

University Education of Social Workers in Addictological Issues in Europe and the USA: a review

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BACKGROUND: Academic training of social work students is fundamental to the development of a quality workforce. Historically, social workers have always worked with drug users. **AIM:** To provide an overview of evidence reported by research studies dealing with the university education of social workers in the field of substance use in Europe and the USA. **METHODS:** The search returned a total of 552 studies on the addiction-specific university education of social workers. Following information analysis using PRISMA, 19 articles were finally included in the study sample. The resulting product is a systematic review. **RESULTS:** More than half of the social work students have never received any specific training in addiction science, with only about one-third of them having received at least some form of education in the field. There is a lack of content consistency in addiction-specific courses taught within the social work study programmes. Less than half

of the programmes under analysis offer elective courses covering addictological topics; and only in limited extent. Studying links between education, knowledge, and attitudes is important to gaining an understanding of the capabilities of social workers in addictological practice. Studies of the implementation of training approaches with addictological content are beneficial for improving knowledge and skills. **CONCLUSIONS:** Many social work students' preparedness for work with addiction clients is inadequate. There should be a focus on the innovation of the curricula in social work, an emphasis on interdisciplinary cooperation, the inclusion of addiction issues in the curricula, and the promotion of a national platform for the accreditation and licencing of addiction study programmes and evidence-based approaches, and the dissemination of research results across academic institutions should be encouraged.

Keywords | Social work education – Substance (ab)use/addiction – Specialisation – Training

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● 1 INTRODUCTION

Historically, social workers have always engaged in working with substance users and people with addiction issues (Conley, Schantz, Shea & Vaillancourt, 2006). A survey among the members of the National Association of Social Workers in 2001 showed that 71% of social workers had worked with substance users in the last month (Smith, Whitaker, & Weismiller, 2006). According to another U.S. survey of 44 drug treatment centres (Sun, 2014), 11.6% of clinicians were graduates of bachelor's programmes (B.A.) in social work, with masters' degrees (M.A.) in social work accounting for only 3.6%. In addition, approximately one-third of all the practitioners with a B.A. had received a degree in social work, with only 8% of the practitioners with an M.A. degree being social work graduates. Academic professional training is essential for the development of a quality workforce and the provision of high-standard care. The number of accredited study programmes in social work is increasing every year. In June 2016 there were 758 social work programmes – 51 at the bachelor's level and 247 at the master's – in the USA (Council on Social Work Education [CSWE], 2016). The number of social work students had increased by 23.4% in the last five years. Annually, 45,000 students receive a higher education degree in the USA. It is estimated that this number will continue to grow and that there will be even more social work programmes in the future (Robbins, Regan, Williams, Smyth, & Bogo, 2016).

Notwithstanding this development, different branches of social work fail to pay sufficient attention to potential addiction-related issues in general social work practice, despite the high level of prevalence of substance use among social workers' clients (Hall, Amodeo, Shaffer, & Vander Bilt, 2000; Whitter et al., 2006). Although academic standards for study programmes have improved to give more consideration to addiction clients, social workers lack appropriate training in dealing with substance use issues (Bliss & Pecukonis, 2009). In Dillonardo (2011), 81% of social workers reported having received some kind of education/training in substance use disorders at some point in their lifetime. 68% reported having received such training outside their studies, for example in the context of their clinical practice. Slightly more than one-third indicated having received such training as part of their academic programme and the majority of the total number of respondents through clinical supervision. Only 1% of the participants in this survey indicated that they had completed a specific certified substance use programme.

Both social workers engaged with addiction clients and students admit that addictological “know-how” is not sufficiently articulated and call for better education in this area (Collins & Keene, 2000, Galvani & Forrester, 2011; Hall et al., 2000; Warren, Weatherford, Zakaria, & Syamilah, 2013).

Despite the attention focused by the US and UK national authorities on social workers' capacities to intervene in relation to clients with substance use and the new certification, accreditation, and standardisation schemes being introduced, work with substance users is not incorporated

into the curricula as a practice requirement; it remains at the level of recommendations (CSWE, 2008; Galvani, 2012).

● 2 METHODOLOGY

2.1 Aims and research questions

The main objective was to provide a systematic review of evidence published in scholarly papers dealing with higher education in substance use for social workers in Europe and the USA.

Research questions:

1. How common is it for addiction-specific courses to be included in the curricula of social work programmes at US and European universities?
2. What is the structure, content, and duration of addiction-specific courses included in the curricula of social work programmes at US and European universities?
3. How do social work students at US and European universities feel about work with clients using drugs, what do they know about it, and how well do they consider themselves to be prepared for working with such clients?
4. In what way can the implementation of new teaching approaches focusing on addiction-related issues influence the attitudes and knowledge of social work students at US and European universities?

2.2 Sample and data collection methods

Systematic analysis of scientific literature was conducted. The international databases EBSCO, MEDLINE/PubMed, Web of Science, and ERA (Educational Research Abstracts Online by Routledge and Taylor & Francis), were searched for the following key words: “social work education”, “substance (ab)use/addiction”, “specialisation”, and “training”. The Boolean operators AND and OR were used. Combinations of the terms were looked for (social work education AND addiction) OR substance abuse) AND training) OR specialisation.

The target group consisted of studies addressing the addiction-specific university education of social workers. The following inclusion criteria were defined: full-text scientific papers published from 2001 to 2016 in English. European and US studies with a clearly described methodology were selected.

The content of the articles had to pertain to addictology as a part of the higher education curricula for social work study programmes addressing substance use among the general population.

The analysis did not include articles dealing with programmes and courses which addressed only non-substance addictions and did not cover substance addictions – e.g. courses covering exclusively eating disorders or pathological gambling. Articles with a particularly nar-

row focus on education pertaining to very specific target groups in terms of addictology were also excluded. These included papers on substance use among the elderly population or pregnant women.

Where the study sample comprised respondents, studies focusing on university social work students were included. The data was collected from September to November 2016.

2.3 Data analysis

The data was analysed and processed using the EndNote reference management tool. The PRISMA method and a flow diagram (Higgins & Green, 2008) were used to structure and categorise the data (Figure 1).

The search of databases returned a total of 552 scientific papers for the combinations of the above key words. Fifty two articles were assessed as eligible and subjected to full-text analysis. The final inclusion criteria were met by 19 studies which were subsequently subjected to information analysis.

All the operations were performed in compliance with ethical standards.

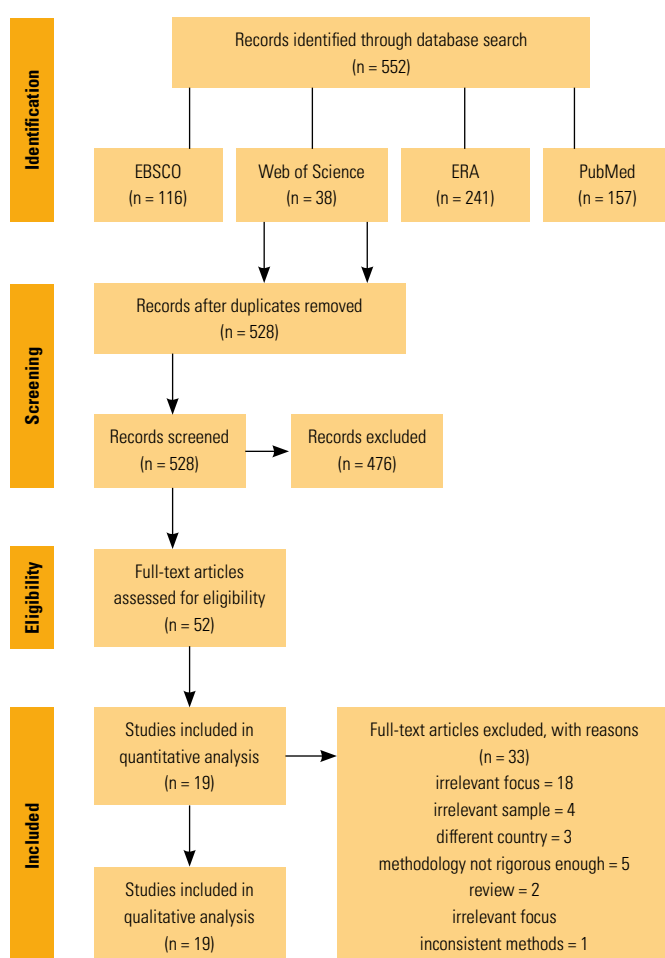


Figure 1 | Prisma diagram

3 RESULTS

3.1 General provision of addiction-specific courses

A study conducted by Decker, Brenner, and Murtagh (2005) showed that out of 426 programmes under scrutiny, 88 (27%) offered 117 courses in addictions and only 25% of all of the programmes (n=107) offered at least one addiction-related course. Jani et al. (2008) reported that 35% of their respondents had received at least some formal academic training in addictions, while 36% had received no professional training in this respect. Senreich and Straussner (2013a) found that addiction-related courses were mentioned as being incorporated in their master's of social work programmes by approximately one-third of the students included in their survey (Senreich & Straussner, 2013a). The same was reported by approximately a quarter of the respondents enrolled in the bachelor's-level social work programme (Senreich & Straussner, 2013b). Richardson (2008) noted that only 29.5% of the sample under study had completed at least one course related to addictions.

According to Quinn (2010), 98% of the programmes did not provide addiction-related training to all the students. Wilkey, Lundgren, & Amodeo (2013) found that only 4.7% of accredited schools had at least one required course. Galvani and Allnock (2014) reported that 94% of the responding schools provided some form of education in alcohol and other drug use. A study carried out by Galvani and Forrester (2011) three years earlier concluded that no training in substance use issues had been received by approximately one-third (30.4%) of the participants.

3.2 Structure, content, duration

3.2.1 Inclusion of practical training

Senreich and Straussner (2013a) reported that an internship in a drug treatment facility was completed by 17% of the respondents in master's-level social work programmes, while in bachelor's-level programmes the figure was only 8% (Senreich & Straussner, 2013b). Quinn (2010) found that out of the total of 216 schools under analysis, 11.6% had provided certified addiction-specific programmes, including field practice; nine schools highlighted addiction issues as the main focus of the study programme.

3.2.2 Elective and required addiction-related courses

Analysing a total of 58 master's-level social work programmes, Russett & Williams (2015) found that only one incorporated at least one required course in substance use and 37 provided at least one elective. Out of 89 bachelor's programmes under study, three required at least one course in substance use and 40 programmes offered at least one optional one. Richardson (2008) showed that 89% of the higher education institutions providing social work programmes in the State of New York did not require the completion of

a substance use-related course and 42% offered such courses as electives. Similarly, Quinn (2010) found that 46 schools under scrutiny (21.3%) provided no education in addictions or offered it on an elective basis only. Nine schools (4.6%) addressed substance use as part of other social issues. Out of all the accredited programmes, only four (1.9%) involved required courses in addictions. Twenty schools (9.3%) had included substance use issues as a required component of their curricula, including 14 (6.5%) which identified them in the curricula as the main focus of their academic programme. A national study (Wilkey et al., 2013) revealed that a specialisation in addiction which allowed students to pursue intensive training in the field was offered by 14.3% of accredited schools. Only 10 (4.7%) out of the total of 210 programmes under scrutiny required at least one or more addiction-specific courses as part of their curricula. 135 (64.2%) schools provided substance use courses as electives.

3.2.3 Duration

Galvani and Allnock (2014) reported that the majority of the students received less than five hours of specialist lessons ($n=39/47$). As regards semestral modules, four out of 13 dedicated less than six hours to addictions, while eight programmes involved more than 10 hours. On average, four hours were dedicated to specialist lessons, with the average number of topics covered within this period being 9.5 out of 19. Looking into the time dedicated to different areas of the curricula of the programmes under study, Galvani and Forrester (2011) found that out of those who had completed any training in substance use (i.e. 30, or 4%), 38.7% received a day or less of such instruction in duration. Only 18.3% of the respondents were provided with more than three days of addiction-related training. A comparative study by Lemieux and Schroeder (2004) concluded that 28.6% of the respondents from one group and 35.6% of the second group received less than 10 hours' worth of training in substance use-related issues.

3.2.4 Content and style of teaching

Galvani and Allnock (2014) noted differences between the content and the depth of the topics. Positive outcomes, however, seem to be achieved by the recognition of the need for addiction-specific topics to be given a greater priority in the curricula. 31% ($n=21$) were taught on an integrative basis, with the topics being included in other courses. More than half of the respondents seemed to apply the combination of integrative techniques and independent lessons ($n = 36$). The most common areas covered as part of the instruction included attitudes and values and the consequences of drug use for physical and mental health. The findings of Decker et al. (2005) suggest that the most commonly covered areas include an introduction to the field, case management models, drug-related problems, and treatment options.

3.3 Knowledge, attitudes, preparedness

Examining master's-level social work programmes, Bina et al. (2008), Lemieux and Schroeder (2004), Richardson

(2008), and Jani et al. (2008) found that the levels of preparedness, knowledge, and attitudes in relation to working with drug users were lower among students who had not completed any specialised substance use courses or internships in a drug treatment facility.

Senreich and Straussner (2013a, 2013b) showed that required courses in substance use appear to predict students' generally more positive attitudes and perceptions of their roles as adequate and legitimate in relation to working with substance users. Having an internship in a drug treatment setting or completing substance use-related courses in an academic setting were found to be effective in improving students' attitudes towards working with substance-using clients. Baez (2005) demonstrated that students achieved significantly better scores in a test of their knowledge of substance addictions following their completion of a training programme in substance use-related skills.

The association between substance use-related courses and professional attitudes was demonstrated by Richardson (2008). His findings also suggested a gap between what students were taught and what they should know for their work with substance users. The results indicated that 53.9% of the respondents had completed no courses dedicated to substance use during their studies, while less than half of them (30.3%) reported having completed at least one addiction-specific course. The more substance use education and training the students received as part of their social work academic programme, the better their knowledge and abilities to identify clients with substance use problems and the greater their willingness to work with this target group. Links between formal academic training and better knowledge of substance use concepts on the one hand and greater perceived preparedness for work with substance users on the other hand were supported by Jani et al. (2008).

While Stein (2003) found no major relationship between a short-term programme aimed at the area under consideration and students' attitudes towards substance-using clients, Wilkey et al. (2013) ascertained that students provided with a nine-month programme displayed higher confidence and competences in relation to the addiction field.

3.4 Description and implementation of addictological content

Some study programmes integrated certain addiction-specific strategies or teaching methods into their social work curricula. Whether such efforts involved the implementation of a curriculum described by Corrigan, Bill, & Slater (2009), the DECLARE and SCARS models described by McCarthy and Galvani (2004), SBIRT as described by Ogden, Vinjamuri, & Kahn (2016) and Pugatch et al. (2015), the OSCE method introduced by Baez (2005), or the application of Bronstein's teaching model (Linley, Mendoza, & Resko, 2014), the most common and beneficial techniques included role playing, analysis of a video recording made of students, motivational interviewing, and skills needed

to work with clients and their families in the field or to teach them relapse prevention strategies. Curricula underpinned by an evidence-based approach focused on social workers' key competences in relation to substance use and addiction. Their goal was to teach them the skills needed to perform screening and assessment, identify problems, carry out interventions targeted at substance users, and draw up sensible plans. A strong emphasis was also placed on interdisciplinary work and supervision (Corrigan et al., 2009; Linley et al., 2014).

● 4 DISCUSSION

While rather limited, e.g. Senreich & Straussner (2013a); Richardson (2008); Decker et al. (2005); Quinn (2010); Jani et al. (2008); Wilkey et al. (2013), research into the general provision of substance use education as part of social work curricula is consistent in concluding that addiction-related issues are not addressed to a sufficient extent.

Social workers comprise the largest group of mental health professionals. According to the US Bureau of Labor Statistics, the number of social workers specialising in the addiction field grew by 30% between 2006 and 2016 and demand for them is also increasing (SAMHSA, 2006).

The formal education in addictions received by social workers is limited (Wilkey et al., 2013; Senreich & Straussner, 2013a; 2013b; Jani et al., 2008; Jani et al., 2009; Decker et al., 2005; Galvani & Forrester, 2011; Richardson, 2008; Russett & Williams 2015; Quinn, 2010). Social workers' training in addiction-specific areas is addressed by master's- rather than bachelor's-level programmes (Baez, 2005; Pugatch et al., 2015; Richardson, 2008; Senreich & Straussner, 2013a; Slater et al., 2009; Stein, 2003; Wilkey et al., 2013). Quinn (2010), Russett & Williams (2015), Jani et al. (2008), Senreich and Straussner (2013a; 2013b), and Wilkey et al. (2013) suggest that greater attention should be focused on the incorporation of addiction-specific courses into social work programmes on both the bachelor's and master's levels. The same applies to practical placements (Quinn, 2010; Senreich & Straussner, 2013a). If the majority of social work students have the opportunity to meet substance-using clients in their natural environment, they will be more effective in employing interventions for them.

In general, very little time is assigned to elective substance use-specific courses in social work curricula (e.g. Wilkey et al., 2003). The majority of the articles under study reported that optional courses covering substance use issues were offered by less than half of the programmes or universities under scrutiny. Moreover, selecting and signing up for a course is no guarantee of its completion. It is sometimes also difficult for students to choose an optional course which fits into their timetable and does not overlap with other courses. A possible solution might be to include such courses as required ones. This is not very common; a number of programmes reports providing at least one addiction-related course as part of their curricula (Russett &

Williams, 2015; Richardson, 2010; Wilkey et al., 2013). The idea of education in addictions being incorporated into social work programmes as a required component is supported by Senreich and Straussner (2013b), Jani et al. (2008), and Russett & Williams (2015).

Rather positive findings were reported by Quinn (2010). It was found that approximately one-tenth of the total number of programmes under analysis (11.6%) included certified programmes addressing addiction issues, with 4.1% of the total number, i.e. almost half of the certified programmes, featuring drug-related topics as the main focus of the curriculum. It is one of the studies which implies a relationship between certification, programme quality, and the inclusion of education in substance use as a compulsory component. On the basis of the above evidence, it appears advisable for the future to focus on this area in the Czech Republic, too. Miovský, Kalina, Libra, Popov, & Pavlovská (2014) noted that it may also be sensible to consider similar activities in relation to other specialisations.

Wilkey et al. (2013), Galvani and Allnock (2014), Galvani and Forrester (2011), and Lemieux and Schroeder (2004) also identified a relationship between the duration of the course and its being elective or required. The greater the number of hours dedicated to the subject matter, the more robust the content. However, the time assigned to the courses was totally insufficient to cover the relevant areas. As suggested by Senreich and Straussner (2013a), Galvani and Forrester (2011), Bina et al. (2008), Lemieux and Schroeder (2004), Jani et al. (2008), and Richardson (2008), for example, it appears to hold that the more content there is, the more positive students' perceptions of their preparedness for working with addiction clients in the future are. A possible way, or good practice, of dealing with insufficient time being dedicated to addiction-specific courses as regards practical skills at least could be a requirement for students to complete qualification training in clinical practice after they have acquired their master's degree (Galvani, 2012).

The studies under review suggest that there are differences between what is taught and to what depth. In addition to the lack of time, this also involves the content being inconsistent across programmes (Galvani & Allnock, 2014). Positive findings concerning content were noted by Galvani and Allnock (2014), Decker et al. (2005), and Gibbons and Grey (2002). They found an integrative method to be the most effective. It may therefore be worthwhile to consider its incorporation into other similar programmes.

The majority of the respondents believed that the curricula of social work programmes did not prepare them for working with drug-dependent clients, and their attitudes and beliefs seem to prevent them from working effectively with this target group in practice (Galvani & Forrester, 2011; Senreich & Straussner, 2013a; 2013b; Lemieux & Schroeder, 2004). The results of the studies by Senreich and Straussner (2013a; 2013b), Lemieux and Schroeder (2004), Jani et al. (2008), Baez (2005), Ogned et al. (2016), Pugatch et al. (2015), and Wilkey et al. (2013) highlight the need to incor-

porate addiction education into core social work curricula. This may lead to social work students changing their attitudes towards clients with substance use issues.

Richardson (2008) suggested that students who had completed addiction-specific courses showed greater willingness to work with substance-using clients. However, Senreich and Straussner (2013a) arrived at opposite conclusions. The students in their sample did show a higher level of knowledge about addictological issues after completing the programme, but they were by no means more positively inclined and willing to work with drug users. A possible explanation, supported by Galvani and Forrester (2011), is that the respondents understood the possible motives for substance use, but failed to reach the desired score in areas requiring a greater amount of practical experience. In this respect, it can be argued that the problem of negative attitudes towards work with drug users may be due to social workers not being sufficiently prepared for practice. The students' lack of practical training in addiction was mentioned earlier (see Quinn, 2010; Senreich & Straussner, 2013 a; 2013b).

Useful points were made by Galvani (2012) in this respect. Specifically, she noted that some of the aforementioned biases and attitudes may be communicated through institutions such as social work schools on various levels rather than being a result of the shortage of substance use-related topics in the curricula. Gaps in social workers' preparedness for working with substance-using clients have long been overlooked (e.g. Home Office, 2002; Hall et al., 2000; Hall, 2008; Dillonardo, 2011; Bliss & Pecukonis, 2009; Whitter et al., 2006).

4.1 Implications for future research and practice

Addiction-related issues should be included in the curricula of education programmes for social workers and other professions who encounter drug users in their practice. While a large number of clinical social workers are able to work with substance-using clients, they may be lacking specialist training which could help them improve their effectiveness in this respect. It should be noted that university-level education is not the only way of providing social workers with relevant training. According to the National Association of Social Workers (NASW, 2007), the majority (85%) of social workers have attained some type of substance use training by other means. This makes postgraduate lifelong learning an area which could be explored by further research (Galvani, Dance, & Hutchinson, 2013; Straussner & Vairo, 2008; Scotch, Fleger-Berman, & Shaffer, 1997).

In the light of the results of the studies, schools of social work should take steps to provide more addiction-specific education, offer and demand consistent elective and required courses concerning substance use, and work with the community of addiction experts in order to improve the content of such courses and increase demand for them. It would be useful for the representatives of the relevant professions to

discuss the importance of the innovation of the curricula at conferences and workshops. This would raise awareness of the issue among the broader professional community and the public. Higher education schools of social work could refer in their instruction to the latest evidence-based knowledge from the field of addictology. It should also be pointed out that it is important to encourage both students and clinicians to develop interest in the addiction field in their free time (self-education, extracurricular activities, participation in conferences and workshops, etc.), as they are the ones to constitute the workforce responsible for the field under consideration.

A question which remains open is what bachelors and masters of social work, respectively, should be able to do and whether it is appropriate that bachelor's-level programmes are designed to provide rather general education and that social workers do not become specialised until they enter the master's level or even clinical practice. The idea of general social work curricula with no specialisation until the master's programme was supported by Baez (2005), Richardson (2008), and Senreich & Straussner (2013a), for example.

Accreditation and certification bodies should be supported in their efforts to devise sensible concepts aimed at facilitating the implementation of an integrated policy to address education in addictology. Educational curricula should be based on robust evidence and unified key competences and in line with uniform standards developed with support from experts in addictology. The evidence-based key competences supported by Corrigan et al. (2009), Lemieux & Schroeder (2004), Pugatch et al. (2015), Baez (2005), and Linley et al. (2014) could be used as the foundation for addiction-specific curricula. Cooperation between both private and public entities at all levels should be promoted in order to provide prospective social workers with proper training for work with drug-using clients. In addition to unifying the curricula and training prospective social workers, accreditation programmes should define the criteria for evaluating such programmes, with quality being the main focus.

In the Czech Republic, the examples of good practice include the *Standards of professional competency of facilities and programmes providing professional addiction treatment services in the Czech Republic (Standards of services for drug users, dependent users, and pathological gamblers)* (Libra et al., 2015), *The system of specialised addiction treatment services in the Czech Republic: a policy document* (Miovský, 2013), or the promotion of addictology as an independent discipline (Pavlovská et al., 2017). Another good practice is the UK educational system using accreditation standards (CACREP). This model seems to work as an exemplary model for other European universities which are developing similar documents. Miovský et al. (2015) hold that the sharing of innovative techniques and approaches could improve the reputation of the field of addictology.

It is also important to create sustained opportunities for students to complete field training in addictology. In the

United Kingdom, after finishing their academic education and before starting work, students have the opportunity to pursue one-year specialist training in the field of their professional orientation. This evidence-based approach to education appears very effective. This may be one of the reasons why UK studies have reported relatively positive results (Galvani & Allnock, 2014; Galvani & Forrester, 2011; McCarthy & Galvani, 2004).

A major limitation of this study is the language barrier; only articles written in English were included in the analysis. This is closely linked to the issue of the representativeness of the results, as for some countries only papers in the local languages may be available. The studies did not employ consistent methodologies. Steps were taken to minimise the effects of all the limitations and account for them in the methodology used in the present study.

● 5 CONCLUSION

Social workers lack academic professional training in empirically-based methods of work with substance users. This raises questions about the provision of the best-quality care for addiction patients.

The inconsistency of content across programmes was pointed out as an issue. Elective courses covering addiction-related topics were offered by less than half of the higher education institutions included in the analysis. Little time is dedicated to these courses. The analysis showed differences in the content and the thoroughness with which the topics were covered, with the duration of the programme being positively correlated with the depth of the coverage.

The results of the studies looking into social work students' attitudes and preparedness in relation to work with substance-using clients suggest that a higher level of understanding of substance-using clients may reflect positive attitudes towards substance-related problems.

Brief workshops and intensive educational programmes involving evidence-based and interdisciplinary approaches are feasible and acceptable methods which may be a valuable complement to programmes managed in a more rigorous manner.

It is essential to promote the innovation of social work curricula. The quality and unification of the curricula are closely linked to the focus on standards and their implementation. On the basis of the evidence provided by the studies under review, it is recommended that in the future substance use

issues should be incorporated into the curricula of educational programmes for social workers and other professionals whose practice may involve working with drug users. This topic should also be explored by further research. Students' expertise should be enhanced by both theoretical knowledge and practical skills. In connection with a change towards more consistent curricula, it is also important to promote national platforms for the accreditation, licensing, and unification of addictology programmes and facilitate systematic dissemination of research evidence across academic institutions.

Authors' contribution: The paper is based on the diploma thesis of the first author, who conducted the complete literature search. The second author supervised the work and provided consultation about the study design, the formulation of the aims, the methodology, and the processing of the results. The study was conceived as a systematic review.

The first author drafted the initial version of the manuscript. Both authors worked together on the subsequent revisions of the text. Both authors contributed to the article and approved the final version of the manuscript.

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