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Introduction

Social workers regularly encounter individuals, families and communities affected by substance use disorders (SUDs). Many social workers specialize in the alcohol, tobacco, and other drugs (ATOD) field, while other social workers provide services to individuals and their families in specialty and non-specialty settings in which SUDs are often integral to the clients’ presenting problems. These settings can include health and mental health centers, hospitals, child welfare and aging services, courts and correctional facilities, employee assistance programs, and private practice.

Guiding Principles

There is a growing emphasis in the professional fields working with clients with SUDs to employ short-term, limited interventions. However, many clients who are dependent on drugs require longer-term interventions that recognize that substance use can be a chronic disorder including relapse that may not resolve for months or even years.

Substance use disorders are often exhibited with co-occurring disorders—the use of more than one substance and/or one or more psychiatric disorders simultaneously. A co-occurring disorder may also be a medical condition. Clients with SUDs may also experience cross-addictive patterns where they experience physical or psychological addiction to more than one substance. In the field of addiction treatment there is recognition that addictive behaviors may be linked and that treatment for substance use disorders and addictive behaviors (such as gambling, overeating, etc.) may overlap.

Social work practice is in a unique position to influence the delivery of services by addressing the acute and chronic needs of clients with SUDs including co-occurring disorders and cross- addictive patterns. By developing and applying evidence-based approaches that incorporate established interventions and evolving techniques based on emerging research findings, social workers can markedly improve treatment services for clients and their families. This approach to service delivery requires that social workers be knowledgeable about the processes and dynamics of substance use including abuse, dependency and recovery. Social workers also require the knowledge and ability to work with clients to develop effective treatment plans, using existing and emerging resources, including evidence-based practices.

There are many pathways to treatment and recovery. Social workers should view the client as part of a system and individualize the treatment process appropriately. Given the extensive social stigma and common misperceptions related to substance use disorders, diagnosis and/or treatment can affect a client’s professional status, social standing and livelihood. Social work practice with clients with substance use disorders should encompass a supportive approach and be aligned with the core values of the social work profession.

In order to meet the needs of client having a substance use disorder, social workers must stay current regarding the frequent changes in legislation, regulations and third-party payer requirements (including the Affordable Care Act and HIPPA).

Shifting Trends

Consistent with a change of conceptualization by the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) (DSM-5), addiction is no longer viewed as an “either/or” phenomenon. That is, substance use is no longer dichotomized into separate categories of dependence and abuse, but is viewed as existing along a continuum. This change opens up the possibility for larger
numbers of clients meeting the criteria of having a substance use disorder and being eligible for treatment. For assessment purposes, social workers shall be familiar with the criteria for assessment of substance use disorders in accordance with the DSM-5 (American Psychiatric Association).

Related to this shift, harm reduction is increasingly emphasized today in federal funding and treatment services. The harm reduction approach is consistent with the social work value of self-determination and “meeting the client where the client is.” Harm reduction principles are applied in the interests of promoting public health, for example, to reduce homelessness or prevent the contraction of HIV/AIDS in substance using populations.

Related to the social work core value of competence, as well as to principles of harm reduction, practices should be evidence-based when available. The use of evidence-based practices is being required by many third-party payers. One evidence-based practice that is increasingly used today is motivational interviewing, or the use of strategies to improve the client’s sense of self-efficacy and motivation for change.

Social worker practice today increasingly requires knowledge of the various prescription medications that are used to help clients with substance use disorders reduce physical attributes to addiction. When working with clients with substance use disorders, it is important to explore all relevant methods of treatment as well as the clients’ level of motivation in developing appropriate treatment interventions.

For clients with co-occurring disorders and cross-addictive patterns, the treatment field is shifting to a more holistic approach through integrated treatment. Social workers will need to have the knowledge and skills to provide treatment for the substance use disorder(s) and the additional co-occurring mental health disorder(s) simultaneously.

**Goals of the Standards**

These standards were developed to broadly define the scope of services that social workers shall provide to clients with substance use disorders, that clients and their families should expect, and that program administrators should support. The standards are designed to enhance awareness of the skills, knowledge, values, methods, and sensitivity social workers need to work effectively within systems dedicated to serving clients with substance use disorders. Ideally, these standards will stimulate the development of clear guidelines, goals, and objectives related to social work services in social work practice, research, policy, and education. The specific goals of the standards are:

- to establish expectations for social work practices and services with clients with substance use disorders;
- to ensure that social work practice with clients with substance use disorders are guided by the NASW Code of Ethics;
- to ensure the highest quality of social work services will be provided to clients with substance use disorders and their families;
- to provide a basis for advocating for clients’ rights to be treated with respect and dignity, confidentiality, access to supportive services, and appropriate inclusion in decision making;
- to provide a basis for the preparation of social workers and the development of continuing education materials and programs related to social work services with clients with substance use disorders; and
- to encourage social workers providing services to clients with substance use disorders to participate in the development and refinement of public policy, at the local, state, and federal levels, to support client success.

**Definitions**

**Addiction**- Physiological and psychological dependence on a behavior or substance. Behavioral addictions (for example, sex, gambling, spending, obsessive internet use) and consumptive addictions (for example, drugs, and food) often have similar etiologies, prognoses, and treatment procedures. Most professionals now use the term “substance dependence” for consumptive addictions (Barker, 2003).

**Co-occurring disorder**- A combination of a substance use disorder, a mental disorder, and/or a general medical condition, as identified in the Diagnostic and Statistical Manual of Mental Disorders. The term typically refers to an individual having co-existing mental health and substance use disorders. (SAMHSA, 2002).

**Evidence-based practice**- Practice concepts that are based on evidence from research regarding the effectiveness of an intervention for arriving at a specific outcome. (Rosen & Proctor, 2002)

**Harm Reduction**- An approach to substance use that attempts to limit the damage the drug(s) might cause to the individual’s body. This approach is based on the theory that limiting the amount of damage to the individual reduces the ultimate cost of that person’s chemical use to society (Doweiko, 2002).

**Motivational Interviewing**- A directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal (Miller & Rollnick, 2002).

**Prevention**- Refers to actions taken to minimize and eliminate social, psychological, or other conditions known to cause or contribute to physical and emotional disorders and socioeconomic problems (Barker, 2003).

**Substance Use Disorder**- A maladaptive pattern of substance use leading to clinically significant impairment or distress that may include: a failure to fulfill major work or other obligations; lack of control over use of the substance; exposing oneself to high-risk situations while intoxicated; and the development of tolerance, withdrawal, and/or craving. (American Psychiatric Association, 2012).
Standards for Professional Practice

Standard 1. Ethics and Values
Social workers working with clients with substance use disorders shall adhere to the ethics and values of the social work profession and shall use the NASW Code of Ethics as a guide to ethical decision making, while understanding the unique aspects of social work practice with clients with substance use disorders and the needs of the clients and their families.

Interpretation
Social workers shall demonstrate core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. In addition, social workers shall adhere to the professional ethical responsibilities delineated in the NASW Code of Ethics. Social workers shall have knowledge of and comply with local, state, and federal mandates related to informed consent, privacy and confidentiality, and access to records within the context of legal and ethical rights of minors and parents. Clients, their families, and other professionals shall be informed of the limits of confidentiality when services are initiated. Employers and administrators should be informed of the ethical responsibilities of the social work profession. In the event that conflicts arise among competing expectations, social workers are directed to the NASW Code of Ethics as a tool in their decision making.

Standard 2. Qualifications
Social workers shall meet the provisions for professional practice set by NASW and their respective State legislature and possess knowledge and understanding basic to the social work profession with regard to professional practice with clients with substance use disorders.

Interpretation
Social workers shall have a degree in social work from a program accredited by the Council on Social Work Education (CSWE). An MSW degree is the recommended qualification for a social worker to provide clinical services. As a distinct specialty within the social work profession, working with clients with substance use disorders requires specialized knowledge and understanding of psychological and emotional factors, physiological issues, diagnostic criteria, legal considerations, co-occurrence of mental health disorders and substance use, etc. Social workers shall also be knowledgeable about current evidence-informed approaches and best practices to providing services to clients with substance use disorders. The social worker shall actively seek this specialized training on a continual basis when appropriate. Social workers shall be certified and/or licensed by state boards of social work when appropriate.

Social workers shall remain current regarding changes in legislation, mandates, and regulations on federal, state and local levels. Social workers shall also remain current regarding laws and mandates pertaining to The Health Insurance Portability and Accountability Act (HIPPA) as well as, third party payers.

Standard 3. Assessment
Social workers shall conduct on-going assessment of clients in order to provide clients with substance use disorders with the appropriate diagnosis and treatment plan.
**Interpretation:**
Social workers shall possess skills in systematic assessment, data gathering, and interpretation at multiple levels using a variety of methods (for example, interview, direct observation, standardized instruments, surveys) to assess the needs, characteristics, and interactions of clients with substance use disorders. Social workers shall conduct reliable and valid assessments of clients to inform the design of interventions for treatment. Assessments shall use ecological perspectives and functional approaches to enhance understanding of the complexity of aspects related to substance use.

**Standard 4. Intervention**
Social workers shall be knowledgeable of and incorporate information based on assessment and evidence-informed practices in their interventions.

**Interpretation**
Social workers shall demonstrate competency and remain current with intervention research and use evidence-informed practices in service delivery with clients with substance use disorders. Interventions shall be designed to fulfill the treatment plan within the framework of the client being served. Interventions shall be based on assessments relevant to the presenting concerns and include goals, objectives, methods of evaluation, and outcome criteria. Interventions shall address the ecologies most relevant to the problem being addressed.

Social workers shall remain current with knowledge regarding medication therapies, as well as, principles of motivational interviewing and other evidence-based practices.

**Standard 5. Decision Making and Practice Evaluation**
Social workers shall use data to guide service delivery and to evaluate their practice regularly to improve and expand client services.

**Interpretation**
Social workers shall collect, analyze, synthesize, and disseminate data related to their practice with clients with substance use disorders. Social workers shall conduct ongoing evaluation to determine the level of effectiveness of all interventions. Methods used to evaluate social work practice shall be assessed periodically to ensure that objectives, activities, and measured outcomes are aligned with the client and service agency goals and social work ethical practice.

**Standard 6. Record Keeping**
Social workers shall maintain appropriate and accurate data and records that are relevant to planning, implementation, and evaluation of social work services in accordance with professional ethics and local, state and federal mandates.

**Interpretation**
Social workers shall maintain timely, accurate, and confidential records that document social work services, demonstrate outcomes, and promote accountability. Social workers shall remain in current adherence to changing regulations regarding client records. Records shall be maintained according to federal, state, and local laws. Ethical considerations should be guided by the NASW Code of Ethics.
Standard 7. Workload Management
Social workers shall organize their workloads to fulfill their responsibilities and clarify their critical roles while providing services to clients with substance use disorders.

Interpretation
Social workers shall manage their work in an efficient and effective manner. Priorities for practice shall be developed collaboratively between the social worker providing direct services and the supervisor and/or agency when appropriate. Priorities shall be established on the basis of the needs of clients, professional skills of the social worker, program needs, research, and availability of other resources. Social workers working with clients with substance use disorders shall perform roles and responsibilities within the current framework for best practices and use technology to enhance communication, obtain and organize information, demonstrate accountability, and complete workload assignments when appropriate.

Standard 8. Professional Development
Social workers shall pursue continuous enhancement of knowledge and skills to provide the most current, beneficial, and culturally appropriate services to clients, and their families.

Interpretation
Social workers shall adhere to the NASW Standards for Continuing Professional Education and follow state professional regulation regarding continuing education requirements. School social workers shall access ongoing supervision and consultation to increase their professional proficiency and competence. Social workers practicing with clients with substance use disorders shall participate in professional development activities that enhance their knowledge and skills relevant to the population they serve. Social workers shall also contribute to the development of the profession by educating and supervising social work interns when possible.

Standard 9. Cultural Competence
Social workers shall ensure that all client and their families are provided services within the context of multicultural understanding and competence.

Interpretation
Social workers shall demonstrate self-awareness, knowledge, and practice skills consistent with the NASW Standards for Cultural Competence in Social Work Practice. Social workers shall continue to develop specialized knowledge and understanding about client groups they serve and culturally appropriate resources. This understanding shall be applied in a manner that results in a positive treatment environment that respects and values differences. Social workers shall use evidence-informed practices, skills, and techniques that reflect the worker’s understanding of the role of culture in the helping process. Social workers shall recognize influences of substance use relating to cultural issues within the client’s life.

Standard 10. Interdisciplinary Leadership and Collaboration
Social workers shall provide leadership in developing positive treatment environments, supervision of other professionals, administrative direction, as well as, research and treatment relating to substance use disorders.

Interpretation
Social workers shall serve as leaders and consultants in the field of substance use disorders and the profession of social work through guidance of treatment, policy advocacy and participating in research. Social workers shall provide training and education to families, the community and other
professionals relating to the aspects of substance use and related risks, treatment modalities, etc. Social workers shall also provide leadership and collaboration in the development and implementation of comprehensive programs to benefit those affected by substance use as well as the community. When available, experienced social workers shall offer consultation and supervision to other professionals in the practice field.

**Standard 11. Advocacy**
Social workers shall engage in advocacy that seeks to ensure that clients with substance use disorders and their families have equal access to the appropriate services in a timely manner.

**Interpretation**
Social workers shall advocate for clients and their families. This advocacy includes helping them gain access to and effectively use formal and informal community resources that enable families to self-advocate. Social workers shall be informed about court decisions, legislation, rules and regulations, and policies and procedures that affect social work practice with clients with substance use disorders.

**References**


