work Practice in

   the Addictions, 12*, 412-433. https://doi.org/10.1080/1533256x.2012.728115

Yankah, E. (2016). When addiction has a white face. *The New York Times*, New York,

   NY, pp. A23.

Zaller, N. D., Bazazi, A. R., Velazques, L., & Rich, J. D. (2009). Attitudes toward

   methadone among out-of-treatment minority injection drug users: Implications for

health disparities. *International Journal of Environmental Research and Public Health, 6*(2), 787-797. https://doi.org/10.3390/ijerph6020787

Zamawe, F. C. (2015). The implication of using NVIVO software in qualitative data analysis: Evidence-based reflections. *Malawi Medical Journal, 27*(1), 13-15. https://doi.org/10.4314/mmj.v27i1.4

Appendix A: Invitation to Participate

Greetings, my name is Catherine Pacher. I am a master social worker (MSW) and doctoral candidate at Walden University. I wish to conduct a study regarding the perceptions/ attitudes in treating the needs of substance abuse clients. Additionally, the focus of my action research is to identify factors that influence the treatment of substance abuse clients.

Once university institutional review board (IRB) approval is granted, I will begin to recruit participants. One of the sampling techniques I will utilize is known as purposeful sampling. This is a technique where potential participants are invited to participate in the study based on a list of social workers obtained from the Mississippi board of social work examiners. This list will identify participants in the southern coastal geographic area.

If you are interested in this research study, I will send a formal written research consent form that provides more detailed information about the study. You may also feel free to contact me with any questions at ████████████ or email at ████████████.

Thank you for your time and consideration in this matter.

Appendix B: Recruitment Flyer

Would you like to participate in an action research focus group?

You are invited to participate in a case study designed to identify barriers that

impede treatment and hinder the success of client recovery from addiction. You

will be asked to participate in one focus group meeting discussing your

experiences and perceptions related to this population. Your voluntary input may

lead to an awareness of attitudes and improvement in delivery of treatment

outcomes to substance abuse clients. Your help with this project will be greatly

appreciated.

If you are:

   A social worker with an undergraduate (bachelor) or graduate (masters or

higher) degree.

   Have at least one year of experience working with substance abuse clients.

I would appreciate you contacting Catherine Pacher at ████████ to obtain more information about how you can be part of this confidential study.