

NATIONAL ASSOCIATION OF SOCIAL WORKERS



Practice Research Network

PRACTICE RESEARCH NETWORK III

FINAL REPORT **January 2005**

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NATIONAL ASSOCIATION OF SOCIAL WORKERS PRACTICE RESEARCH NETWORK III • FINAL REPORT • JANUARY 2005

INTRODUCTION

This report describes the results of a survey of National Association of Social Workers (NASW) members conducted in 2004. The findings discussed in this report are from a third survey of the Practice Research Network (PRN III) project, which is funded by the Center for Substance Abuse Treatment (CSAT). The objectives of the research were to develop broad knowledge about the practices of social workers and more specific knowledge about social workers' involvement with substance abuse treatment and prevention. Specific areas of inquiry in the survey included demographics, professional education and qualifications, compensation and current employment status of the social work sample, and characteristics of clients served. The results of the 2004 survey are discussed, followed by a brief comparison of the results from 2000 and 2002. Finally, key findings and recommendations for areas of further inquiry are presented.

METHODS

Sampling Strategy

A representative sample of NASW members ($N=2,000$) was selected from the total population of NASW regular members ($N=103,632$) at the time of sample selection. Members who were students, were in transitional status, were retired, or had foreign addresses were excluded from the sampling frame. A systematic sampling using a set sampling interval with a random start was employed for this survey.

The survey received an exceptionally high, overall response rate of 70 percent ($N=1,407$). The margin of error for the total sample is +2.6 percent at the 95th confidence interval. Percentages calculated on smaller subsets of the sample—members in private practice, for example—are subject to greater statistical variability. The sampling techniques employed and the high response rate minimizes the impact of non-response bias, and results may be considered highly representative of the population from which the sample was drawn.

Survey Development and Administration

The Center for Substance Abuse Treatment provided a sample questionnaire to be used for the PRN III project. The survey used for the PRN III included many of the questions from the previous studies, but added new client-specific questions. NASW staff developed and added additional questions that were relevant to the Association. Data collection began on February 17, 2004. Data collection was closed on April 5, 2004 with a total of 1,407 completed surveys—a response rate of 70 percent.

Analysis of these data is descriptive in nature and includes percentages (and numbers) of responses to survey questions. The data regarding social workers were cross-referenced for subgroups of employment category (i.e., organizational practice, private practice). Client-specific data were categorized into both a general client population and substance-use-specific clients.

2004 SURVEY RESULTS

Demographics of NASW Regular Members

According to the third PRN survey, the typical NASW regular member is 51 years old (median age), white (87 percent) and of non-Hispanic origin (94 percent), female (80 percent), has at least a master’s degree (91 percent), and is licensed, certified, or registered (94 percent) in her respective jurisdiction. Forty-five percent of the members 53 work only in organizational settings; 23 percent work only in private practice; 18 percent work in both, and nine percent are not currently employed in social work. Five percent of the sample did not respond to this question. The geographic distribution of NASW regular members differs slightly from that of the U. S. population as a whole. Proportionally more members are found in the New England and mid-Atlantic regions and proportionally fewer members reside in the Southern and Pacific regions.

Level of Education and Experience

Nearly all NASW regular members (99.5 percent, $N=1,400$) reported holding at least one degree. A vast majority of NASW regular members reported that the highest level of education was a master’s degree (91 percent, $N=1285$), five percent ($N=74$) a doctorate, and three percent ($N=41$) a bachelor’s degree (Figure 1). Of all the degrees reported, 86 percent ($N=1,201$) were in a social work field or concentration.

This survey focused on practitioners’ experience providing mental/behavioral health and substance abuse services. The respondents are very experienced in providing mental/behavioral health services, having a median of 16 years experience in this area. Only 13 percent ($N=180$) of NASW regular members reported having no experience in providing these services (Figure 2).

FIGURE 1 Highest Degrees Held

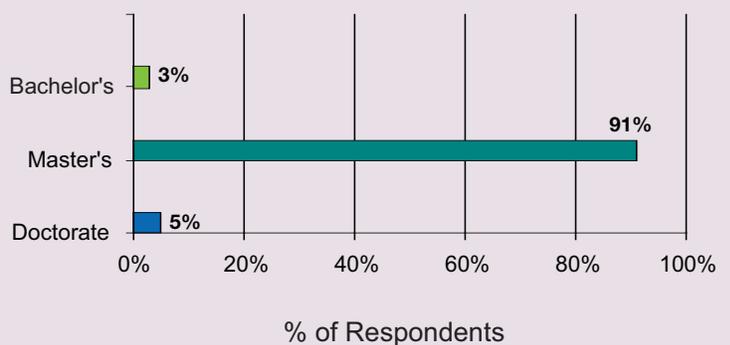


FIGURE 2

Years of Experience Providing Behavioral Health Services

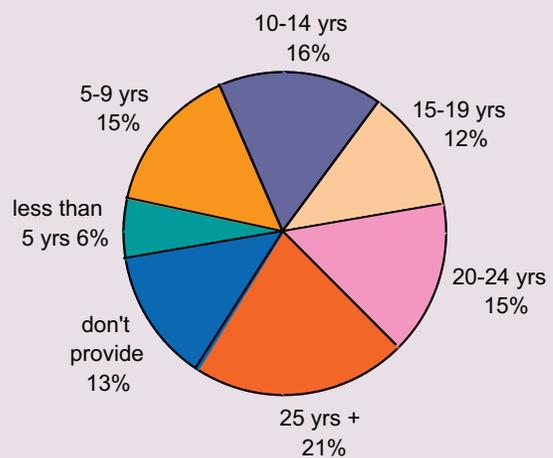
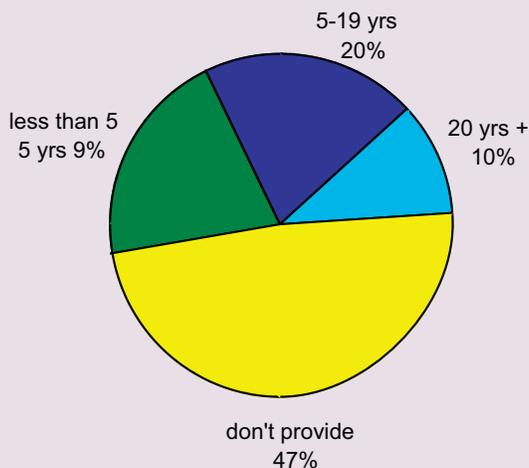


FIGURE 3
Years of Experience Providing Substance Abuse Services

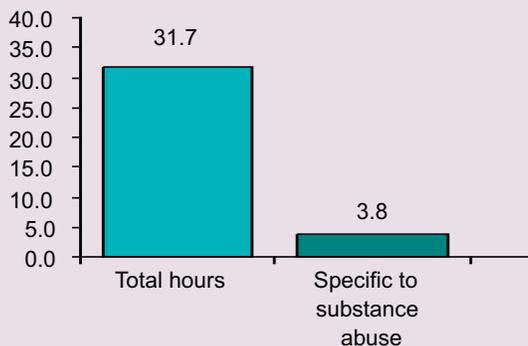


The respondents were less experienced in providing substance abuse services, reporting a median of eight years of experience in this area. In contrast to the provision of mental health services, nearly half (47 percent, $N=661$) of the practitioners reported that they do not provide substance abuse services (Figure 3).

Licensure, Certifications, and Registrations

Virtually all NASW members (94 percent, $N=1,316$) hold some type of state social work license, certification, or registration. Overall, six percent ($N=89$) responded that they held one or more substance abuse certifications, including three percent ($N=47$) who indicated that they held a state certification or license in substance abuse and two percent ($N=22$) who stated that they held the Certified Alcohol and Drug Abuse Counselor (CADAC) credential.

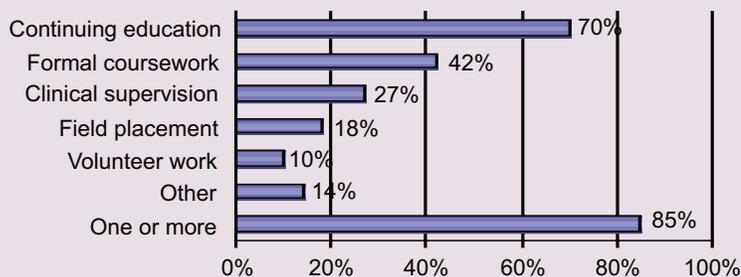
FIGURE 4
Mean # of Professional Development Hours in past 12 Months



Professional Development Activities

Overall 88 percent ($N=1,240$) reported that they had participated in some form of professional development activity during the previous 12 months. The average number of hours spent in professional development activities in any content area was 31.7, although the average number of hours spent in substance abuse-specific activities was only 3.8 hours (Figure 4). Eleven percent ($N=156$) of the sample reported that 10 or more hours of training/ professional development were substance abuse related. Eighty-five percent ($N=1,201$) of the NASW regular members reported receiving some form of education or training in substance abuse in their lifetimes and provided information about the specific types of training received in this area (Figure 5). When questioned if members felt a need for additional training in substance abuse related topics, 54 percent ($N=766$) responded affirmatively.

FIGURE 5
Substance Abuse Training



Current Employment and Practice Areas

Virtually all respondents (90 percent, $N=1,266$) were currently employed in some social work capacity. Nine percent ($N=130$) were not currently employed in a social work capacity, including those employed solely in other areas, those doing volunteer work only, those who were retired, and those unemployed. Forty-five percent ($N=631$) of regular NASW members were currently employed in organizational settings only; 23 percent ($N=323$) in private practice only; and 18 percent ($N=250$) were employed in both settings (Figure 6). Thirteen percent ($N=187$) reported current employment both in and outside of social work. Social workers in organizational settings reported that the median number of hours worked in a typical week was 40, and the median number of hours for private practitioners was 20. Seventy-seven percent ($N=685$) of the sample in organizational settings reported working 30 or more hours in a typical week, while 33 percent ($N=193$) of the sample in private practice reported the same.

Currently employed members were asked to specify practice areas from a list of 15 choices that included an “other” category. When asked to indicate their primary, secondary, and tertiary practice areas, 52 percent ($N=653$) of the sample selected “mental health;” 19 percent ($N=244$) identified “adolescents;” 18 percent ($N=224$) indicated “child welfare/family;” 16 percent ($N=207$) selected “addictions;” and 12 percent reported “aging” (Table 1).

FIGURE 6 Employment Status

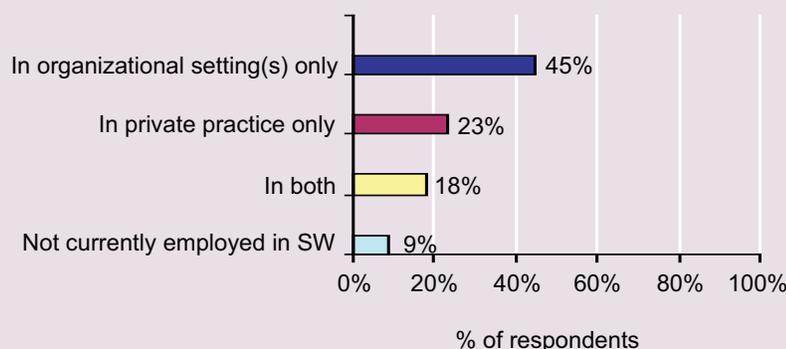


TABLE 1: PRIMARY, SECONDARY, & TERTIARY PRACTICE AREAS

Practice Area Category	Primary(%)	Secondary(%)	Tertiary(%)	Total(%)
Mental health	36%	11%	5%	52%
Adolescents	3%	11%	6%	19%
Child welfare/family	7%	7%	4%	18%
Addictions	3%	7%	6%	16%
Aging	5%	5%	2%	12%
Health	5%	3%	3%	11%
School social work	6%	1%	1%	8%
Developmental disabilities	2%	2%	1%	5%
Occupation social work/EAP	1.5%	2%	1.5%	5%
Displaced persons/homeless	.5%	.5%	2%	3%
Violence	.5%	2%	.5%	3%
Criminal justice	.5%	1%	.5%	2%
Community development	.5%	1%	.5%	2%
International	<1%	<1%	<1%	<1%
Other	9%	3.5%	2.5%	15%

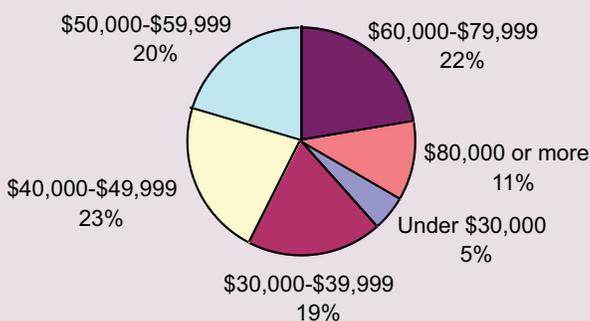
NOTE: The practice areas are listed in descending order based on the percentages in the total category, except that “other” is shown last. The table does not include the data for “multiple” answers.

Income and Sources

The PRN survey examined social work practitioners' 2003 income levels and sources. In 2003, 89 percent (N=1,255) of the sample indicated that they derived income from employment in social work, while nine percent (N=126) reported no income from social work and two percent (N=26) did not respond. Of those members reporting social work income, 54 percent (N=678) of that income was from full-time work only; 23 percent (N=292) from part-time work only; and 22 percent (N=280) from a combination. A large minority of 36 percent (N=452) reported that at least half of their social work income came from self-employment.

FIGURE 7

**2003 Social Work Income
Median: \$47,200**

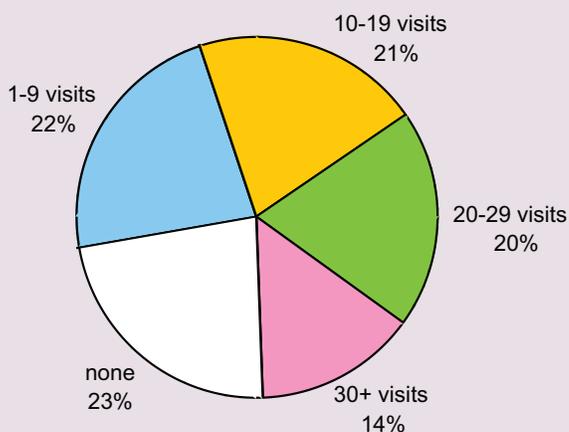


Reported median income for all social work employment in 2003 was \$47,200; the first quartile (the value greater than one quarter of all reported values) was \$33,700 and the third quartile (the value greater than three-quarters of all values) was \$62,600 (Figure 7). The median income reported for full-time social work employment was \$51,900; and the first quartile for this group was \$40,300 and the third quartile was \$66,600.

Respondents in private practice reported a higher median income than those in organizational settings. The private practice sample reported a median income (all social work income) of \$49,500 in 2003, while individuals in organizational settings had a median income of \$47,700. When asked about full-time social work income only, the median income in 2003 for private practitioners was \$58,600 compared to \$50,200 for social workers in organizational settings.

FIGURE 8

Number of Client Visits in Week



Workload Characteristics

The questions about workload for this survey focused on the number of “client visits” and “number of clients seen” in a particular week, as specified by the survey instructions. Overall, 77 percent (N=975) of the employed sample engaged in face-to-face visits with clients during the specified week, while 22 percent (N=281) had no client visits during that week (Figure 8). The overall median number of client visits for the specified week was 17, and the median number of clients seen during the week was 15. Of the 975 social workers reporting client visits, 15 percent (N=148) saw 30 or more clients in the same week.

Ninety-two percent (N=525) of the members in private practice reported client visits during the specified week, while 72 percent (N=636) of the respondents in organizational settings reported client visits. The median number of client visits for social workers in private practice was 18, while the median number of client visits for social workers in organizational settings was 15. Social workers in private practice reported a larger percentage of 20 or more client visits during the week (42 percent, N=243) than those in organizational settings (28 percent, N=248). The median number of different clients seen in the same specified week by social workers in private practice was 17, and the median number of clients seen in organizational settings was 14.

CLIENT PROFILE

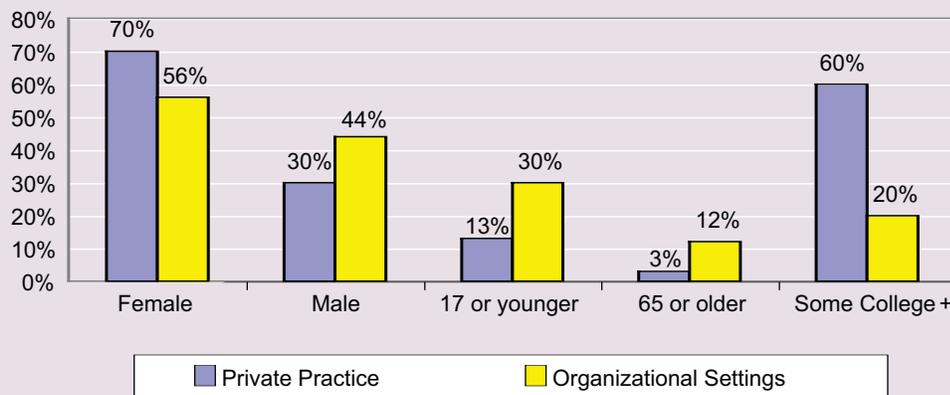
Demographics

In contrast to the two previous PRN surveys that provided a profile of clients based on the practitioners’ estimation of population characteristics (e.g., percentage of female clients), this survey employed a protocol that instructed respondents to select two recently seen clients (“Client A” and “Client B”) for detailed, albeit anonymous, reporting. The respondents reported on 1,836 clients.

Overall, 62 percent (N=1,134) of the clients were female and 38 percent (N=696) were male. The median age of all clients served by the sample was 37 years. The median number of years of education for clients served by social workers was 12 (Figure 9).

FIGURE 9

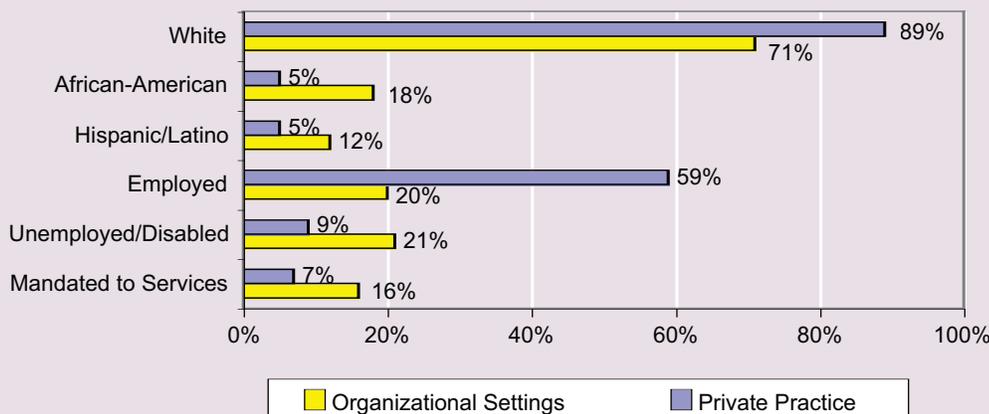
**Client Demographics
(Gender, Age, & Education Level)**



The majority of clients (78 percent, N=1,435) served by the respondents were white, 13 percent (N=236) were Black/African-American, and the other nine percent were from other categories. Overall, 36 percent (N=657) of the clients served by the sample were employed (either part- or full-time). Twelve percent (N=225) of all clients served by the respondents were mandated to receive services (Figure 10).

FIGURE 10

**Client Demographics
(Race, Employment Status, Mandated to Services)**

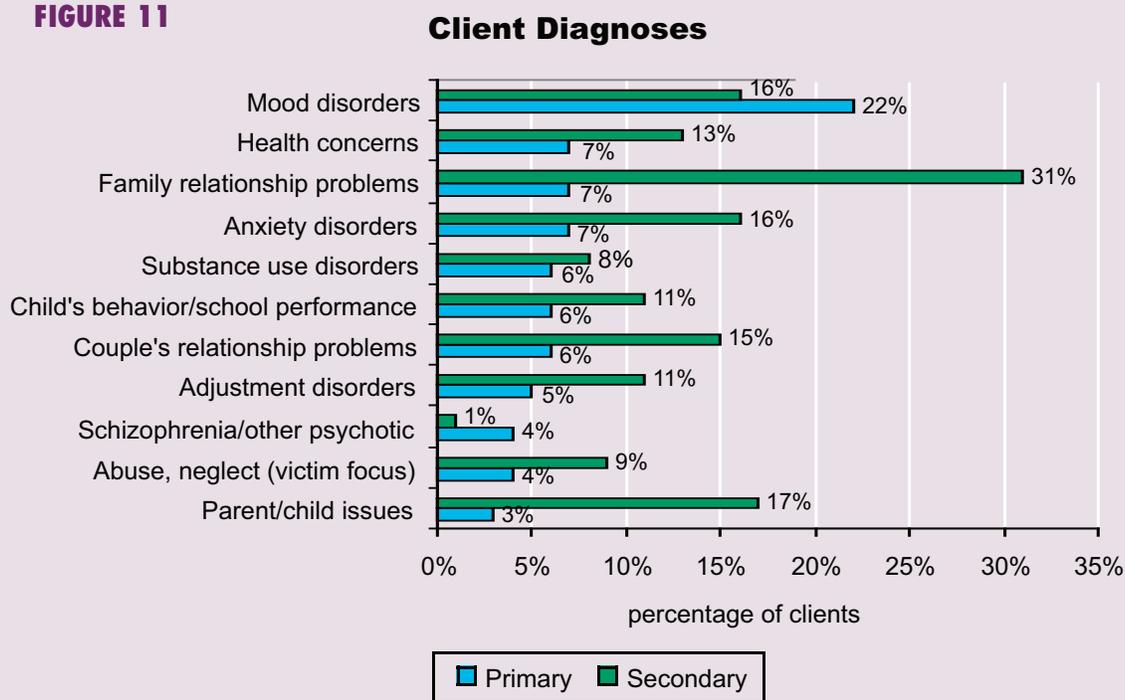


Social workers reported that 27 percent ($N=499$) of the clients served were married (or living as married), 47 percent ($N=858$) were single, and 25 percent ($N=465$) were widowed, divorced, or separated. The overall characteristics of the client population differed according to practitioner setting.

Diagnoses

Respondents were asked to choose a single primary and a secondary (or other) diagnosis from a list of 29 choices for clients being reported on for this survey. The sample reported that 22 percent ($N=399$) of the clients had a primary diagnosis of mood disorders and 16 percent ($N=300$) of the clients had a secondary diagnosis of mood disorders. Health concerns, family/relationship problems, and anxiety disorders were each reported as a primary diagnosis in seven percent of the clients served. Six percent ($N=106$) of the clients served by the respondents had a primary substance use disorder diagnosis, and eight percent ($N=139$) were given this as a secondary diagnosis (Figure 11).

FIGURE 11

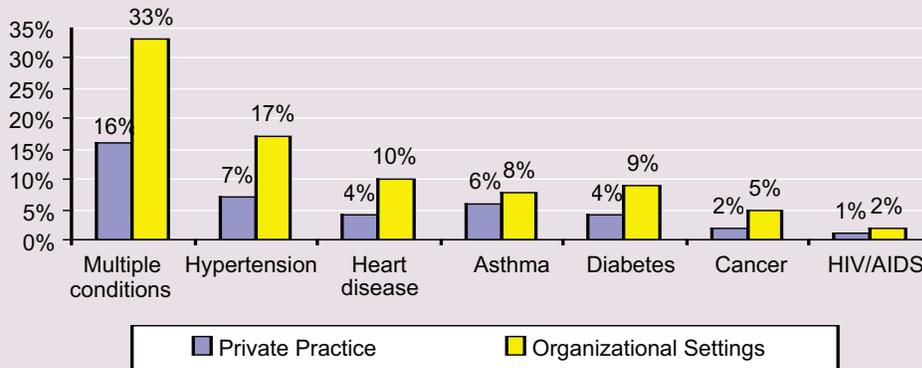


Twenty-seven percent ($N=204$) of the clients receiving services from private practitioners had a mood disorder as a primary diagnosis, while 18 percent ($N=194$) of the clients in organizational settings had the same primary diagnosis. Anxiety disorders as a primary diagnosis were reported in more than two times the number of clients served in private practice settings than in organizational settings (11 percent and four percent respectively). Social workers in organizational settings reported that eight percent ($N=85$) of the clients served had a primary diagnosis of a substance use disorder, while only three percent ($N=21$) of the clients in private practice had the same primary diagnosis. Overall, 18 percent ($N=316$) of the clients were being treated for substance use disorder diagnoses. Of these, seven percent ($N=120$) had an alcohol use disorder only; five percent ($N=89$) had a drug use disorder only; and six percent ($N=107$) were diagnosed with both an alcohol and drug use disorder.

Chronic Health Conditions

Respondents were asked to report if clients had any chronic health conditions. They indicated that 64 percent (N=1,175) of the client population had no such conditions. Hypertension was reported to be a problem for 13 percent (N=235), while heart disease, asthma, and diabetes were each reported as a condition for seven percent of the client base. Cancer was reported for four percent of the clients, and HIV/AIDS was reported for two percent (N=28) of the clients served by the respondents. Social workers in organizational settings saw more clients with cancer (five percent) and HIV/AIDS (two percent) than did their counterparts in private practice, two percent and less than one percent respectively (Figure 12).

FIGURE 12 Client Chronic Health Conditions



SERVICES

Survey respondents were asked to provide information about the service setting, type of service encounter, services provided, time spent providing services, length of service episode, visit disposition, and need for services as relevant to each client described.

Service Settings

In previous surveys respondents were asked to describe service settings (e.g., private practice, nursing home) in which they worked. However, the PRN III survey asked this question differently, focusing on the actual service setting where the client was seen during that particular visit. Overall, 41 percent (N=742) of the clients were seen in private practice settings and 59 percent (N=1,077) in organizational settings. In private practice settings, 33 percent (N=598) of the clients were seen in a solo practice and eight percent (N=144) were seen in a group practice. In organizational settings, 19 percent (N=333) of the client population was seen by social workers in clinic/outpatient facilities (both public and private). Ten percent (N=180) of the clients served by respondents were seen in social service agencies—six percent (N=113) in private agencies and four percent (N=70) in public agencies. Nine percent (N=163) of the clients were seen in school settings. Other settings where clients were seen include general hospitals (public and private), nursing homes, psychiatric hospitals (public and private), HMO clinics (staff or group model), and correctional facilities (Figure 13).

FIGURE 13 Settings Where Clients Were Seen

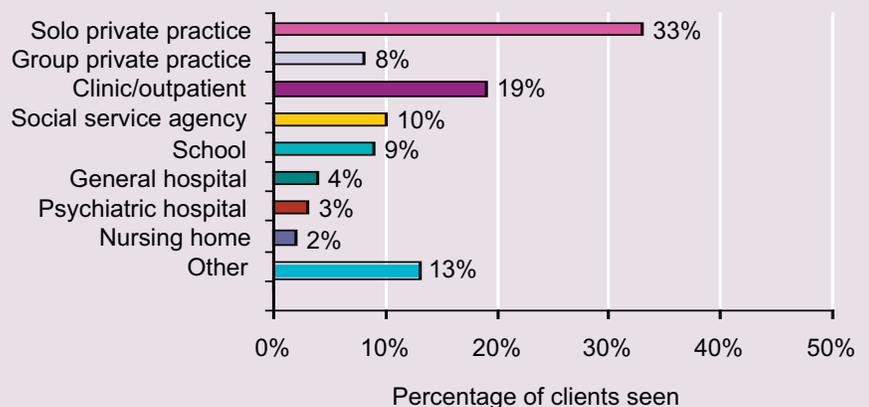
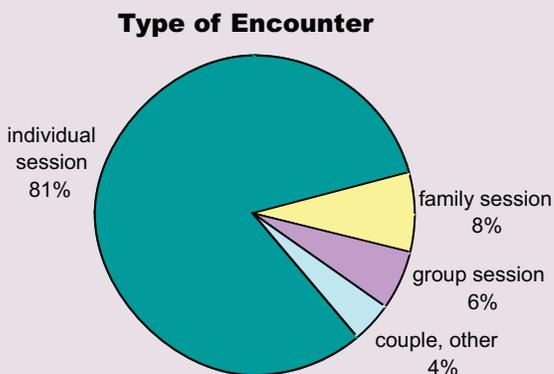


FIGURE 14



Type of Clinical Encounter

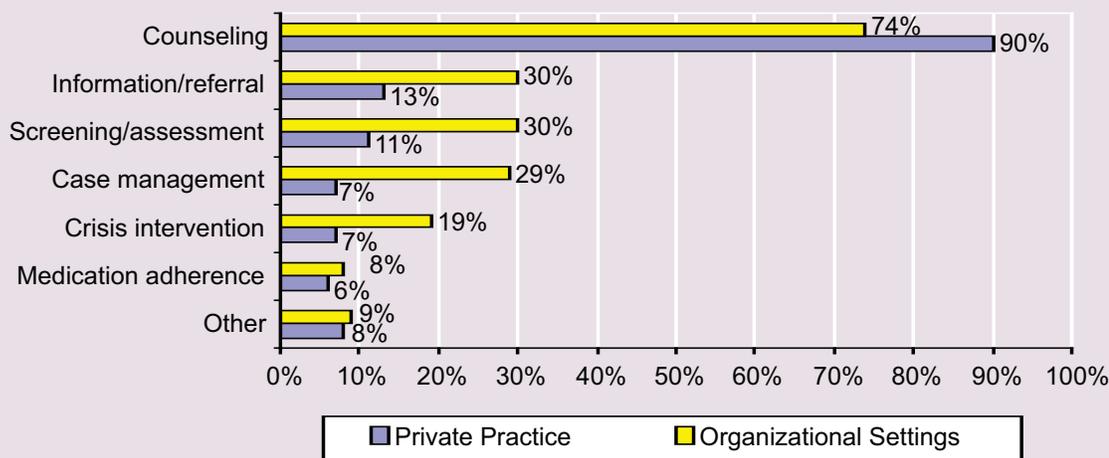
Eighty-one percent (N=1,484) of the clients served by the sample were seen in an individual session; eight percent (N=156) in a family counseling session; six percent (N=115) in a group counseling session; and two percent (N=45) in a couples counseling session (Figure 14).

Services Provided

Unlike previous surveys that focused on types of substance abuse-specific services, the PRN III survey asked about *all* types of services provided during the client visit. A vast majority (81 percent, N=1,483) of the social workers reported providing counseling to their clients during the visit. Respondents also reported providing “information

and/or referral” to 23 percent (N=423) of the clients served, and “screening and/or assessment” to 22 percent (N=409) of the client population. Twenty percent (N=370) of the sample provided “case management” services to clients; 14 percent (N=258) provided “crisis management” services; and seven percent (N=128) provided “medication adherence assistance” services. There are, however, significant differences between the clients seen in private practice compared to those in organizational settings in the categories of “information/referral,” “screening/assessment,” “case management,” and “crisis intervention.” In each of these categories social workers in organizational settings provided these services more frequently than their counterparts in private practice (Figure 15).

FIGURE 15 Services Provided



Length of Visit

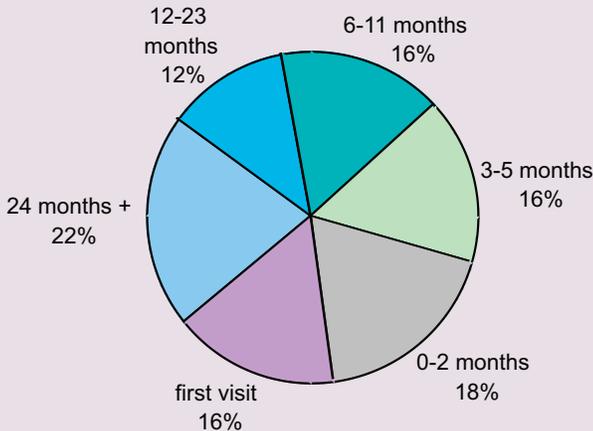
Social workers spent a median of 55 minutes providing services during the reported visit. Forty-four percent (N=805) of the respondents reported spending 60 or more minutes providing services during the visit. Social workers in organizational settings and private practice both reported spending this amount of time with clients at nearly equal rates (43 percent and 44 percent respectively). Fifty-four percent (N=400) of the respondents in private practice reported spending 45 to 59 minutes with clients, while only 32 percent (N=346) of practitioners in organizational settings spent this amount of time.

Length of Service

In terms of length of service to clients, the median number of years for length of service episodes for these clients was six months (.58 years). Half (N=903) of the clients have been in this episode of service less than one year. On average, social workers in private practice reported longer lengths of service for their clients than their counterparts in organizational settings. Sixteen percent (N=298) of the clients were new to the respondents (Figure 16).

FIGURE 16

Length of Client Service

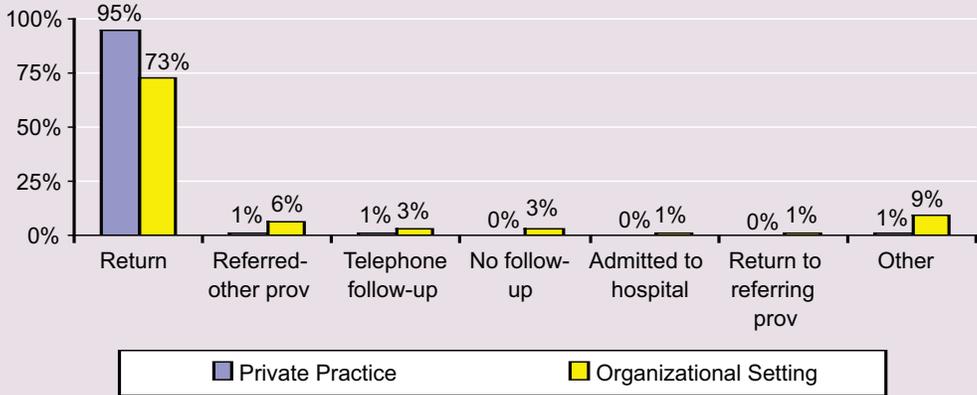


Client Disposition

Social workers were asked to provide information about the client’s disposition. Overall, 81 percent (N=1,500) of the sample reported the disposition as “return” (either as scheduled or if needed). Respondents in organizational settings reported referring six percent (N=68) of their clients to “other providers,” while private practitioners referred only one percent (N=6) of their clients. Telephone follow-up was planned with more clients by social workers in organizational settings (three percent) than their counterparts in private practice (one percent) (Figure 17).

FIGURE 17

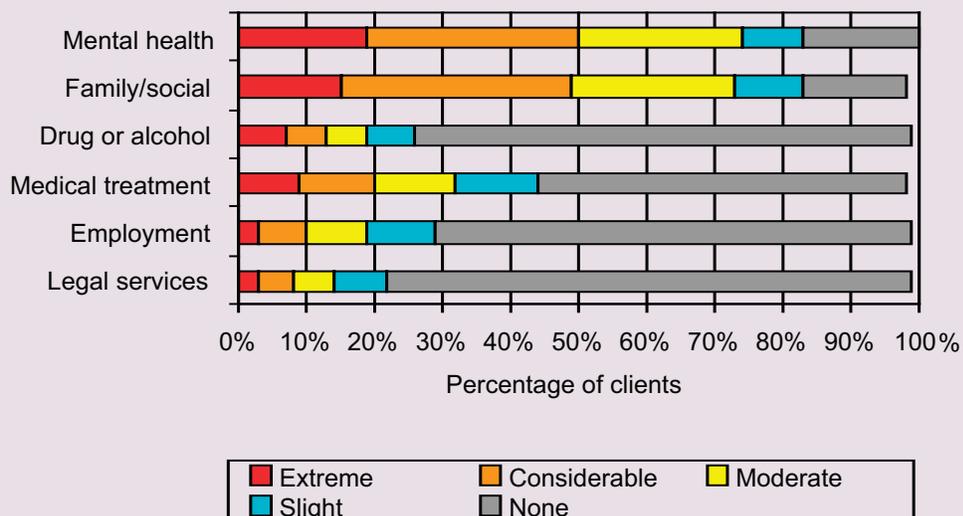
Client Disposition



Client's Need for Service

Respondents were asked to rate the client's current need for services in each of six areas including: 1) mental health treatment, 2) family and/or social, 3) medical, 4) alcohol and/or drug treatment, 5) employment, and 6) legal services. For each area respondents were asked to choose from five options ranging from "none" to "extreme." Social workers reported that 50 percent (N=912) of their clients had either an "extreme" or "considerable" need for mental health treatment, which was consistent across practice settings (private practice and organizational settings). Nearly half (49 percent, N=909) of the clients were identified as having "extreme" or "considerable" need for family/social counseling. Respondents also indicated that 13 percent (N=233) of their clients had either an "extreme" or "considerable" need for alcohol and/or drug treatment (Figure 18).

FIGURE 18 **Clients' Service Needs**



2004 SURVEY RESULTS COMPARED WITH 2002 AND 2000 RESULTS

Comparisons between the 2004 survey results and the previous two surveys (2002 and 2000) are not difficult to make. However, several of the survey questions changed in 2004, particularly those related to client data. The PRN III survey collected more client-specific data, allowing for a much richer description of clients served by NASW regular members. A few key changes were made in questions related to the profession in the recent survey, specifically in the overall social work experience, primary role in practice settings or type of organization in which employed. An additional question was asked about training. As compared to previous response rates of 81 percent and 78 percent, the decline in the response rate to the 2004 survey (70 percent) is attributed to the complexity of providing specific client information.

Many of the results related to the profile of NASW regular members are similar in 2004 to those reported in 2002 and 2000. A “typical” member has an MSW degree, is licensed, works in mental health, and participates in professional development activities. The number of social workers reporting that they personally derived income from social work employment or self-employment was about the same in 2004 (89 percent) as compared to 2002 (88 percent). The number of social workers employed in private practice increased again in 2004 by approximately three percent; however, the number of social workers in organizational settings decreased by eight percent since 2002. Members reported an increase in social work income in 2004 from 2002 and 2000. For those employed full-time in social work, the median income was \$51,900, which is an increase of more than four percent over the median income of \$49,500 reported in 2002.

DISCUSSION AND RECOMMENDATIONS

This study collected information about the educational preparation, practice experience, and continuing education participation of social workers employed in both organizational and private practice settings. Additional information was sought about the areas of practice specialty, demographics of clients served, as well as information on the nature and extent of members’ involvement with substance abuse treatment. NASW has particular interest in aspects of professional development and practice effectiveness measures, as well as in the use of the Internet in professional practice. The data gathered in these PRN surveys are very informative in understanding the social work labor force.

It is clear that social workers encounter clients with substance use disorders, either as a primary or secondary diagnosis. Given the breadth of organizations and practice settings that employ social workers, this is not an unusual finding. The percentage of clients with a primary or secondary substance use disorder diagnosis is considerably more than the reported national prevalence rates. In general, social workers in organizational settings see more clients with substance use problems/disorders than those in private practice. Further exploration of this phenomena is warranted to gain a more thorough understanding of the characteristics of clients who access substance abuse treatment services.

Most of the regular NASW members have received some form of education or training in substance abuse treatment in their lifetimes, including formal coursework in college, workshops, clinical supervision, and volunteer work. Social workers also participated in much fewer numbers of hours in training activities related to substance abuse treatment compared to training in other topical areas, approximately one-tenth the amount of hours spent in all training. However, when asked if additional training in this area was warranted, a majority of this sample responded affirmatively.

The involvement of social workers in treating substance abuse points to the need across the field for more comprehensive training in substance abuse prevention and treatment. More specialized curricula should be developed in social work education programs, along with the infusion of substance abuse content into core elements of the existing curriculum. Data from this survey indicate that continuing education in the form of workshops, seminars, and Internet courses provide the majority of training for social workers. More training resources will be needed as best intervention practices are further refined and developed.

Considering the growing racial and cultural diversity of our population, social workers will also need to increase their training and skills in cultural competence. Developing a more racially diverse group of practitioners must be a goal of social work education programs. Additional attention should also be placed on developing bilingual skills among clinicians.

The frequency of co-occurring disorders has important implications for both the academic preparation of social workers as well as their continuing education needs throughout their careers. As evidence-based practices are identified, the clinicians will need professional development resources to translate this research into practical applications. The frequency of co-occurring disorders also has implications for service delivery systems and for payment systems that require further exploration.

More in-depth research is needed to further explore behavioral health treatment patterns in social work practice. As the profession strives to ensure an adequate supply of competent social work practitioners to meet future needs, more information is needed about the range of interventions social workers use; how clients access social work services, and, more importantly; how the effectiveness of social work interventions are measured.



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