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Exploring the Role of Social Workers in Substance Abuse Treatment

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Robert Unegbu

has been found to be complete and satisfactory in all respects,
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Walden University

2020

Abstract

Exploring the Role of Social Workers in Substance Abuse Treatment

by

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MSW, University of Ibadan, 2003

BS, Abia State University, 1996

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

February 2020

Abstract

Alcohol and drug addiction are conditions that require professional treatment, but few social workers identify addictions as their primary area of practice, leaving it to nonprofessionals, those without degrees, knowledge, and skills required to provide this specialized practice. Thus, this action research project, guided by ecological systems theory, was focused on exploring the roles, perceptions, and experiences of social workers treating individuals with a substance abuse problem using evidence-based practices. A focus group of 10 substance abuse professionals was recruited from social workers providing services to individuals receiving substance abuse treatment in northeast Texas. Focus group data were audiotaped and transcribed. Thematic analysis was used with open coding to identify the key themes. The findings revealed that social workers experience resistant clients, lack of organizational support, and inconsistent training. The findings from this study may provide social workers with more encouragement to use evidence-based methods in substance abuse treatment, additional understanding of critical shortcomings, and new ways to address the motivation for treatment. Additionally, the study may result in positive social change by encouraging substance abuse treatment facility administrators to seek improved training and consistent continuing education efforts in addition to emphasizing the social worker role in substance abuse treatment.

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Dedication

The current study is lovingly dedicated to my wife, Dr. Ijeoma Unegbu, and our children, Naomi, Abigail, and Daniel. The study is also dedicated to my parents, late father Chief Sylvester Chima Joseph Unegbu and my mother, Felicia Unegbu.

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Section 1: Foundation of the Study and Literature Review

Drug abuse has become a public health concern. For instance, the impact of opioid addiction in the United States has cost just over 5 hundred billion dollars a year, also costing lives, hurting the workforce, and forcing many children of addicts to join the child welfare system (Surgeon General's Report on Alcohol, Drugs, and Health, 2016). Additionally, 8.3% of adults aged 21 or older in the United States, an estimated 17 million people, have experienced a substance abuse problem (Sarra, Joel, Rachel, Grace, & Peter, 2015). In terms of specific demographics, 3.1%, or 9.8 million male adults in the United States have experienced severe mental health/cognitive problems due to substance abuse-related problems (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). Further, in 2014, 27.0 million Americans aged 12 and older were engaged in substance abuse, meaning 10.2% of the entire population (SAMHSA, 2015).

Social workers and addiction counselors play a critical role in minimizing the substance abuse epidemic through treatment and recovery (Jackson, Kristman-Valente, Peavy, & Wells, 2013). But the social work profession has a shortage of trained professionals in an established practice for addressing the opioid crisis and treating substance abuse problems (Lundgren & Krul, 2014; Smith, Weismiller, & Whitaker, 2014). Social workers and substance abuse counselors with different perspectives on substance abuse treatment have continued to dominate the practice (Smith et al., 2014). The existence of unqualified substance abuse counselors without the prerequisite training, experience, and skill has remained a primary concern in substance abuse treatment

(Jackson et al., 2013). However, trained clinical social workers have the skills to implement the evidence-based technique in substance abuse treatment practice (Lundgren & Krul, 2014).

The application of various evidence-based practice models is also important in addressing substance abuse treatment and recovery (Smith et al., 2014). Applying an evidence-based practice model is just as important as including well-trained and competent social workers in substance abuse treatment (Finney, Hagedorn, & Manuel, 2011). However, there is a gap in research and practice literature that has explored the role of social workers and substance abuse counselors in addressing substance abuse treatment. In addressing this gap, I explored social workers' roles, perceptions, strengths, and limitations in implementing evidence-based treatment in substance abuse treatment. Historically, social workers have assumed a key role in providing care to vulnerable people in society (Daley & Feit, 2013). The findings may have implications in terms of policy development that may expand social workers' roles in substance abuse treatment such as where the participants in this study are from in eastern Texas.

This study includes four sections. Section 1 includes the introduction, problem statement, research question, nature of the doctoral project, significance of the study, theoretical, conceptual framework, review of the literature, and summary. Section 2 includes the introduction, research design, methodology, participants, instrumentation, data analysis, ethical procedures, and summary. Section 3 describes the findings, and

Section 4 presents the application to professional practice and implications for social change.

Problem Statement

The problem of substance abuse is a growing concern, as individuals are exposed to the risk of health and social issues (Jackson, Kristman-Valente, Peavy, & Wells, 2013). Additionally, there has been an increase in drug abuse and drug-addicted behavior throughout the world (World Drug Report, 2017). A total of 255 million people, about 5.3 % of the world adult population between the ages of 15 and 64, have used drugs, with some of the use reaching abuse levels and opioids as the most harmful (World Drug Report, 2017). Opioids are a class of drugs that includes powerful prescription painkillers such as OxyContin and Vicodin, illegal heroin, and fentanyl, a strong synthetic medication sold by prescription and on the street. In the United States, 42,000 people died of an opioid overdose in 2016, and more than 11 million people in the United States abused prescription opioids in 2016 (Centers for Disease Control and Prevention, 2017).

People with substance abuse problems often experience homelessness, mental health issues, low self-esteem, unemployment, poverty, criminal activity, parole violation, unhealthy family relationships, and isolation from the community (Hilarski, 2013). Substance abuse problems affect not only the individuals using it but also family members and the practitioners who are likely to work with them (Ian, Fiona, & Hugh, 2012). The abuse and misuse of alcohol and drugs have affected the lives of people, along with a lack of access to recovery programs to help treat the problems (National

Institute on Drug Abuse Report, 2014). There is a need for people with substance abuse problems to seek specialized treatment (Sarra et al., 2015). Therefore, it is essential to understand the role of social workers to provide effective treatment and recovery support for this group in this study.

Despite the need for social workers in substance use treatment, the prevalence of people with a lack of training, competence, and experience, coupled with the risk associated in practice, creates a challenge in substance abuse treatment. Most social work professionals lack adequate training in substance abuse treatment practice (Wells et al., 2015). The level of formal MSW qualification received held by social workers appears inadequate to display problem-solving skills in using evidence-based skills in substance abuse treatment. Additionally, the lack of social workers trained in the use of evidence-based skills in substance abuse treatment presents a challenge (Lundgren & Krul, 2014). The lack of training and preparation among social workers has influenced their professional role as primary providers of treatment care to individuals with substance abuse problems (Wells et al., 2015). Social workers are never prepared to face each set of conditions that could develop in the lives of clients due to the scope of the profession. Social workers in substance abuse treatment practice usually are scrutinized for applying an individual approach and giving very little consideration to the client environment (Wells et al., 2015).

In this study, I explored the role of social workers in the provision of effective treatment and recovery support to individuals with a substance abuse problem. I

examined social workers' roles, perceptions, and limitations in the application of the evidence-based technique in the treatment of clients with a substance abuse problem. A better understanding of the role of social workers may lead to an increased involvement of social workers in substance abuse treatment using an evidence-based model.

Purpose Statement and Research Questions

The primary aim of this study was to explore the role of social workers working in substance abuse treatment. The secondary aim of this study was exploring the strengths and limitations of social workers in implementing evidence-based treatment techniques as well as their roles and perceptions. The application of an evidence-based model is relevant and significant in the social work practice focused on providing treatment services to clients with substance abuse problems in eastern Texas.

Social workers providing treatment services to clients in substance abuse facilities have numerous obstacles in working with this group such as working to meet their unique needs (Forde & Lynch, 2014). Sarah-Jane & Irwin (2012) indicated that the social workers practicing in a substance abuse facility perform a variety of tasks and function in diverse roles but are not recognized by the relevant governmental agencies and professionals (Straussner & Schiff, 2014). Another challenge is the lack of interest in engaging with substance use treatment (Sylvia, 2015). Social work cultural competence has also become important because the substance abuse problem currently has become a relevant trend in the country (Straussner & Schiff, 2014). Social workers need to develop a better understanding of evidence-based models in administrating substance abuse

treatment (Sylvia, 2015). Thus, I collected the information of this study to create new awareness and improve social work practices using an evidence-based model in substance abuse treatment.

Social workers must continue to provide evidence-based models on the treatment needs and recovery of this group served. The results gained in this action research project are relevant for the social workers and the graduate social work student, and the National Association of Social Workers (NASW East Texas Chapter), so they can better explore potential careers and help meet the needs of the individuals in a substance abuse treatment using evidence-based approaches. The results may also help initiate training, conferences, workshops, and continuous education providing current information to social workers in eastern Texas and to maintain their professional licensure. Further, social work programs can become aware of incorporating in their course outline professional social work topics focusing on substance abuse treatment services such as social work ethics and cultural competence (Reamer, 2018). Social work education presents opportunities and services to focus on the needs of clients' substance abuse in treatment facilities (Sylvia, 2015).

The information gathered in this study may enable potential social work professionals to engage in substance abuse treatment and may have policy implications for the future to promote evidence-based models. Additionally, it may enhance social workers' role and expand needed social work services that may reduce the lack of substance abuse treatment. The study outcome will further highlight and inform future

studies on the role of social workers' perceptions, strengths, and limitations in substance abuse treatment. Additional studies could improve professional competence, and the recommendations will be shared on the role of social workers in substance abuse treatment and recovery.

Research Questions

The practice-focused research questions of this study are the following:

Research Question 1: What is the role of social workers in administering evidence-based substance abuse treatment in the facility?

Research Question 2: What are the strengths and limitations of social workers at a substance abuse treatment facility?

Research Question 3: What are social workers' recommendations in addressing the gaps in the substance abuse treatment facility?

Key Terms and Concepts

Cultural competency: The application of cultural understanding that results in respectful social work practice toward diverse populations (NASW, 2017).

Evidenced-based practice: Described in this study to include the application of systematic clinical expertise into the treatment of individuals with substance abuse problem and recovery.

Intervention: The action of creating awareness to the issue of substance abuse problem.

Prevention: The knowledge or actions used to prevent the onset of substance use.

Social worker: Qualified professional licensed to provide in-depth or specific assessment and treatment for substance abuse problem;

Substances: Described in this study to include alcohol, cocaine, heroin, inhalants, marijuana, prescriptions drugs, and tobacco use.

Substance abuse treatment: This refers to the process of using specific components to help a person to abstain from abusing addictive substances such as alcohol or drugs.

Treatment: Described in this study as the act of using guided techniques such as therapeutic counseling, cognitive behavior, motivational therapy, and skill-building to minimize substance use behaviors and the problems associated with it.

Nature of the Doctoral Project

I used action research in this current study. Action research is the practice of exploring an issue of collective concern using a participatory technique to highlight and using a problem-solving approach to improve it (Stringer, 2014). The fundamental principle of an action research project is to engage in understanding ways to explore the nature of knowledge and methodologies (Grinnell & Unrau, 2014). Action research integrates theory into a meaningful application to produce results such as improving knowledge and practice experience among social workers in collaboration with the target of the study (see David & Sutton, 2016). Action research also creates public awareness and empowers professionals with the opportunity to examine, reflect, collaborate, and select new methods and ideas to improve practice skills and program effectiveness.

Further, action research helps the practitioners and other stakeholders to understand issues, informs action, critical reflection, test outcomes for changes identified, and discover ways to implement it (Stringer, 2014).

The dynamics of an action research project depend on the use of appropriate strategies to conduct and develop a useful intervention as well as group participation and efforts to identify and address social problems and effect changes (McNiff & Whitehead, 2016). I collaborated with social workers with an action research approach to discuss and share personal experiences, perceptions, strengths, and limitations in substance abuse treatment and recovery. This study highlights the role of social workers and the use of the evidence-base technique to provide effective treatment to individuals with a substance abuse problem. I identified evidence-based techniques social workers can use to improve professional effectiveness in the substance abuse treatment. In this study, I used action research to develop answers that may motivate social workers to take part in substance abuse treatment. I ensured that action research matches the study questions by exploring the role, experience, perceptions, strength, and limitation in substance abuse treatment.

The primary source was a focus group with social workers who are treating individuals with substance abuse problems. Focus groups are useful in gathering qualitative data based on the way people think, experience, or perception of a problem by generating a dialogue (McNiff & Whitehead, 2016). The instrument that guided the focus group was a set of research questions collected based on personal views of social workers' strengths and limitations in substance abuse treatment. I distributed the

questions to participants through e-mail before the focus group meeting. Early distribution of the questions allowed the social worker participants to prepare and decide on the topic matter before the group meeting.

I used open coding to explore and organize the data. Coding in a qualitative study helps to identify and organize the key research topic (Padgett, 2016). I used open coding to organize the study data line by line, while focused coding outlined the most constant and vital topic of the study. Additionally, content analysis is useful when analyzing data from focus groups about treatment (Padgett, 2016), which was an effective method to capture the social workers' experiences and analyze the materials by theme for both similarities and differences.

The Significance of the Study

In this study, I explored the role, perception, strength, and limitation of social workers while providing professional services to individuals receiving substance abuse treatment. The goal of the findings is to contribute to a current body of knowledge on the involvement of social workers in raising the issue of substance abuse treatment (David & Sutton, 2011; Forde & Lynch, 2014). Potential contributions of the study include identifying the practice strength that exists for social workers providing therapy for those within the geographical area of the research. The identification of the factors that enhance social workers' application of evidence-based technique will advance the knowledge about ways to motivate and promote social workers involved in substance abuse treatment. Knowledge gained from this study will inform action steps and enhance the

social workers' roles, perceptions, strengths, and limitations in substance abuse treatment and recovery.

In this study, the potential contribution will be significant for several reasons. First, the expected outcome will highlight the role of social workers in addressing substance abuse treatment using evidence-based models. There is a high prevalence of certified counselors with a lack of training, competence, and experience in substance abuse treatment (Forde & Lynch, 2014). Furthermore, in this study, I explored the outcome that may have implications for addressing substance abuse problems in other cities. There is a lack of current literature in small cities, affecting the replication of current knowledge regarding substance abuse treatment (Jackson, Peavy, & Kristman-Valent, 2013).

Additionally, the goal of any research outcome is to inform and inspire academia, institutions, nonprofit organizations, and policymakers to start innovative practice for a change (McNiff & Whitehead, 2010). This current study has potential for policy improvement to motivate and promote increase social workers' roles in substance abuse treatment. There is a need for substance abuse treatment, but there is a lack of funding and a shortage of trained social workers to meet the demand for treatment service. Inadequate resources to attract certified social workers to address the substance abuse treatment may expose the city to the risk of increased social problems (Tyler City, Regional Needs Assessment, 2014). This study may impact social change, influencing and improving substance abuse treatment by informing on the role of social workers in

substance abuse treatment, creating service awareness, enhancing treatment effectiveness, improving conditions for social workers, and reducing negative social consequences associated with substance abuse. The findings of this study also have implications for future research and policy that will promote the social workers' role in substance abuse treatment using evidence-based models.

Theoretical and Conceptual Framework

In this study, the ecological systems theory was used as the theoretical framework. The self-efficacy theory also was a critical concept that emphasizes the importance of motivation on the social worker's role in substance abuse treatment (Bandura, 2011). In this study, the theoretical perspective was used to explore and stimulate understanding of the role of social workers in substance abuse treatment. Social workers understand the substance abuse problem and have the skills to identify appropriate treatment techniques to address them (Cournoyer, 2014).

Bronfenbrenner developed the ecological systems theory and applied it to examine human biological systems within an ecological environment. Using the ecological systems theory, Bronfenbrenner (1979) addressed the importance of understanding the individual within the framework of the environment. Ecological system theory plays an important role in social work practice because of its influence from a micro-, mezzo-, and macro-level of the environment on the individuals (Bruce & Karen, 2014). Exploring the social worker role requires understanding individual subjective norms at these levels based on the environment need—meeting relationships,

and the impact on the individual (Wells et al., 2013; Nguyen & Meek, 2015). The ecological system theory in social work focuses on the concept of mutual benefit, sharing of resources, and adjustment among subsystems of individual and circumstance or client and environment. Many researchers have indicated that social workers use the ecological system theory to improve the standard of a transaction between a client and their environment change a variety of substance abuse lifestyle (Bruce & Karen, 2014). This theory is related to social work thought that is basic to treatment and intervention behavior and is controlled by behavioral goals (Michael & Brian, 2013; Nguyen & Meek, 2015).

The ecological system theory also enables social workers to develop actions needed to apply a strength-based approach in helping the client to accept treatment (Bandura 2011; Bruce and Karen, 2014). Furthermore, the ecological systems model can help the social worker to become familiarized with various range of roles, strategies, techniques, and other therapeutic options without any moral judgment. This model can lead a social worker with several types of experience, skills, and competence to enhance the standard of treatment given to clients with substance abuse problems in a facility.

The social worker can also utilize self-efficacy to accomplish a positive outcome because it can help him or her to build personal self-confidence that will alter negative behavior (Bandura, 2011; Pedrazza, Trifiletti, Berlanda & Bernardo, 2013; So-Yun Choi, 2016). Self-efficacy theory was developed to understand behavioral change more fully and is a guiding principle of social workers (So-Yun Choi, 2016). Self-efficacy principle

is focused on a strengths-based approach that applies to social workers and the practice setting (Bandura, 2011). Enhancing self-efficacy demands motivating and supporting confidence building, and the practicability of accomplishing change. These efforts require social workers to utilize personal strengths to reach their goals. The self-efficacy is a critical component of change, which social workers should accept as a capacity to apply in practice—the basis of the premise of whether those clients have sensitive decision-making skills (So-Yun Choi, 2016).

Both ecological system theory and self-efficacy theory correlate with the focus of the study and helped explore certain factors in the practice that influenced the social workers regarding treatment effectiveness. The theories helped the study to highlight the impact of substance abuse on the identified limitations and potential outcomes. The theories were also used to enable me to understand the data collected.

Literature Review

In a practice setting, a social worker may experience certain limitations in providing substance abuse treatment. The problems associated with motivation, burnout, social worker competence and training, difficulty in handling huge caseload may constitute a challenge or limitation (Huong Nguyen & Meek, 2015). In the literature review, I covered key concepts to the present study, such as ecological system theory and the self-efficacy theory, to understand the strengths and limitations related to social worker s role in substance abuse treatment. I used online data sources such as Google

Scholar and Walden University Library. PsycINFO, social work abstracts, and Thoreau Multi-Database Search were also used to research peer-reviewed literature.

I used the literature review to highlight ways that social worker has participated and address substance abuse treatment problem for the individuals and the city. I also used the literature to explore the social worker's experience, perception, strength, and limitation in substance abuse treatment. The current theoretical foundations also highlight the impact of substance abuse on the identified strength and limitations and potential outcomes. In this study, I present case study examples that are relevant to exploring the strength and limitations and possible solutions to practice problems. I conclude the review section by highlighting current gaps in knowledge that demand additional research and study.

The Problem

The prevalence of substance abuse is still a problem in the United States and has created a lot of public apprehensions. In the United States, 27.0 million people 12 and older are engaged in substance dependence (SAMHSA, 2015), and at least 8.3% of U.S. adults 21 or older (17 million people) have a substance abuse problem, 3.3% being male (Sarra et al., 2015). Substance abuse has affected individuals and groups (Forde & Lynch, 2014; Mel, James, & Stephen, 2012). Substance abuse touches all parts of an individual's life, including job eligibility, education, and social functioning. The criteria for substance abuse in the DSM 5 is a maladaptive disorder that creates impairment or distress in at least one area of an individual's life (Arria & McLellan, 2012).

The problem of substance abuse in the geographical area of the study has created a negative impact on individuals' family, friends, coworkers, children, and society (Regional Needs Assessment, 2014). According to the Texas Department of State Health Services (2015), 40,512 people age 18 and up are receiving services for substance abuse treatment in Texas, and 15,828 adults were admitted to substance abuse for outpatient treatment in 2015 and 11,806 for residential treatment. Additionally, Region 4 of Texas has a higher rate for outpatient and inpatient supportive residential treatment (Regional Needs Assessment, 2016). Further, the East Texas Council on Alcohol and Drug Abuse (2016) estimated that a total of 1,640 people were screened and referred for and are receiving substance abuse treatment.

Substance Abuse Treatment Approaches

Substance abuse is a maladaptive pattern of alcohol and drug misuse leading to significant impairment and an inability to perform primary responsibilities at work, school, or home (Sylvia, 2015). People addicted to alcohol and drugs experience emotional, financial, physical, and social problems (Ian et al., 2012). Individuals who are dependent on alcohol and drug cannot control their use, so getting professional treatment is important (Sylvia, 2015). Treatment professionals understand the causes of substance abuse and its implications for treatment and can use specific components to address and reduce the prevalence of substance abuse (Sylvia, 2015). Without treatment that meets the specific needs of individuals with a substance abuse problem, the economic and human costs will continue to increase (Ian et al., 2012).

The involvement of social workers in substance abuse treatment can minimize individuals' problems because they have the knowledge and skills to help clients to recover. Social workers' roles remain a component of substance abuse treatment, which includes their perception, strengths, and limitations (Wells et al., 2013; Nguyen & Meek, 2015). However, the insufficient engagement of social workers with clients in substance abuse treatment facility has affected their ability to accomplish their goals. This inadequate involvement is attributed to role uncertainty, lack of information, and absence of confidence in practice competence.

Case Study

Social work has a long history of providing help to underprivileged members of the society, which motivates the improvement of the profession. Traditional social workers' roles in substance abuse treatment are focused on working with clients to overcome challenges that impend their lives (Hepworth et al., 2013). Additionally, the social workers engaged in substance abuse treatment programs undertake a case-finding role through formal collaboration with potential referral sources such as law enforcement authorities, employers, health and human service agencies (Wells et al., 2012).

The social worker's role is designed to meet client needs in a structured program and setting. The inpatient and outpatient substance abuse treatment facility offer a safe setting for assisting clients to begin an alcohol and drug-free existence (Ian et al., 2012). Furthermore, the treatment setting enables social workers to focus on identifying psychosocial issues, using practice experience, skills, competence, and a treatment model

that is client-focused and provides environmental support. This environment also provides the social workers with the opportunity of using supportive and empathic statements, reflective listening, and accurate, sensitive feedback in understanding the substance abuse problem application (Hepworth et al., 2013; Huong Nguyen & Meek 2015; Sarra et al., 2015). In administrating evidence-based treatment in a facility, the social workers focus on providing psychotherapy to clients by teaching specific skills and family therapy (Wells et al., 2012). The social worker's goal is to increase the client's self-efficacy to assist them in achieving and maintaining a drug-free lifestyle. The social worker motivates the clients to participate in treatment and provide them with appropriate services needed to increase their commitment to treatment later (Sarra et al., 2015).

The social worker also uses professional competence to explore alternatives for the client while taking into consideration the client's right to self-determination and right to choose from the options available (Peavy & Jackson, 2013). For example, the social worker and client generate a service plan with methods to meet the client's needs both short- and long-term. The treatment plans reflect the level and strength of the client's defined goals. This approach is frequently driven by social worker obligation to help the client access the chosen services. During the treatment stage, the social workers' roles focus on supporting the clients in resolving immediate needs and coordinating their access to treatment application (Hepworth et al., 2013; Huong Nguyen & Meek 2015; Sarra et al., 2015).

Further, the social worker's traditional role is not only to address the clients' substance abuse problems but to link them with resources that they lack. Social workers also have dual commitments to their clients and to the systems with whom they collaborate. Social workers coordinate both treatment and other activities by preparing and supporting the client to access resources (Hepworth et al., 2013). For example, the social worker coordinates with other agencies, households, legal agencies, and other relevant groups to facilitate access to the required resources to meet the client's needs. Furthermore, in substance abuse treatment, the social worker helps the client move from substance abuse treatment back to the community using community-based treatment applications (Hepworth et al., 2013; Huong Nguyen & Meek 2015; Sarra et al., 2015). The social worker must ensure that the client's transition into a community-based program is smooth and that barriers are resolved (Hilarski, 2013). For example, the social worker may have to address issues on behalf of a client in a substance abuse treatment facility such as promoting nontreatment training about substance abuse problems.

Evidence-Based Practice in Substance Abuse Treatment

Evidence based refers to the integration of clinical competence, skill, values, and empirical evidence to support the decision-making process to achieve a positive result (Peavy & Jackson, 2013). Changes in national health care policy in the United States have supported the implementation of evidence-based techniques to promote treatment practice (Wells et al., 2013). For example, the Affordable Care Act recommended an expanded role for social workers in substance abuse treatment, increasing access to

substance abuse services to individual clients (Lundgren & Krul, 2014). The Affordable Care Act policy change stipulated a compulsory promotion of substance abuse care and guidelines for social workers' timely intervention in substance abuse treatment services, which involve evidence-based practices (Lundgren & Krul, 2014).

Social workers have identified evidence-based tools as essential to enhancing practice effectiveness in substance abuse treatment (Manuel, Hagedorn, & Finney, 2011). The use of the evidence-based model allows social workers to complement clients' experiences and adapts to the treatment setting to achieve positive outcomes (Sarra et al., 2015). Social workers should be equipped with specialized skills to implement the evidence-based model in substance abuse treatment and recovery (Manuel et al., 2011). Increased training of social workers to use the evidence-based model can help meet the needs of individuals in treatment and recovery (Bride, Kintzle, Abraham, & Roman, 2012). This is important because social workers play a critical role in the provision of specialized treatment to individuals with issues of the substance abuse problem (Sarra et al., 2015).

In this study, I explored residential inpatient, outpatient, cognitive behavioral therapy, and motivational interviewing as the evidence-based model used by social workers in substance abuse treatment and recovery. Social workers providing substance abuse treatment tend to have self-confidence and strength when applying evidence-based methods, especially with support available (Sarra et al., 2015). Social workers with the knowledge of evidence-based practice demonstrate positive attitudes needed to overcome

treatment challenges (Hepworth et al., 2013; Huong Nguyen & Meek 2015; Sarra et al., 2015). The acceptance of evidence-based practice is predicated on the social worker's level of education. Social workers with a higher level of education are more inclined to research and implement evidence-based models (Hepworth et al., 2013; Huon et al., 2015). Furthermore, work-related experience can influence a social worker's outlook toward developing problem-solving approaches (Ian et al., 2012). The recognition of the social worker's engagement in evidence-based practices has been identified as an influential factor in providing substance abuse treatment in a facility.

Residential Inpatient and Outpatient

The concept of residential inpatient and outpatient are similar; however, the principles are different, as the substance abuse treatment varies in types of professionals and care (McCarty et al., 2014). The benefits of residential inpatient and outpatient treatment depend on the living condition, treatment structure, intensity, duration, and the exclusion and inclusion of aftercare and program setting (McCarty et al., 2014).

Outpatient. Outpatient programs are a treatment plan designed for clients in stable conditions with mild symptoms that do not require medical attention (McCart et al., 2014; Montvilo, 2013). The outpatient treatment presents the client an opportunity to live in a home environment while attending to personal needs, including family, employment, or education. The outpatient program challenges a client to explore support within the home environment, community self-help groups, guide the pathway of recovery (McCarty et al., 2014). Thus, outpatient treatment offers a client in recovery a

way to participate and practice learned coping skills or strategies while in substance abuse treatment.

Residential inpatient. The residential inpatient treatments are often conducted in dormitory-like environments, or house, apartment, while outpatient settings resemble a nonresidential setting. A residential inpatient program helps to normalize the immediate health and mental condition of clients and prepare them for participation in the substance abuse treatment program (Bruce & Jongsman, 2012). The goal of the residential inpatient program includes observing the client's compliance with substance abuse treatment (Montvilo, 2013). This program is effective in addressing substance abuse by providing individualized care, education, employment opportunities, and family therapy, which enables a client to learn ways to cope with some environmental issues that have contributed to a substance abuse problem (Bruce & Jongsman, 2012). Social workers play a unique role in a residential inpatient program helping individuals to alter their behaviors in a highly structured setting (McCarty et al., 2014). In this study, I explored the residential treatment program as an appropriate treatment setting for an individual that meets the criteria for treatment.

Cognitive Behavioral Therapy

Ellis adapted cognitive behavioral therapy from his work on rational-emotive therapy developed in the mid-1950s. Cognitive therapy is a model of brief treatment that supports direct, active teaching to illuminate and confront the client's irrational thinking (Early & Grady, 2017). Cognitive-behavioral therapy is centered on the principles of

changing cognitions (beliefs, judgments, and perceptions) and the behavior that flows from it (Hearon, McHugh, & Otto, 2010). Michael & Brian (2013) postulated that cognitive-behavioral therapy view substance abuse as a learned behavior that can be changed. Hearon, McHugh, & Otto, (2010) asserted that behavior change could be achieved using a cognitive intervention process such as identifying the conditioned stimuli that trigger specific addictive behaviors. Sarra et al. (2015), reports that cognitive-behavioral therapy teaches the client to confront his or her value system, learn new values, and create new ideas and beliefs. Similarly, Filges & Jorgensen (2018) showed that the goal of cognitive behavioral therapy is to help the client think, act more, and focus on developing problem-solving capabilities. Early & Grady (2017) argued that a client's maladaptive habits could be replaced with healthy behaviors using the cognitive behavioral therapy technique involving creating new awareness and responsible planning.

Paul (2018) believed that the substance abuse problem stems from or through the interplay of many contributing factors, such as biopsychosocial and physiological (2017). Sarra et al., (2015), suggests that cognitive-behavioral counseling can help a client to become aware of the stressors, events, and feeling that triggers alcohol and drug use, and work to avoid them. Hepworth et al. (2013) maintained that cognitive-behavioral therapy allows for contingency management designed to offer incentives to reinforce positive behaviors, such as remaining abstinent from substance abuse problems. Additionally, Michael & Brian (2013) asserted that cognitive-behavioral counseling helps clients in treatment to understand and stop negative ways of thinking and action that lead to

substance abuse. Early & Grady (2017) found that cognitive-behavioral techniques could be used to understand the client's ability to learn coping skills, cognitive restructuring, and problem-solving to help manage anxiety.

Paul (2018) argue that cognitive-behavioral therapy intervention is a critical phenomenon in the substance abuse treatment; it teaches the client to confront his or her value system, learn new values and create new ideas and beliefs. Wells et al. (2013) explain that the role of social workers includes finding strategies that support an individual's change or alter the behavior that triggers them to use it. Nguyen & Meek (2015) stated that cognitive-behavioral therapy principles include learning and reinforcement as a solution-oriented approach to address substance abuse problems. Michael & Brian (2013) maintained that cognitive-behavioral therapy as a solution-oriented approach encourages the clients to put more emphasis on their concrete needs in the treatment process. Paul, (2018), noted that cognitive-behavioral therapy meets the criteria for substance abuse treatment choice, use in changing the belief and thinking patterns, alter relapse triggers, and support behavior change.

In this study, I used cognitive behavioral therapy to explore the techniques used in social work to address the actual problems experienced by individuals entering treatment. I will use the cognitive-behavioral model to explore circumstances which expose a client to use and behavioral modification to control their substance abuse problem.

Motivational Interviewing

Miller and Rollnick, who defined it as a psychotherapeutic method that attempts to draw a client apart from a state of indecision developed. The model of motivational interviewing. Miller & Rollnick (2013) maintained that motivation interviewing gives the client the motivation for making a favorable decision and achieving established goals. Koprowska (2015) stated that motivational interviewing is a client-centered approach and a hallmark of social work value focusing on where the client is and the right to self-determination. Miller & Rollnick (2013), emphasize that motivational interviewing is used to explain the progressive stages of recovery. Gregor (2015) argued that motivational interviewing is useful for people in the initial stages of change,

Raghallaigh (2013) elaborated that motivational interviewing can be used to explore and reduce the uncertainty in receiving treatment by using an empathic and reflective listening. Hohman (2016) asserted that motivational interviewing enables the client to identify the desire to change and work to maintain a specific change approach, while the social worker provides guidance. Raghallaigh (2013) reported that motivational interviewing could help promote change by using a strength-based method that focuses on a client's effort to change risky behavior. Miller & Rollnick (2013), emphasize that using motivational interviewing can encourage exploration of stage-specific motivational struggles that can undermine further progress.

Many standard motivational interviewing techniques and protocols apply to clients with substance abuse problems through enhancing commitment to treatment and

reducing resistance (Gregor,2015). Hohman (2016), argue that motivational interviewing involves building on clients' prior successes and the problem-solving strategies and solutions that support these successes. The principles of motivational interviewing are self-motivated, focused, purposeful, and positive-directed concept toward the best interests of the client, while, the social worker serves as a collaborator (Miller & Rollnick, 2013). Hohman (2016) further argues that social workers involved in substance abuse treatment can impact changes by establishing a therapeutic relationship that respects and build on the client's autonomy. Miller & Rollnick (2013) argue that using motivation techniques places greater responsibility on the social worker, whose role is to expand and evoke motivation on the client using empathic listening.

Hohman (2016) emphasized that within a substance abuse treatment setting, social workers to have the skills to enhance the client's motivation and create partnerships instead of ignoring them. In this study, I used motivational interviewing to explore the role of a social worker in addressing substance abuse treatment as a collaborator in the change process. I also explored motivational interviewing as an evidence-based technique and a useful tool that social workers use to help a client begin and effect change.

Group Counseling Versus Individualized Treatment Counseling

Wells et al. (2012) explained that coordinating treatment intervention in a group for individuals with alcohol and drug problems is to help them share personal experience, identify, and address their problem collectively. Huong, Nguyen & Meek (2015) stated

that the application of the psychological principle of interpersonal posture is a critical tool in assisting an individual to experience cognitive, emotional, and behavior change. Forde & Lynch (2014) found that individual lives are designed to co-exist in groups that may turn out and based on group experiences (Forde & Lynch, 2014). Hepworth et al., (2013), emphasized that human existence has been influenced by various institutions including family, culture, religion, and social groups to shape, behavior, mental, physical health, and self-image.

Group counseling. Annapoorna (2014) argued that group intervention promotes a rewarding benefit that helps clients to experience recovery with others, reduce a sense of isolation, and increases the efficacy of recovery culture. Wells et al. (2013) argue that group counseling is suitable for addressing problems associated with substance abuse, such as anxiety, anger, depression, isolation, and shame. Huong Nguyen & Meek, (2015) maintained that group counseling emphasizes the interpersonal approach, which assists clients to resolve problems and avoid harmful substance addiction lifestyle. Sarra et al., (2015), argue that group counseling provides the social worker with insights and information to enhance personal skills, manage and facilitate a group in the substance abuse treatment. Forde & Lynch (2014) show that formal therapy groups can enrich their members with awareness and direction and promotion of encouragement, stabilization, and care.

Sarah-Jane & Irwin (2012) and Wells et al. (2012) argued that group counseling possesses the potential to teach new social skills. Sylvia (2015), views group counseling

as a therapeutic because it can promote self-expression, and positive peer reinforcement, necessary to enhance healthy attachment. Annapoorna (2014) emphasized that group counseling is a useful tool in substance abuse treatment because it provides individual participants with the capacity for quality, client's support, affiliation in the recovery.

Individualized treatment counseling. Sarah-Jane & Irwin (2012) argued that individual counseling is short-term, brief, and address specific treatment issues, with the social worker being the expert. Hepworth et al. (2013) report that individual counseling emphasizes minimizing substance use, skill-building, improvement in the family relationship, and compliance with recovery strategy (Hepworth et al., 2013). Sarra et al., (2015), emphasized that relationship in the individual counseling is reliable, maintain confidentiality in a one-on-one session, and such provide social reinforcement for recovery. Mel, James & Stephen (2012) emphasized that individual counseling is comprehensive and structured and can be adjusted based on changing circumstances to meet the need of the individuals in treatment. Mel, James & Stephen (2012) recognized that an individual in distress could seek support from group members in times of need and pain and can receive positive feedback that will help to resolve the problem.

Researchers have found that both individual and group counseling remains a helpful therapeutic tool for treating substance abuse disorder (SAMSHA, Annual Report, 2015). Wells et al. (2013) highlighted that social workers provide a variety of services to the client in substance abuse treatment, including assessment, treatment planning, and counseling. Sarra et al. (2015), explained that individual and group counseling techniques

could be used based on the objectives and goals of the group in substance abuse treatment. The counseling process supports group counseling, which includes a setting where members can confront each persons' excuses and support constructive change and interpersonal process (Sylvia, 2015). In this study, I explored both individual and group counseling methods to understand its effectiveness in substance abuse treatment.

Social Workers Limitations in Substance Abuse Treatment

Margaret et al. (2012) identified common limitations experienced by the social worker's in the engagement process with clients and groups involved in the treatment process. Sarah-Jane and Irwin (2012), acknowledged that social workers always face some limitations that affect treatment effectiveness in the provision of substance abuse treatment. Wells et al. (2012) argued that individuals with a history of substance abuse problems often have complex needs for treatment, and social workers always struggle to address these concerns. Hilarski (2013) stated that social workers might experience burnout while working with individuals struggling with the substance abuse problem, and such could affect the treatment outcome. Forde & Lynch (2014), explained the lack of motivation and experience in evidence-based practice presents challenges to social workers in substance abuse treatment.

Furthermore, Sarah-Jane & Irwin (2012) recognized that the substance use problem presents a significant challenge in treatment with clients, communities, and the first challenge is in the engagement process. In this study, I focused on learning social workers' perceptions, strengths, and limitations such as burnout, heavy caseload,

treatment setting, lack of motivation in substance abuse treatment and recovery. Social work practitioners have recognized that clients with a history of abuse present a challenge in substance abuse treatment efforts and a cause for concerns. Researchers have identified correlations between substance abuse and induced problem among the clients' needs to be addressed using a collaborative approach (Mel, James & Stephen, 2012). Social workers acknowledge the existence of challenges within the professional setting, which can be attributed to perceptions and personal outlook toward their practice, which can be enhanced through the use of self-efficacy theory (Hepworth et al., 2013).

Studies indicate that social workers in substance abuse treatment require a professional's competence and skill to identify as ethical dilemmas (Wells et al., 2012). One of the key principles in the professional code of ethics stipulates that social workers should be aware of and resolve their personal beliefs and bias (SAMHSA, 2014). The professional social worker should be current with the applications of different treatment methods (Wells et al., 2012). The literature has consistently shown gaps in social workers' role perceptions, strengths, and limitations in substance abuse treatment. These gaps are remarkably different due to the smaller number of social workers available to provide the needs of substance abuse clients (Hepworth et al., 2013). There is a need for additional social workers in substance abuse as individuals with addiction problems continue to increase. There is a demand for social workers with training and knowledge to support and implement evidence-based practices in substance abuse treatment facilities (Peavy & Jackson, 2013).

Summary

In this study, I explored the social worker role, perceptions, strengths, and limitations in the use of evidence-based models of cognitive-behavioral therapy and motivation interviewing in addressing substance abuse treatment. I explored the role of social workers in helping the clients to gain life skills in substance abuse treatment that could help them navigate everyday life more efficiently. In this study, I explored the social workers' role perceptions, strengths, and limitations in the use of individual and group counseling in substance abuse treatment to help clients to resolve their life problems.

Section 2: Research Design and Data Collection

This study addressed the important of the role of social workers in assisting those with a substance use disorder. 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 the social worker role with this study. Section 2 details the methods used for data collection, analysis, and the role of the researcher as well as how participants were selected. The section also covers ethical protection of participants in addition to the research design and data collection for the study, including the methodology, participants, instrumentation, data analysis, and the ethical procedures I used. I conclude Section 2 with a summary.

Research Design

I used action research to explore social workers' roles, perceptions, strengths, and limitations in the application of evidence-based models in substance abuse treatment. The research questions were:

Research Question 1: What is the role of social workers in administering evidence-based substance abuse treatment in the facility?

Research Question 2: What are the strengths and limitations of social workers at a substance abuse treatment facility?

Research Question 3: What are social workers' recommendations in addressing the gaps in the substance abuse treatment facility?

In addition to the main purpose, I explored the professional role and contribution of social workers using specialized knowledge and skills in substance abuse treatment. Lastly, I explored issues that impact social workers' roles, which may lead to action steps to promote the use of evidence-based models in substance abuse treatment.

Methodology

In this study, I used participants who are social workers providing services to individuals with substance abuse problems in a treatment facility. I collected the sample from social workers in eastern Texas by availability. I used a purposive sampling method to select social worker participants. The eligibility requirement used to select the participants of this study were social workers with a minimum of MSW degree, social worker certification, chemical dependency counseling certification, and 10 months of clinical experience working in a substance abuse treatment facility. The sample size consisted of 10 social workers providing treatment to clients with substance abuse problem. The rationale for using this size of the participant population is because the social workers make up a homogeneous group and selection was based on accessibility, cost-effectiveness, and time-effectiveness. The participants make up a subset within the broader social worker population in the geographical area of study.

The participants I selected for this study were knowledgeable about the roles, treatment models, techniques, and competence necessary in their field and were willing to communicate their views of the area of study. I examined participants' views to explore social worker strength and limitation often experience in substance abuse treatment

practice. I also explored problems in motivation, burnout, and social worker competence and training. I used the fundamental concepts of ecological system theory and self-efficacy theory to guide the exploration of social workers' roles in substance abuse treatment.

Data Analysis

I used NVivo software to analyze the data in this study because it functions with qualitative research methods and data analysis methods. NVivo is a technique used by scholars to make deductions through the process of interpreting and coding textual content (Zamawe, 2015). NVivo can test text-based material, and organize qualitative data because it has specific character-like coding, program functions, and rich text memory vital for qualitative data management (Bergin, 2011). I collected the study data from the focus group and transcribed what I gathered. Open coding is also a component of processing qualitative data (Robins & Eisen, 2017). I used open coding to assess the deep structural meaning of the content from the focus group discussion. This involved jointly structuring consistent topics in the data (Sotiriadou, Brouwers, & Tuan-Anh, 2014). I took notes of the transcripts from the focus group discussion to identify frequently use concepts, content, and vocabulary. I used written notes and audio recording to guarantee a precise record of main points from the focus group. I followed these processes because it is important that the data be well documented for the data analysis process (Grinnell & Unrau, 2014).

I arranged and review in a specific form, data collected for analysis purpose, classify data, code the data, and highlight topics, to develop a reporting structure. An analysis template enables the researcher to coordinate the participant's feedback (Grinnell & Unrau, 2014). I organized and copied the participant's input into lines that are coded to allow me to identify designs. I used a respondent coding template to organize the coded groups and into subgroups. I also used a data collection template to sort and classify the participant's feedback into topics for qualitative questions. Finally, I used notes and information recorded from the focus group to develop the summary data.

Ethical Procedures

The social work Code of Ethics, section 5.02 Evaluation and Research, (e) postulate that "Social workers involved in research must secure voluntary and written informed consent from participants, when necessary, without any implied or concrete lack or consequence for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity" (NASW, 2017). In this study, I ensured that individual names or personal information were not requested, and the social work participants were informed about the limits of privacy and confidentially. Reamer (2018), noted that potential participants in any research must have a precise knowledge of the research goals and procedures before giving consent to participate. Barsky (2017) emphasized that the principle of respect stipulated that research subjects should have the right to decide the way to live their individual lives, without interfering with the welfare of others. Reamer (2018) maintained that human

subjects should be treated as independent, and persons with limited autonomy deserved extra protections.

Moreover, the principle of respect for individuals recommends that researchers must, as required, accept informed consent from participants before engaging them in the study (Barsky, 2017). Reamer (2018) explained that respect for the individual right to information should be provided in an organized manner, and participants could willingly accept to participate in the research or not. I collaborated with social workers, in the “Action Research Project” on exploring their role in substance abuse treatment. In this study, participants were given an informed consent form to voluntarily participate for the study. Reamer (2018) noted that research participants assume responsibility to make personal decisions and establish whether to use the information required to make a personal choice or to reject it. I ensured an equitable level of participation of social workers involved in substance abuse treatment intervention. Barsky (2017) postulates that the principle of justice should help provide a general level of fairness, regardless of a participant’s personal feelings.

Summary

After the collection of data and the analysis process, I explored the social worker, practice experience, and views in substance abuse treatment, as found in this dissertation study. Data collection and analysis processes of focus group discussion will take into consideration the group dynamic generated. In this qualitative research study, the focus group discussion was used as the method of data collection, to explore the social

worker's role in substance abuse treatment. In this study, the purpose of the data collection and analysis process is to generate similarities and correlations connecting the data gathered.

Furthermore, the analysis process must be applied in the method of data collection to help prove the scope of research perspectives to which the focus group will provide useful support. In this proposed study, I used the NVivo software in the data analysis because it functions well with qualitative research methods and data analysis methods. In this study, I used a qualitative research study to produce a significant amount of recorded data in the method of field notes and transcripts. Zamawe (2015) argued that NVivo has character-like coding, program functions, and rich text memory vital for qualitative data management. I used the NVivo software to store data, and open coding to highlight the key themes. Thomas and Hodges (2010) and Creswell (2012) maintained that data analysis began through open or line-by-line coding and category formation. In this study, I highlighted evidence-based implications on the role of social workers in substance abuse treatment. Lastly, using NVivo software helped keep this study well-informed, maintain control, and ultimately enabled me to make informed decisions in the data analysis process.

Section 3: Presentation of the Findings

The purpose of this study was to explore the role, perception, strengths, and limitations social worker practitioners have when they are working with substance abuse clients who are in eastern Texas. The research questions guiding the research project were:

Research Question 1: What is the role of social workers in administering evidence-based substance abuse treatment in the facility?

Research Question 2: What are the strengths and limitations of social workers at a substance abuse treatment facility?

Research Question 3: What are social workers' recommendations in addressing the gaps in substance abuse treatment facility?

To explore this issue, I collected data by facilitating two face-to-face, semi structured focus group sessions. Participants shared their experiences and presented their perspectives on the role of social workers in substance abuse treatment. The first and second focus group session both lasted for 60 minutes of discussion time. The data collection reached saturation when participants did not generate new information and were repeating similar statements.

This section includes the following: data analysis techniques, the findings, and a summary. Following the introduction, I present the data analysis techniques used in this study. In the section on the validation and legitimation process, I discuss the use of written notes and how it enhanced the data collection process, data analysis, identification

of codes, and the accuracy of the study. Following this, I describe the findings and how they answer my overarching research questions. In the final section, I summarize answers to the research questions and present recommended solutions to address the role of social workers in substance abuse treatment.

Data Analysis Techniques

The data collection time frame began within 2 weeks of recruitment during August 2019. Recruitment began after I obtained review board approval (approval number 08-05-19-0199583). In this action research project, conducted between September 6 and September 18, 2019, I facilitated two focus group sessions with 10 social workers to explore their roles in substance abuse treatment with clients. The participants were 10 individuals with a range of experience from 1 year to over 20 years in the field of substance abuse treatment. All the participants had a master's degree. The themes that emerged from the coding analysis of this study were (a) social worker role, (b) strength and limitations, and (c) effectiveness of evidenced-based techniques in substance abuse treatment.

I used a thematic analysis coding technique to analyze the data collected for the dissertation study. Thematic analysis involves identifying multiple themes or patterns in data (Sotiriadou et al., 2014). The initial step of the thematic analysis is to gather the data (Robins & Eisen 2017). I used five questions provided in the appendix as a guide for the social work participants in semi structured focus group sessions. For example, the first

question explored their knowledge of the role of a social worker in administering evidence-based substance abuse treatment.

During both focus group sessions, I met with all the participants in person. I started the session by stating the time and the date. The first focus group session was focused on the social workers' role to explore the role of social workers in administering evidenced-based substance abuse treatment. Each participant gave permission to audio record the focus group sessions, which lasted approximately 60 minutes. I used a laptop audio recorder to record the sessions. The focus group sessions commenced with a brief statement informing the participants that they were being recorded. Next, I followed by stating the time and the date. Proceeding this, each participant discussed their roles. I asked Question 1 and allowed each participant to provide feedback, following this format until all the questions were answered. I arranged for the next focus group session with the participants immediately after the first session concluded. No problems were experienced during the sessions.

Once the session ended, I stopped the recording. Throughout the session, I inquired for any clarification as needed. For example, if a participant made an unclear expression, I requested the participant to clarify their understanding of the statement to confirm that I grasped what they were attempting to convey. I concluded the session by expressing my appreciation to the social workers for engaging in the study despite their tight job timetable. I afterward reminded each participant about the steps of member checking. Member checking is the method that obliges participants to review the data to

ensure accuracy (Merriam & Tisdell, 2016). I described to the participants that member checking would enable them to recheck their data and revise it. Each participant agreed to participate in the method of member checking, identifying anything that I had inaccurately interpreted so that I could make the needed corrections. Next, I reviewed the portions of the informed consent document and reviewed my contact information with the participants.

Transcriptions

I manually transcribed the participants' statements word-for-word by listening to each of the audio recordings of the focus group sessions. Using the transcribed focus group sessions, I outlined patterns of experiences on a different document. On a different document, I outlined paraphrased common ideas or direct quotes. I transcribed each session on different days to permit time to reflect after each session. In my journal, I noted my observations of each session.

I also transcribed my data onto a Microsoft Word document. Following a review of many techniques of data transcription, I discovered Microsoft Word to be convenient. I listened carefully to the recordings of the focus group sessions and then typed them word for word. I paid attention to a word or short statement before keying up what I learned. In the course of reviewing my transcriptions, I listened to the recordings six times to confirm the accuracy of the transcriptions before completing them. This process was repeated until I had transcribed the whole session. The transcriptions took me 7 days to

finish. Recording in a journal assisted in minimizing the stress I encountered in the process of transcribing the data, which helped in keeping data accurate.

Coding

After confirming that the transcriptions were accurate, this concluded my immersion in the data phase. I then advanced to the next process of coding the data. Immersion involves a repetitive reading of the data to explore patterns and meanings (Babbie, 2011). This phase ensures that the researcher does not ignore any likely codes. Before coding my data, I studied the whole data set to acquaint myself with the content. I analyzed the data using a thematic analysis coding method. On a different document, I itemized patterns of statements or phrases/words that were useful in exploring the focus of the study and the experiences of the participants. I used the developing codes in the data analysis process. I also used short words to describe the text and I developed these primary themes as evolving codes. For example, I reviewed the transcriptions verbatim, removing any phrases and words that I considered to be unrelated to the study. On a different document, I listed paraphrased or direct quotes, which resulted in the production of raw codes. I initially identified 86 codes of raw data.

All the data collected from the focus group were analyzed using data analysis techniques with the assistance of NVivo (see Zamawe, 2015). Coding and descriptions helped me produce categories and themes to create findings related to the research questions. NVivo enabled me to arrange and analyze the content from focus group discussions. In the next section, I present a description of the findings that will help to

understand the research questions and the themes that emerged from the data.

Pseudonyms were given to support the confidentiality of the reporting and personalize the reporting of the findings. Participants were requested to use personal initials throughout the focus group sessions to protect their identity and maintain confidentiality.

Themes

This study was based on exploring the role of social workers in substance abuse treatment. I structured focus group questions to explore social workers' roles, perceptions, strengths and limitations in the use of evidence-based model in substance abuse treatment. I collaborated with 10 social workers in the focus group discussion to collect data. The data collection was recorded and transcribed. Three themes resulted from the data analysis of the information gathered from the focus group. These themes have a direct link to the research questions in this study. The selected themes are discussed in the following sections.

Theme 1: Social Worker Role/Administering Evidence-Based Substance Abuse Treatment

Related to the two research questions on the perspectives about administering evidenced-based models for treating substance abuse clients, social workers reported feeling negativity and disappointment based on the absence of incentives and support. They felt a need for conformity in substance abuse treatment practice in a facility. The social workers' role in substance abuse treatment with clients in a facility is based on

practices of providing services that will enhance the clients' well-being. This role can be viewed in two aspects.

Overall, participants supported the use of evidence-based treatment. For example, Participant J.S. noted, "the application of evidence-based models helps to increase client's motivation to engage in the treatment," though Participant M.W. had a different response to this issue. Participant M.U. also highlighted that using evidence-based tools helps social workers to provide clients with a substance abuse problem with treatments that produce an effective result and helps the client make progress in the facility. Additionally, Participant S.C. stated that the application of evidence-based incorporates a wide range of treatment techniques. Participant R.B. also indicated, "In my experience, using the evidence-based method helps to empower and support client's recovery, including relapse prevention and wellness self-management." For example, Participants J.S. and R.B. described the evidence-based model as a reliable tool to assess the client's psychosocial health, and both participants shared a case study to corroborate the best practices previously applied. Participants J.S. and R.B. mentioned that these evidence-based methods proved effectiveness, and they continue using them to meet the treatment needs of their clients. Thus, participants maintained that evidence-based models sustain positive outcomes with clients engaged in treatment to change their maladjusted substance abuse behavior.

Participants also mentioned specific evidence-based tools. Participants R.C., T.R., L.W., R.B., M.U., and J.S. explained that utilizing evidence-based methods like

motivational interviewing or cognitive behavioral therapy promotes treatment advantages. Participants R.B., J.S., M.W., and S.C. also mentioned group therapy and individual therapy as treatment tools. Participant R.B. also emphasized the usefulness of cognitive-behavioral therapy and motivational interviewing to support the importance of the evidence-based practices on the client during the substance abuse treatment process. However, Participants M.U., S.C., R.B., and T.R. maintained that treatment plans could differ from client to client due to the different or peculiar needs, and circumstances can be different.

Further, Participants S.C., R.B., R.R., and M.W. suggested that the evidence-based model has modified substance abuse treatment services with the emphasis being placed on the client's cognitive rehabilitation. Evidence-based models focus on the need to deliver recovery and developing a knowledge base in substance abuse treatment. Participants R.L., L.W., and T.R. all suggested that the recognition and integration of evidence-based models in substance abuse treatment enhance effectiveness in helping clients in achieving targeted results. This is consistent with two of the participants R.B. and M.W., who stated that they possessed specialized certifications in evidence-based practices. Equally, these participants shared diverse and positive experiences when using these types of practices with clients in the substance abuse treatment facility.

Regarding the negative feelings that came out related to this theme, Participants R.C., T.R., L.W., R.B., M.U., and J.S. reported that the negativity stemmed from clients' manners of pacifying the system at any cost. They preferred to please social workers. J.S.

explained, “Clients only appear for treatment when a court-ordered to.” Some of the participants noted that the environment was a consideration in treatment. Private practice includes clients with a dual problem, which reduces negative emotions that social worker has toward providing treatment to them.

M.L. and R.H. also recognized the limitations they experienced when clients are resistant. R.C. expressed, “I am worried about clients denying to me about positive drug test results even when accosted with the results.” The setbacks were related to the relationship with the clients, as the clients sought to satisfy the clinician at any cost to pick up their drug. Some of the participants accepted that the obstacles and denial impacted their overall perspective of the clients. Participant R.B. explained, “I am bored with the denials I get from clients.” All participants were supportive of EBP, but some of the social workers did not like the model of the treatment. L.W. expressed, “If the client appears not to need treatment, I am not to compelled to them to receive treatment.”

Participants R.C., T.R., L.W., R.B., M.U., and J.S. acknowledged that having preconceived notions can influence successful treatment delivery. Participant R.R. stated that “we should see addiction clients as whom the person does not just perceive the drugs.” This is necessary for the initial appointment. There were also preconceived prior notions that addiction clients are more noncompliant than clients who display in treatment for problems of anxieties and depression. Participant T.R. pointed, “We have a more optimistic view of a client’s progress when clients have positive characters.”

Participant R.C. noted, “We are not cognizant of our views that are projected onto our clients.” They expressed some confidence when connecting to their addiction clients being successful in finishing their treatment program. Participants R.B., S.C., J.S., and M.U. expressed that they were unaware of clinicians who have alcohol issues would be prejudiced against clients with addiction issues. Participant R.R. explained, “We do not accept we are unsupportive in seeing clients relapse episodes.”

Participant T.R. also stated, “We have individual problems with being objective when treating clients with substance abuse problems.” A key problem described by participant L.W. was “I detest nursing the thought of performing a forced treatment.” Participants R.C., T.R., L.W., R.B., M.U., and J.S. stated they appeared not to be the one who stood between the client and the clinician. They admitted that clients perceived them to be the custodian of their recovery. Participants T.R., L.W., R.B., M.U., S.C., and R.R. noted how challenging it was to remain objective when clients were going through the motions and were not obliged for personal change. Participant R.B. stated, “It is difficult to be objective when we have negative thinking of new clients by their initial diagnosis.” All participants indicated resentment in addressing these areas with their clients. Participants S.C., R.R., R.C., M.W., and M.U. with the most experience were the ones who had the most problems with judgments and objectivity. Participants M.L. and R.H. with a lack of experience had issues with frustrations, but they remained objective and confident concerning their characters in treating clients with a substance abuse problem.

Theme 2: The Identified Strength and Limitations to Successful Treatment

The strengths and limitations that turned out to be the most important for success were the perceptions of the social worker being the gatekeeper. The social worker can stay in the path of the client getting the drug if he or she is not compliant with all the components of treatment. Participant M.W. stated, “Clients become extremely irritable when they are held accountable for their appointments and results of their drug screens.” Participant M.L. expressed that some of their clients tried to place blame on the social worker for not receiving the best treatment to help them become successful in their program. Participant S.C. 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.

Participants R.C., T.R., L.W., R.B., M.U., and J.S. also noticed that the clients reported feeling under pressure to succeed. This can lead to many negative feelings that occur during treatment. Participants R.C., T.R., L.W., R.B., M.U., and R.H. felt that clients were pressure because they become connected to their social worker. Participants J.S. explained, “My clients struggle to gratify because they felt great of what the social worker thinks.” Participant M.U. also remarked that clients tend to evaluate their progress by the type of rapport they maintain and the position of their job.

Participants R.C., T.R., L.W., R.B., M.U., S.C., and J.S. have felt clients have roadblocks to being successful that is based on negativity. Many of the clients become complacent about their treatment due to feeling better on medication. Participant M.W.

verbalized, “There presents a thought of bravado where the client appears not to understand there is all to be obtained from being in outpatient treatment.” Participants R.R., R.B., J.S., AND S.C. thought that clients had a difficult time assuming responsibility for their previous actions. The clients were often displayed as angry at others for the problems that have occurred while they have been abusing drugs

There was also a question of the client’s strength to adjust, which can be inspired by external and internal elements. Participants T.R., L.W., R.B., M.U., S.C. discovered that a part of change is altered by the absence of care clients have. Many of the substance abuse clients had burned their bridges with family and friends. This created angry emotions and apprehensions of the reliability of being in a disciplined program.

Participant T.R. noted, “We have further observed there is a perception in the community that substance abuse clients in a drug-assisted program are replacing one addiction for another.” Participants T.R., L.W., R.B., M.U., S.C., and R.R. emphasized the relevance of training people to alter perceptions and recognizing the distinction between a chronic dependence as opposed to highly functional dependence. The clients can struggle to shift boundaries, and this can inadvertently negate any modifications they have previously created.

A participant remarked, “Many of the clients have problems with progressing in treatment due to motivational factors.” Many of the clients reported that they are tired of treatment. Participants T.R., L.W., R.B., M.U., S.C., and R.R. 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.

Participants T.R., L.W., R.B., M.U., S.C., and R.R. identified that environmental factors could impede a social worker's capacity and client's ability to achieve a substance abuse sober and free life. There was a shortage of information about how social workers' roles influence the clients they are trying to help, therefore constituting a personal issue with objectivity. The participants recognized the relevance these components play in the treatment of substance abuse clients.

Another limitation was the level of commitment. This tied to the monetary constraints previously discussed. Participants T.R., L.W., R.B., M.U., S.C., and R.R. held that the clients with insurance coverage and small monetary commitments did not exhibit a sense of responsibility, and this affected the client's and practitioner's reaction towards treatment. Participant M.W. noted, "Few of the clients lack interest in staying sober as the result of life circumstances that continue to transform over and over." This problem includes employment, family relationships, and affordable housing. Several of the clients have the perception that irrespective of the progress made in their treatment program; they were accepted. The participants found that clients have maintained the perception of

being stigmatized despite the effort and progress they have made, and this impacted their self-esteem.

An additional reason that was relevant was the concept of personal decisions. The absence of family support and the client's inability to make choices may be a treatment challenge. Participants J.S., T. R., L.W., R.B., M.U., S.C., and R.R. recognized that clients who had a negative lifestyle made more excuses to rationalize nonparticipation in treatment. Many clients became absent from treatment owing to the problem associated with mobility and lack of finance. Several clients have no advance plan and employed these as pretexts to get out of treatment. S.C. noted, "These are the same clients who experience no issue with funds and mobility to keep up treatment appointments." There were also some obstinate clients whom participants tend to avoid regular contact with, which had a direct impact on treatment service delivery. Participants J.S., L.W., R.B., and M.U. 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.

Social workers' reactions can influence the treatment of clients with a substance abuse problem. The perspectives can be negative or positive. Participants J.S., R.B., and S.C. identified various professional and cultural competencies related to working with clients in a substance abuse treatment facility. Participants R.C. and M.W. discussed cultural competencies and multicultural acceptance when working with their culture from a different background and orientation. Participants T.R., L.W., S.C., and R.R. highlighted various stereotypes experienced in with clients in substance abuse treatment

facility, to include homelessness, chauvinism, and mental health. Participant J.S. emphasized the need to pay attention, respect, and value to the clients served during substance abuse therapy sessions according to their problems. Participants S.C., R.R., R.B., and M.W. discussed the importance of understanding the relationships and rigid natures when working clients at the mezzo level of practice.

Participants S.C. and R.R. identified the key core limitations that included: compassion fatigue, ethical dilemmas burnout, countertransference, and transference are attributed to their job stress in the substance abuse treatment facility. Participants M.U., R.H., R.B., and J.S. emphasized that social workers experience high levels of fatigue and cynicism linked to the organization, client caseload, and can impact job performance. Participants M.U., R.H., R.B., and J.S. recommended that social workers should take appropriate steps to address individual burnout and compassion fatigue.

Theme 3: Social Workers Recommendations in Addressing the Gaps in Substance Abuse Treatment Facility

Participants C.R., M.W., and J.S. recommended training, continued education, psychosocial support, supporting the clients, and offering referral services to community resources to address the current gap in substance abuse treatment facility. Participants R.R. and L.W. suggested engaging in additional research in the areas of enhancing social workers' role in substance abuse treatment. Participants M.W. and R. B. stated continued education and gaining appropriate certification can help a social worker to gain more skills and knowledge needed to provide treatment to the client in a substance abuse

treatment facility. Participants M.U., J.S., M.L., and M.W. emphasized the importance of social workers to attend specialized training and workshops that will expose them to new evidence-based models in cognitive behavioral therapy. Participant R.B. explained the need for social workers in substance abuse treatment on improving the connection between clients and aftercare services.

Participants C.S., R.B., and L.W. emphasized the importance of attending workshops, conferences and studying current literature, articles, and journals to help empower social workers with the opportunity to update, reflect, collaborate, and select new methods and ideas to improve their practical skills. Participants T.R., M.W., R.B., and C.B. expressed the need for social workers to always consult with team personnel on ways to understand and respond to clients with a substance abuse problem. The participants indicated the importance of ensuring effective treatment requires an emphasis on social workers practicing in substance abuse treatment to focus on maintaining an open mind, ask questions, and remain willing to learn. Participants M.U., S.C., T.R., and R.B. suggested that social workers should seek to understand the standards, values, expectations, and mores of culturally diverse clients to ensure greater efficacy in substance abuse treatment to achieve positive outcomes.

Unexpected Findings

The study had an unexpected finding on the influence of environmental factors on the and treatment receptiveness. The social workers were enthusiastic concerning the

view that financial commitments and relationships were the most difficult of the limitations in providing successful substance abuse treatment to resistant clients.

Summary

Substance abuse has become a crisis in the United States. The purpose of this study was to explore social workers' role, perception, strengths, and limitations in treating substance abuse clients. Also, I explored the limitations created by those perceptions. I discovered that social workers' role has an impact on substance abuse treatment. I further identified various limitations that are met when providing substance abuse treatment.

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

I used an action research design to explore the evidence-based techniques that fit the specific needs of individuals in substance abuse treatment facilities. The research questions helped explore the roles, strengths and limitations, and recommendations of social workers related to treating substance abuse. In this section, I will present the key findings based on the most common themes and subthemes mentioned by the participants during the focus group sessions. I will also relate the findings to the application for professional ethics in social work practice. Second, I will present the recommendations for social work practice and the implications for social change. Moreover, in this section, I will highlight important aspects of social work practice through the research outcomes, which may enhance social workers' involvement in substance abuse treatment practice in the location of the study. Finally, I will discuss a general overview of the conclusions.

Social work has always taken a holistic approach to treat the person in the environment, considering the many interrelated aspects of a client's life in assessment and treatment planning and empowering clients with social work interventions that work best for them. As substance abuse of pharmaceutical drugs continues to rise, many social workers are expanding their horizons in search of alternatives to medicating in the treatment of common mental health disorders such as anxiety and depression. Social workers understand the benefits of offering clients with treatment intervention using an effective, active, and natural way to treat substance abuse problems. Social workers can

recommend that clients incorporate mindful practices in their recovery as a way to work through feelings of doubt, fear, mistrust, stress, or anxiety.

Social workers, when working with client systems, take an ecological system approach that acknowledges the variety of systems that an individual interacts with daily as well as a biopsychosocial view that recognizes the internal factors that come to bear on a client's functioning. In this study, I used ecological systems theory in collecting and analyzing data to explore the role of social workers in the treatment of clients with substance abuse problems. In this study, ecological system theory, combined with qualitative interpretations, helped me to explore the use of evidence-based practice in substance abuse treatment. This study describes how social worker roles play a contributing factor in the treatment and recovery of clients with substance abuse problems.

Key Findings Inform Social Work Practice

This study's findings consist of identifying social workers' roles, perceptions, strengths, and limitations encountered in working with clients in substance abuse treatment. I explored these factors and the importance of developing individual coping mechanisms to prevent burnout in providing services. The findings can inform social work practice on the importance of exploring social workers' roles, perceptions, strengths, and limitations in using the evidenced-based model in providing in treating substance abuse clients. These findings can also support the spread of knowledge in the social work profession. By developing an understanding of the influence of social

workers on treatment delivery, social workers can become more effective in treatment techniques with substance abuse clients. Being aware of their role can assist in removing any burnout in treating substance abuse clients. Maintaining a healthy environment with peer interaction can also curtail the stress of working with this population and the inherent limitations present in treatment. Social workers who are dedicated to working with substance abuse clients must have advanced training necessary to understand the challenges this population brings in the treatment setting.

Application for Professional Ethics in Social Work Practice

Related to the goal of this study, the Code of Ethics for social workers emphasizes four main values and principles of the profession: confidentiality, direct service to clients, professional competence, and respect to diversity (NASW, 2017). Additionally, the main principle is to assist people in need (NASW, 2017). Social workers are obligated to render services to all peoples, regardless of their beliefs and personal biases. Social workers must serve and use their education, skills, and values to attend to the needs of people with social problems.

The participants of this study shared numerous experiences and obstacles when providing treatment to clients in substance abuse treatment facilities. Most of the service coordination given by these social workers includes filling out documents, individual and group therapy, and making referrals for the housing, mental, and health needs of the clients. As highlighted by the participants of this study, the services include evidence-based techniques. These collaborations require advanced levels of experience,

professional skills, and knowledge in a structured work environment in which the participants stated different experiences and challenges.

Participants' responses also related to the NASW Code of Ethics principles and standards. The NASW Code of Ethics (2017) in the standard 1.07 (a, b, and c) endorses the essence of privacy and confidentiality aspects in the social work practice. The first privacy and confidentiality standard is that a social worker respects clients' right to privacy. Most participants stated that confidentiality was influenced due to the lack of office space to interview and intervene with the clients in substance abuse treatment. In a different work setting such as a private setting, one participant highlighted that they lack enough office space to resolve the client's needs. Participant M.W. also brought up that clients with substance abuse problems in eastern Texas in treatment experienced some limitations in particular facilities. Based on this premise, they attempt to negotiate a private space where client confidentiality will be assured in a comfortable atmosphere.

The second privacy and confidentiality aspect of standard 1.07 (b) indicates that client information can be released with consent of the client or authorized individual. It is important to emphasize that providing orientation to the clients and their families is necessary to enable them to obtain a detailed interpretation of the Health Insurance Portability and Accountability Act of 1996 that addresses confidentiality and privacy during the assessment, interventions, and treatment processes.

The third privacy and confidentiality aspect of standard 1.07 (c) states that the confidentiality of information collected during service needs to be ensured unless there

are valid reasons. For instance, one participant noted that confidentiality can be breached when there is a reasonable suspicion that a client wants to inflict harm on self or others and a duly issued court order.

Additionally, the code of ethics states that social workers should respect people's dignity. This involves focusing and respecting the diversity of individuals with substance abuse problems and their families. Social workers must respect individual differences and ethnic and cultural diversity. Social workers are obligated to support self-determination among the clients they serve, empowering their ability to alter and to resolve their personal needs. In general, diversity was well presented in this study when the social work practitioners respect and value the client's personality and the various phases of time of each client who participated in substance abuse behavior.

The NASW 2017 Code of Ethics (2017) standard 1.05 Cultural Awareness and Social Diversity (b) states that social workers must be knowledgeable of their clients' backgrounds to provide services that address their unique needs. The participants of this study mentioned that diversity components include age, education, ethnicity, national origin, race, religion, mental or physical ability, and sexual orientation. The participants recognized another aspect of their cultural competencies to include language and religious beliefs as being very important. The participants discussed that during the therapy sessions, they do not take into consideration differences in orientation because the clients are diverse.

The fourth ethical standard well represented in this study is 1.04 (a) Competence, which focuses on ways social workers delivery of services and demonstrate themselves as competent specifically within the confine of their education, certification, licensure, training, consultation obtained, supervised practice, or other applicable professional knowledge (NASW, 2017). Social workers must always ensure that effort is made to advance their professional knowledge and skills by seeking current knowledge and trainings that can be replicated to their direct social work practice. All the participants agreed that they took specialized training, that they had a social work license to work in Texas, and that it was mandatory to take continued educational training to practice in Texas. The participants practicing at the substance abuse treatment facility agreed that they took certifications in fields of their interest and paid for this because their organizations refused to pay for them. The participants agreed that they receive continual specialized training, and they expressed personal satisfaction with their professional advancing expertise. They mentioned that the substance abuse treatment facility is predisposed to offering free training and that they allow staff the time to attend training.

Recommendation for Social Work Practice

The key action step to this study on the social work practice in Texas is that traditionally the field has concentrated primarily in family, community, school, gerontology, correctional, social policy, forensic, medical, and clinical settings, without substance abuse social work. The outcomes of this study acknowledge the importance of building professional and academic curriculums and research in social work to improve

treatment services to clients with substance abuse problems. It is necessary to take into consideration and to promote specific education in substance abuse treatment in social work practice topics and building partnership arrangements with professional social work organizations such as the NASW Texas and the College of Professional Social Workers as well as incorporate accredited graduate programs of social work practice.

Furthermore, it is important to highlight that this study is beneficial to social work practice because it promotes new research to explore and support the use of evidence-based practice to better serve clients with a substance abuse problem. The findings and conclusions of this study could encourage new knowledge and skills in eastern Texas that can be useful for diverse social work professionals at the macro level. In addition, it is necessary to encourage graduate students to become involved in and attracted to research topics that focus on substance abuse treatment. After the potential students become involved, they may support and make contributions to the treatment of clients with substance abuse problems in a facility. This study may help identify new academic research on current problems that affect the clients with a substance abuse problem in a treatment facility and ways to address the basic unmet needs. Additionally, developing new policies can be useful in improving the habilitation and well-being of clients with substance abuse problems. This may involve enabling social work professionals to promote evidence-based techniques in substance abuse treatment practice. The social workers may be able to foster empathy, build rapport, and respect with this clientele, which is increasing in eastern Texas.

I experienced an ethical dilemma with the finding of this study that mentioned the inadequate basic knowledge of specialized social work profession compelling the social workers to take personal initiative online certifications or specialized training when they provide services to clients in substance abuse treatment facility. The other suggested action step is to promote further educational resources to provide substance abuse treatment services for individuals who are unable to access it. The social workers with a license provided specialized services to substance abuse clients in a specific traditional context in Tyler, Texas, setting the pace and strengthening their professional and cultural competencies. Additionally, I considered a further action step from my study is to promote partnership with other social work practitioners in order to offer high quality and effective substance abuse treatment services to clients.

Recommendations for Further Research

I recommend future research identify the unmet needs of clients in substance abuse treatment utilizing a quantitative method. The quantitative method would enable a large sample size and generalize the findings to a broader population. Few studies focus on social workers in a substance abuse treatment facility, and the data found is from the United States of America. In a quantitative study, the researcher can explore, describe, and correlate factors, including race, income, gender, religion, and educational background, and family relationships. A broad quantitative study may be linked to finding the gaps and assessing the effectiveness of substance abuse treatment programs. In this research, the participants highlighted many programs existing for clients with

substance abuse treatment needs and limitations. However, Wells et al., (2013) recommended that it is necessary to explore and understand the treatment and services focusing on individuals with substance abuse problems.

I explored an additional issue in the results of this study useful to the social workers' role with client substance abuse problem unmet needs. The participants of this study expressed the lack of effective substance abuse treatment as an unmet need confronting client that do not have access and support in Tyler, Texas. Potential social workers or researchers could explore and identify the clients' information and their substance abuse issues.

An additional study may be directed on professional social workers with compassion fatigue and burnout when providing treatment services to clients in a substance abuse facility (So-Yun Choi, 2016). Bruce and Karen (2014) suggested that a qualitative research study would enable exploring and identifying the primary environmental factors that create compassion fatigue and burnout syndrome. A qualitative study can be undertaken to address the obstacles and experiences and therefore recommend useful, practical methods of self-care in order to keep a stable professional and personal lifestyle.

Limitations of the Study

I identified three limitations in this study. The first limitation was the sample size. Only ten licensed social workers in Tyler, Texas, participated in the study. Most of the participants were women (6) and men (4). The limitations of time and efforts to organize

the focus group affected the recruitment process. For future research, a larger sample size may reveal more challenges beyond what this study identified. I propose enhancing the logistics process when recruiting licensed social workers in Tyler, Texas.

The second limitation was the procedures for the data analysis in this study. I used two validation techniques for the data analysis process: credibility and confirmability. Based on the time limitation, the data management process, and resources I was unable to apply other corroboration methods, including triangulation.

The third limitation in the study was the participant's insight reflection and the instrument of the study. I conducted the focus groups with a question guide to help cover all interest topics explored by the literature. Also, the participants elaborated on some topics more than others. The participants provided limited information on some research topics, including compassion fatigue, burnout, and stress management method. This may have reduced the discovery of real and underlying issues

Dissemination of the Findings

Findings from this study will be shared with the individual participants and their organizations, with the hope that it may lead to some positive changes in social work practice. I will seek to publish an article in the Professional Social Workers of Tyler, Texas, peer-reviewed journal regarding the role of social workers' strengths and limitations in substance abuse treatment in Tyler, Texas. One topic to consider is the use of evidence-based methods when providing treatment to clients with a substance abuse problem in a facility. Some social workers providing substance abuse treatment

experience compassion fatigue, and burnout. Another topic of interest to discuss and disseminate is the continuous competition among social workers who are providing a more effective treatment service than the other.

I will explore presenting the main findings at the Council on Social Work Education Annual Conference Meeting and intend to provide training to the NASW members as part of continuing education requirements in order to work in Tyler, Texas and maintain licensure. I will recommend discussing the outcomes and contributions of this study in the local media such as different educational radio stations and accredited master's programs of diverse universities across the United States of America.

Implications for Social Change

This study attracted social workers with experience at the micro level with clients in need of individualized therapy in a substance abuse treatment facility. These social workers explained their use of evidence-based techniques that can promote the client's treatment and recovery. Within mezzo intervention levels, the social workers highlighted the importance of support and unity, because the clients by tradition and culture build up powerful attachment relationships with their family members (see Banbura, 2012). In the finding of this study, I discovered that most clients have an unstable living arrangement and are living in a residential facility. The participants indicated that culture is essential for the well-being of the clients (see Margaret et al., 2012). Healthy family relationships provide emotional and well-being stability to the clients that need to live in harmony in their environment (Wells et al., 2012).

At the macro social work intervention level, I plan to work in two specific areas. The first area is the development and implementation of new social policies in the future for clients with substance abuse problems in Tyler, Texas. It is essential to carry out more research on social work substance abuse treatment practice topics that are consistent with clients to provide evidence-based practices, treatment, and specialized therapies for this group that is inclusive and diverse (Peavy and Jackson, 2013).

Additionally, it is critical to continue to provide continuing education workshops and training to social workers, so they can provide evidence-based treatment to clients and develop an awareness of their professional self-care to avoid compassion fatigue or burnout (So-Yun Choi, 2016). Social workers are obliged to become more involved and competent for the benefit of their clients and of their self to prevent burnout during the treatments they provide to clients at the micro, mezzo, and macro levels (see So-Yun Choi, 2016). Social workers at the macro level are social change agents that advocate for the well-being of the clients with substance abuse problems by promoting recovery abstinence from alcohol and drug use (Manuel, Hagedorn, and Finney, 2011). Social worker roles are well connected and required at the local, state, and federal government levels to promote change or modify social policies that can be adapted with the precise needs of these clients living and relating in various multicultural communities (see Manuel, Hagedorn & Finney, 2011).

Summary

The social workers in this study maintained having relevant experiences related to their competencies, therapeutic goals, responsibilities, and coordination when they provide treatment services to clients in a substance abuse facility. The participants highlighted the importance of offering emotional support during their treatment services with clients. The participants mentioned that they developed a rapport with the clients, which made them feel comfortable and understood by social workers in different substance abuse treatment facilities. In this therapeutic relationship, the social workers promoted the significance of demonstrating empathy, acceptance, listening, respect, support, trust, and protection to improve the well-being of the client. The social workers stated the relevance of using high ethical principles that support providing competent services. The participants reflected the cultural competencies and diversity appreciation in working with their clients. The participants were consistent about the use of the evidence-based materials to provide support to the clients in the substance abuse treatment facility.

The social workers in this study also collaborated about experiences coordinating with professional multidisciplinary teams working in the health system. The services coordination included filling out paperwork and following up with the service coordination.

The social work practitioners worked in collaboration with the medical team and other mental health professionals within the facility to enhance the client's well-being

applying a comprehensive and holistic approach in the delivery of services to fulfill the needs of different clients. The social workers experienced some obstacles that include the lack of specialized courses in social work graduate programs that focus on individuals in substance abuse treatment. For some participants in this study, their employers do not pay for the social workers' specialized training and certifications related to substance abuse treatment. The social workers in this study encountered compassion fatigue and burnout.

Also, the participants identified a significant challenge in working with a client in a substance abuse treatment facility. The participants mentioned that the treatment facility is very bureaucratic, delaying the process of recovery for the clients because they need to wait longer. The bureaucratic system affects the service coordination tasks and limits social workers in their evaluation, interventions, and treatment process with the clients. In many cases, the social workers need to make external coordination because the substance abuse facilities do not have everything. In conclusion, I encountered different experiences and challenges among the participants that contribute to social work practice and the development of new knowledge working with a client in substance abuse treatment to assure best practices as a competent and sensitive social work practitioner in the field.

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Appendix: Interview Questions

- What is the role of social workers in administrating evidence-based substance abuse treatment in the facility?
- What are the strengths and limitations of social workers at a substance abuse treatment facility?
- What are social workers recommendations in addressing the gaps in substance abuse treatment facility?
- What role does cultural competence play in substance abuse treatment in the facility?
- What specialization skills and training a social worker need to provide substance abuse treatment?
- How long have you practiced social work with clients with substance abuse problem in Smith County, Texas?
- Do you feel sufficiently trained to provide substance abuse treatment in a facility?
- What specific skill or training do you recommend for potential social workers who have the interest to engage in substance abuse treatment?
- Are there any contemporary limitations with the availability of local substance use treatment resources that impact your work as a social worker with a client?
- What specific skill or training do you recommend for a potential social worker who has the interest to engage in substance abuse treatment?
- Are there any additional barriers or unmet needs that you encounter when engaging local young adults at risk for or who have substance abuse problem?