

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NASW Standards for
Social Work Practice with

Clients with
Substance Use
Disorders



National Association of Social Workers

2005

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Substance Use
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National Association of Social Workers

Elvira Craig de Silva, DSW, ACSW

President (2005-2008)

Elizabeth J. Clark, PhD, ACSW, MPH

Executive Director

Alcohol, Tobacco, and Other Drugs

Standards Work Group

Peter Delany, DSW, Chair

Worth Bolton, MSW, ACSW

Diana DiNitto, PhD, ACSW, LMSW-ACP, AAC

Michie Hesselbrock, PhD, LCSW

Barry Schechter, CSW, CASAC

Charles Syms, MSW

NASW Staff

Nancy Bateman, LCSW-C

Tim Tunner, PhD, MSW

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Standards

for Social Work Practice with Clients with Substance Use Disorders

Standard 1. Ethics and Values

Social workers providing services to clients with substance use disorders (SUDs) shall demonstrate a commitment to the values and ethics of the social work profession, in accordance with the *NASW Code of Ethics* (NASW, 1999).

Standard 2. Knowledge, Skills, and Attitudes

Social workers who provide services to clients with SUDs shall demonstrate relevant knowledge and skills for effective practice with clients with SUDs.

Standard 3. Screening, Assessment, and Placement

Social workers shall screen clients for SUDs and, when appropriate, complete a comprehensive assessment toward the development of a service plan for recommended placement into an appropriate treatment program.

Standard 4. Intervention and Treatment Planning

Social workers shall incorporate assessments into the development and implementation of intervention plans to enhance clients' capacities to address problems and needs that support an increase in productive functioning within their families, peer groups, workplaces, and communities.

Standard 5. Advocacy and Collaboration

Social workers who provide services to clients with SUDs shall advocate when appropriate for the needs, decisions, and rights of clients. The

social worker shall promote collaboration among service providers and seek to ensure that individuals with SUDs and their family members have access to services that support their treatment needs.

Standard 6. Documentation

Social workers shall document all services rendered to, or on behalf of, clients, including communications with family members, collateral contacts, and mandated stakeholders. All records should comply with applicable federal, state, and local legislation, regulations, and policies, as well as agency and/or program policies including regulations governing substance abuse treatment records (Title 42 C.F.R.) and the Health Insurance Portability and Accountability Act (HIPAA).

Standard 7. Privacy and Confidentiality

Social workers shall maintain appropriate safeguards to protect the privacy and confidentiality of client information, except as otherwise required by law or ethics. Social workers shall be familiar with national, state, and local exceptions to confidentiality, such as emergencies, mandates to report danger to self or others, and child maltreatment. The social worker shall advise clients of confidentiality limitations and requirements at the beginning of treatment.

Standard 8. Practice Evaluation

Social workers shall evaluate the quality, appropriateness, and effectiveness of their practice with clients who have SUDs.

Standard 9. Staffing

The treatment of chronic SUDs is often a complex process characterized by multiple

medical, psychological, and social problems, and by frequent relapses before sustained abstinence is achieved. Workloads should reflect the amount of effort required to achieve successful outcomes with clients.

Standard 10. Supervision, Leadership, and Training

Social workers with expertise in the treatment of clients with SUDs shall assume the lead in providing educational, supervisory, administrative, and research efforts with individuals, groups, and organizations.

Standard 11. Professional Development

Social workers who provide services to clients with SUDs and their families shall assume responsibility for their continued professional development, in accordance with the *NASW Standards for Continuing Professional Education* (NASW, 2002) and relevant state, national, and international requirements for licensure and specialty certification.

Standard 12. Cultural Competence

Social workers shall seek to understand the history, traditions, expectations, values, and attitudes of diverse groups as they affect the perception of SUDs and treatment planning. Social workers shall act in accordance with the *NASW Standards for Cultural Competence in Social Work Practice* (NASW, 2001).

Standard 13. Information and Technology

Social workers shall have access to computer technology and the Internet, as the need to communicate via e-mail and to seek information on the Web for purposes of education, networking, and resources is essential for efficient and productive practice.

Introduction

As the largest allied health profession in the United States, social workers regularly encounter individuals, families, and communities faced with 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 other specialty and nonspecialty settings in which SUDs are often integral to the clients' presenting problems. These settings include health and mental health centers, hospitals, child welfare and aging services, courts and correctional facilities, employee assistance programs, and private practice. There are many pathways to treatment for people with SUDs; however, the wide range of settings in which social workers practice allows the profession to address the needs of the whole person as he or she seeks to recover from a SUD.

There is a growing emphasis in the ATOD field on short-term, limited interventions. However, many individuals who are dependent on drugs need longer-term interventions that recognize that substance dependence (often called addiction) is a chronic, relapsing disorder that may not resolve for months or even years. Social work is in a unique position to influence the delivery of services to address the acute and chronic needs of this vulnerable population of individuals with SUDs and their families. By developing and applying evidence-based approaches that incorporate established interventions and evolving technology 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 of addiction and recovery and that they and their clients develop effective treatment plans together, using existing and emerging resources.

The Bureau of Labor Statistics (BLS) projects that job opportunities for social workers in the substance abuse treatment arena will grow rapidly through 2012 (BLS, 2004). Social workers have unique, in-depth knowledge about multidimensional problems and services, and, therefore, are essential to the screening and treatment planning of clients with SUDs.

Goals of the Standards

Given the broad, cross-cutting nature of social work services, interventions with clients who have SUDs can extend across multiple practice settings and involve individuals, families, communities, and organizations. These standards are designed to enhance social workers' awareness, values, knowledge, skills, and methods of practice across settings, although priorities may vary.

Specifically, the goals of the *NASW Standards for Social Work Practice with Clients with Substance Use Disorders* are intended to:

- Inform social work practice and interventions with clients who have SUDs.
- Improve the quality of treatment for clients with SUDs.

- Ensure that social work services to this client population are guided by the *NASW Code of Ethics* (NASW, 1999).
- Enhance social workers' awareness of the knowledge, skills, competencies, and attitudes necessary to work effectively with clients who have SUDs, their families, and other service providers.
- Encourage social workers to maintain an up-to-date understanding and knowledge of federal, state, and local legislation, regulations, and policies governing interventions and treatment for SUDs.
- Encourage and support social workers in their roles as advocates, educators, and trainers in promoting interest in the alcohol, tobacco and other drug (ATOD) field of practice.

Definitions

Abstinence

Voluntary avoidance of physical activities such as eating, drinking alcohol, taking drugs, or engaging in sexual intercourse (Barker, 2003).

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, food) often have similar etiologies, prognoses, and treatment procedures. Most professionals now use the term “substance dependence” for consumptive addictions (Barker, 2003).

Alcohol Abuse

Alcohol abuse is the consumption of alcohol in such a way as to harm or endanger the well-being of the user or those with whom the user comes in contact (Barker, 2003).

Alcohol Dependence

Alcohol dependence refers to a pattern of alcohol use that results in impaired social functioning. The behavior pattern typically includes a daily need or wish for alcohol, inconsistent attempts to control drinking, physical disorders aggravated by use of alcohol, occasional binges, absences or ineffectiveness at place of employment, possible violence, and social relationship problems (Barker, 2003).

Assessment

The reference throughout these standards to *assessment* refers to the social work function of acquiring an understanding of a problem, the cause of the problem (if necessary/appropriate for the therapeutic approach being taken), and what can be changed to minimize or resolve it (Barker, 2003).

Disorder

As used in these standards the term *disorder* refers to a condition in which a system (all or part of a living organism) is not functioning properly (Barker, 2003).

Intervention

Intervention is the process wherein a social worker intercedes in an individual's internal, family, group, and/or environmental life, to solve or prevent problems or to achieve goals. It refers to such activities as psychotherapy,

counseling, advocacy, mediation, social planning, community organization, and resource development. The term *intervention* is often used interchangeably with the term treatment (Barker, 2003).

Prevention

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).

Relapse

The recurrence of symptoms. A relapse occurs when a substance is again used following a period of abstinence. See *Substance Dependence* below for common symptoms (Barker, 2003).

Screening Interview

A preliminary interview to establish basic facts that will include or exclude some subjects or applicants from more in-depth interviews or further consideration (Barker, 2003).

Substance Abuse

This is a maladaptive pattern of using certain drugs, alcohol, medications, or other toxins despite their adverse consequences. “Substance Abuse” is considered less problematic than substance dependence. Tolerance and withdrawal symptoms have generally not yet occurred with substance abuse (Barker, 2003).

Substance Dependence

Substance dependence is commonly characterized by the continued use or craving of certain drugs, alcohol, medications, or other toxins, and is accompanied by cognitive, behavioral,

affective, and physiological symptoms (Barker, 2003).

Note: the DSM-IV-TR (APA, 2000) is commonly used for diagnostic criteria and reimbursement purposes, and can provide additional definitions/terminology.

Standards for Professional Practice

Standard 1. Ethics and Values

Social workers providing services to clients with SUDs shall demonstrate a commitment to the values and ethics of the social work profession, in accordance with the NASW Code of Ethics (NASW, 1999).

Interpretation:

Intervention for clients with SUDs is offered in a variety of settings, including substance use treatment and recovery programs, hospitals, community mental health centers, schools, courts, correctional facilities, and primary health care centers. Each setting can present a unique set of ethical demands for social workers. The social worker's primary responsibility is to promote the well-being of his or her client. In doing so, social workers in all settings shall demonstrate a willingness to act on professional judgment and convictions, which are informed by the NASW *Code of Ethics* (NASW, 1999).

With recognition that changes in policies and regulatory requirements for the treatment of SUDs are continuous, social workers shall be knowledgeable about federal, state, and local legislation, regulations, and policies. In the event that conflicts arise among competing

interests and expectations, social workers shall use the *NASW Code of Ethics* (NASW, 1999) as a guide in their decision-making.

Standard 2. Knowledge, Skills, and Attitudes

Social workers who provide services to clients with SUDs shall demonstrate relevant knowledge, skills, and attitudes for effective practice with clients with SUDs.

Interpretation:

Social workers respect and promote clients' rights to self-determination and help clients participate in their prevention and treatment planning efforts. Clients who experience life-functioning problems due to SUDs depend on social workers having general knowledge of systems and family systems theories, interpersonal dynamics, and other relevant theories of practice. Clients also rely on social workers' expertise in navigating systems such as health, mental health, criminal justice, child welfare, school, human services, and employee assistance. As experts in helping individuals, families, and groups, social workers are skilled in providing comprehensive screening, assessments and client-centered services that support a complete continuum of care.

Social workers who provide services to clients with SUDs shall have and maintain specific and essential areas of knowledge and practice skills.

Social workers shall be knowledgeable about:

- Psychological and emotional factors associated with SUDs.
- Physiological problems associated with SUDs and the acute and long-term effects on the body.

- Effects of addictive substances on personality development.
- Criteria for SUD diagnoses, including the use of relevant assessment tools and processes.
- Legal considerations such as confidentiality, client rights, and laws related to SUD services.
- Best practices and approaches to counseling interventions, including treatment modalities, methods of practice, and relevant philosophies.
- Co-occurring substance use and mental health disorders, and relevant treatment plans. Given the large number of clients with co-occurring disorders, knowledge about substance abuse alone is inadequate for providing comprehensive treatment.
- Group processes and other dynamics associated with interventions for clients with SUDs.
- The socioeconomic context around which a client's SUD exists. Motivation for treatment should be recognized in relation to other survival issues, such as food, shelter, community and/or familial violence.
- Case management and record keeping functions that reflect compliance with federal, state, and local confidentiality regulations, as well as relevant agency policies and procedures.
- Interventions with individuals, families, groups, and communities.
- Interventions with special populations, including adolescents, older adults, and persons with physical or other disabilities.
- Family, friend, community and other support systems that clients might draw on to support their recoveries.

- Self/mutual-help and other peer support groups (for example, 12-step groups, Naranon, SMART Recovery), for clients with SUDs.
- Pharmacology of legal and illicit substances commonly used or abused.
- Screening, interventions and supports to help clients prevent problems with SUDs before they happen.
- Their own issues or feelings that may interfere with their ability to best serve any particular client. Social workers should refer clients to another social worker if it becomes necessary and/or appropriate.

Social workers shall demonstrate:

- Respect for therapeutic boundaries, taking into consideration gender, culture, and ethnic differences.
- Appreciation for the significance and complimentary nature of various systems in facilitating treatment.
- Effective communication skills such as active listening, reflecting, interpreting, and challenging difficult or resistant clients.
- An ability to engage clients with respect, genuineness, and empathy from a strength-based, client-centered perspective that supports a trusting and collaborative therapeutic relationship.
- Openness to various approaches to recovery.
- Recognition of the importance of scientific research and its application to intervention or treatment services for clients with SUDs.
- Willingness to make referrals to other qualified professionals for issues outside the social worker's scope of practice or skill level.

Standard 3. Screening, Assessment, and Placement

Social workers shall screen clients for SUDs and, when appropriate, complete a comprehensive assessment toward the development of a service plan for placement into an appropriate treatment program.

Interpretation:

Screening, assessment, and placement are fundamental steps in the treatment process, each with a different goal. Screening serves to flag individuals who may benefit from substance abuse treatment and estimate the nature and complexity of their problems. The goal of assessment is to obtain detailed information about the history and nature of problems, whether there are co-occurring conditions, the role of various social and environmental factors, the number and types of resources available to the client, the level of treatment and other services that may be needed; and to engage the client in the treatment process. The goal of placement is to match those needs to the services available within the community (Delany, Fletcher, Shields, & Conway, 2004). Social workers shall strive to work collaboratively with other providers to limit overlap and decrease fragmentation of services.

Social workers shall consider the following in screening for SUDs:

- Screening is a process that can and should be repeated in a variety of times and settings.
- Simple and direct questions may yield the most useful information.

- Screening includes and may begin with awareness, active listening, and observation of behaviors.
- Screening shall consider recent or current substance use, prior treatment, health problems (that is, HIV infection, tuberculosis, or hepatitis), criminal history, co-occurrence of substance use and mental disorders, positive and negative drug test results, problems with family, social integration, employment, housing or homelessness, or financial stability (SAMHSA, 1996).

Social workers shall consider the following in assessing clients with SUDs:

- The assessment process shall include a broad array of information that can be collected using standardized or informal instruments. In assessing whether the level of substance use requires further intervention, social workers shall gather information about:
 - The client's physical development and medical problems, including general health, dental health, and the presence of infectious diseases such as tuberculosis, hepatitis, HIV, and other sexually transmitted diseases.
 - History of drug use and any prior treatment with specific attention given to:
 - Types of alcohol, tobacco, and other drug use and route of administration.
 - Physical symptoms of tolerance and/or withdrawal.
 - Loss of control.
 - Attempts to hide use.
 - Self-medication.
 - Substance use behaviors such as using alone or exchanging sex for drugs.

- Psychosocial problems with attention to whether these problems preceded, coincided with, or were subsequent to the onset of drug use. Psychosocial problems to be assessed may include family and peer relationship problems, school or vocational problems, legal status, and financial problems.
- History of psychiatric disorders and prior treatment received with attention to whether psychiatric problems predated, coincided with, or were subsequent to the onset of drug use.
- Other problems and challenges in a client's life that may exacerbate a SUD. Clients should be assessed for such concerns so that a comprehensive intervention may be planned. Common concerns include, but are not limited to: health/HIV concerns, homelessness, domestic violence, and criminal involvement.
- Evaluation of suicide and crisis risk.
- Risk and supportive factors for continued drug use, treatment, and recovery including family history of drug use, current social support (formal and informal), barriers to treatment (for example, transportation, child care needs), and behavioral risk patterns (for example, high risk sexual behavior).
- Special needs (current and recent history of trauma, pregnancy, HIV).
- Cultural issues related to drug use, treatment, and recovery.
- Clients' spiritual needs, and how they may relate to or affect their drug use, treatment, and recovery.
- Client motivation and readiness for treatment. This should take into consideration coping mechanisms that

clients may have built up, enabling them to deny their need for treatment.

- Client attitudes and behaviors during the assessment.
- Current socioeconomic status and eligibility for various programs.

Social workers shall consider the following in placing clients with SUDs:

No single treatment approach is appropriate for all individuals. Using information gathered during the assessment, social workers shall work with the client, other service providers, and family members, when appropriate, to understand the relationship between the diagnosis of specific problems—including substance dependence, mental and or physical disorders, the severity of dependence, the motivation for treatment—and the rehabilitation potential of the individual (Gastfriend, Reif, Baker, & Najavits, 2003). Social workers shall use all of the information gleaned during screening and assessment to develop appropriate interventions and treatment plans.

Standard 4. Intervention and Treatment Planning

Social workers shall incorporate assessments into the development and implementation of intervention plans to enhance clients' capacities to address problems and needs that support an increase in productive functioning within their families, peer groups, workplaces, and communities.

Interpretation:

Social workers must use a variety of theoretical approaches and practical skills to plan and deliver a combination of interventions and supportive services during the course of treatment and recovery. Social workers must ensure that the treatment plan is modified as necessary during the client's progression through treatment. Furthermore, social workers shall be conversant with a number of intervention strategies including counseling, medication, care management, parenting instruction, vocational rehabilitation, and social and legal services. Social workers shall be knowledgeable about how these strategies are delivered in the context of client age, gender, ethnicity, and cultural background.

Social workers shall demonstrate competence in:

- Integrating multiple intervention strategies into practice including counseling and behavioral therapies, medications, care management, and self/mutual-help programs.
- Determining the delivery and sequencing of services to address changing client needs over the course of an intervention plan.
- Navigating a complex network of resources and advocating for client systems in delivering necessary services.
- Developing appropriate links to components within and across service systems to support an integrated care model for clients as appropriate.

Interventions commonly provided by social workers to clients with SUDs and their families include:

- Screening and assessment.
- Crisis intervention.
- Individual and group counseling.
- Couples counseling.
- Family counseling.
- Case management and discharge planning.
- Information and education.
- Resource referral and advocacy.
- Relapse prevention planning.

Social workers shall continuously evaluate current and new evidence-based approaches for treatment of SUDs, such as motivational interviewing and other specific relapse prevention techniques. Social workers should also evaluate and promote, when appropriate, harm reduction techniques such as methadone and needle exchange programs with clients for whom total abstinence is not an immediate goal.

Standard 5. Advocacy and Collaboration

Social workers who provide services to clients with SUDs shall advocate when appropriate for the needs, decisions, and rights of clients. The social worker shall promote collaboration among service providers and seek to ensure that individuals with SUDs and their family members have access to services that support their treatment needs.

Interpretation

The stigma associated with SUDs requires special attention to empowerment and advocacy. Social workers who provide services to these individuals and their families shall use

their empowerment and advocacy skills to educate clinicians, policymakers, researchers, and community members about SUDs and related problems. Social workers shall advocate for changes that provide effective responses to the treatment of SUDs and promote social justice for individuals struggling with SUDs. Empowerment and advocacy also require that social workers assist clients and their family members in learning to advocate for themselves in obtaining necessary services within various community agencies (schools, health care, criminal justice), and to oppose discrimination in employment, health care, or other settings.

In addition, social workers shall advocate in support of their clients' choices of treatments when appropriate. This includes making clients aware of the range and combinations of treatments, including psychosocial treatments, culturally specific treatments, and medications. Social workers shall be open to discussing with clients spiritual, indigenous, and self/mutual-help methods of addressing SUDs.

The social worker shall advocate with educational providers for adequate education and continuing education opportunities. The social worker shall advocate with researchers for research agendas that truly address the full range of research development needs of practitioners.

Community empowerment is an important component in reducing the impact of chronic substance abuse. Social workers shall help community leaders and members understand that alcohol, tobacco, and other drugs

adversely affect communities and seek to engage community members in prevention, treatment, and long-term recovery efforts. Social workers shall use their advocacy and political skills to address issues such as insurance parity for SUDs, increased funding for accessible treatment, harm reduction, and abstinence strategies, when appropriate.

Standard 6. Documentation

Social workers shall document all services rendered to or on behalf of clients, including communications with family members, collateral contacts, and mandated stakeholders. All records should comply with applicable federal, state, and local legislation, regulations, and policies as well as agency and/or program policies including regulations governing substance abuse treatment records (Title 42 C.F.R.) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Interpretation:

Documentation is essential to the delivery of services rendered to clients with SUDs, and should ensure that clients' treatment goals and progress are accurately reflected.

Documentation of all SUD services and interventions shall be regularly recorded and reflect an accurate account of the client screening and assessment; treatment goals and service plans; records of contact; goals obtained; barriers to treatment; community referrals; and releases of information to stakeholders, such as courts, criminal justice agencies, and child welfare agencies. Client records shall also include a signed written

consent form from the client or his or her representative for the release of confidential information. The consent form shall inform the client of the type of information to be shared, with whom, and within what time frame.

Client records shall be maintained in a secure location and not be accessible to unauthorized individuals. Social workers shall be knowledgeable about federal, state, and local legislation, regulations, and policies, as well as agency procedures, governing SUD treatment records.

Standard 7. Privacy and Confidentiality

Social workers shall maintain appropriate safeguards to protect the privacy and confidentiality of client information, except as otherwise required by law or ethics. Social workers shall be familiar with national, state, and local exceptions to confidentiality, such as emergencies, mandates to report danger to self or others, and child maltreatment. The social worker shall advise clients of confidentiality limitations and requirements at the beginning of treatment.

Interpretation:

Regulations governing confidentiality of SUD treatment records are intended to increase the confidence that a client's privacy will be protected and to encourage people with SUDs to seek treatment services.

Professional judgment in the use of confidential information shall be based on legal and ethical considerations. Social workers shall be knowledgeable about federal, state, and local legislation, regulations, and policies

designed to protect and safeguard clients' SUD treatment.

Information obtained by the social worker shall be viewed as private and confidential, with the exception of mandates to report danger to self or others and child maltreatment. The social worker shall advise clients of applicable federal and state confidentiality limitations and requirements at the beginning of treatment, and the social worker will adhere to these limitations and requirements.

Except as required by law, social workers shall not disclose client information without first obtaining a signed *written release of confidential information* from the client or his or her authorized representative.

Standard 8. Practice Evaluation

Social workers shall evaluate the quality, appropriateness, and effectiveness of their practice with clients who have SUDs.

Interpretation:

Ongoing evaluation of service delivery to clients is essential in assuring competence and improving social work practice, especially when working with clients who have SUDs, and who require collaborative efforts to ensure success. Social workers shall be knowledgeable about basic evaluation techniques to assess the individual outcomes in terms of both assessed needs and defined success. Social workers shall also develop methods to assess the degree to which the various participating agencies and other service providers are achieving the goals of clients' treatment plans. Evaluation practices may include:

- Identification and use of appropriate tools to measure clinical outcomes and client satisfaction.
- Review and assessment of outcome objectives and organizational processes.
- Strategies to involve both the client and collaborating practice agencies in the design and implementation of evaluations.
- Mechanisms to protect the privacy rights of clients, family members, and other partners in the evaluation.
- Mechanisms for sharing evaluation data with clients, colleagues, third-party payers, and other professionals, as appropriate.
- Participation in outside efforts to assess practice and program processes and outcomes.

Standard 9. Staffing

The treatment of chronic SUDs is often a complex process characterized by multiple medical, psychological, and social problems and by frequent relapses before sustained abstinence can be achieved. Workloads assigned to social workers should reflect the amount of effort required to achieve successful outcomes with clients.

Interpretation

Addiction is a biopsychosocial disorder. Clients who enter treatment often have significant impairments in all of these areas. Currently, there is no single objective methodology for determining the appropriate individual caseload, given the diversity of client problems. Some states and/or programs may develop workload criteria that they believe reflect appropriate practice. Social work ethics generally state an adherence to the

commitment of service to employers and employing organizations. However, the *NASW Code of Ethics* (NASW, 1999) also requires that professional social workers adhere to ethical practice in the organizational environment and strive to eliminate organizational barriers to ethical practice. No objective, empirically tested standard for workload allocation exists that takes into account the variables of setting, case complexity, case mix, hours at work, and documentation. Furthermore, the master's level practitioner often has the additional responsibility of supervision and administrative tasks. In light of these factors, it may be necessary for the social work practitioner to help organizations develop appropriate workload structures. In this effort, the social worker shall consider current research from both fields of practice (substance use/dependence and social work); agency, organization, and governmental evaluative data; and practice experience.

Standard 10. Supervision, Leadership, and Training

Social workers with expertise in the treatment of SUDs shall assume the lead in providing educational, supervisory, administrative, and research efforts with individuals, groups, and organizations.

Interpretation

Social workers with advanced degrees, training, experience, and practice with clients who have SUDs and their families should offer their expertise, as well as training and mentoring opportunities, to social workers aspiring to work in this area. When able, experienced social workers shall work in

conjunction with schools of social work to advocate for alcohol, tobacco, and other drugs programs of study and coursework, as well as educational and field placement opportunities to enhance and encourage interest in this specialization. Social workers shall also, when possible, advocate for continuing opportunities for postgraduate education and training in the ATOD field.

Social workers should offer consultation and supervision to practicing social workers, interns, and other students to provide guiding expertise in this area of practice. Involvement in research, education, consultation, and supervision activities shall demonstrate the effectiveness of social work practice with SUD issues, as well as enhance recognition among colleagues in other professional disciplines of the critical need to address SUD issues across diverse practice populations.

Social workers shall ensure that proper supervision is available to them for the initial years of their professional experience. If social work supervision is not available or accessible, case consultation should be obtained from qualified professionals of other related disciplines.

Standard 11. Professional Development

Social workers who provide services to clients with SUDs and their families shall assume responsibility for their continued professional development, in accordance with the *NASW Standards for Continuing Professional Education* (NASW, 2002) and relevant state, national, and international requirements for licensure and specialty certification.

Interpretation

Social workers who treat clients with SUDs shall strive to maintain knowledge of existing and emerging theories and interventions in addiction and the recovery process. Ongoing research and the resulting changes in clinical applications require that social workers continue to improve their understanding of the changing SUD treatment services environment and identify how new information can better inform their practice.

Opportunities for professional development are available in classrooms, seminars, workshops, and online through NASW and other professional organizations, institutions, coalitions, and substance use services agencies at the local, state, and national levels. Social workers shall participate in conferences and training activities on a regular basis to ensure the highest possible level of care. Additionally, social workers shall assume a lead role in identifying the professional development needs of practitioners, as well as encouraging training topics and curriculum that reflect emerging trends and/or unmet service needs.

Standard 12. Cultural Competence

Social workers shall seek to understand the history, traditions, expectations, values, and attitudes of diverse groups as they affect the perception of SUDs and treatment planning. Social workers shall act in accordance with the *NASW Standards for Cultural Competence in Social Work Practice* (NASW, 2001).

Interpretation

Social workers understand and accept diversity as a very important factor in working with

clients with SUDs. They understand that substance abuse, dependence, and related problems develop within diverse social and cultural contexts. Consequently, assessment of clients and the development of intervention strategies should take into consideration the ethnic and cultural contexts of the client's environment. Furthermore, social workers are encouraged to conduct self-examinations of their own biases and stereotyping of clients that may affect their practice with diverse client populations.

Social work practice is committed to providing individualized and culturally appropriate interventions for people who represent different genders, gender identities, sexual orientations, and cultural and ethnic backgrounds. Social workers understand and respect clients' unique, culturally defined beliefs and needs regarding treatment and recovery issues. In addition, social workers understand that some members of special populations may mistrust social workers due to past experiences with racism and/or discrimination, which may hinder them from seeking help for SUDs. In these instances, social workers shall work to alleviate or eliminate barriers to treatment.

Social workers shall be flexible in using intervention methods and skills to match clients' needs and to improve the development of a therapeutic relationship based on mutual respect, acceptance, and trust.

Standard 13. Information and Technology

Social workers shall have access to computer technology and the Internet, as the need to communicate via e-mail and to seek information on the Web for purposes of education, networking, and resources is essential for efficient and productive practice.

Interpretation

Social workers are increasingly using the Web, computers, and other electronic technology to improve the quality of services for clients, to communicate with other professionals, and for documentation purposes. Technology may be integrated into practice; however, appropriate safeguards for client privacy shall be used.

Social workers shall engage in ongoing training in technology applications relevant to social work practice, including assessment and treatment, research, policy, education, and resource tracking and development.

Free information on the Standards is located on the NASW Web site: www.socialworkers.org.

Purchase full document from NASW Press at 1.800.227.3590.

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NATIONAL ASSOCIATION
OF SOCIAL WORKERS

750 First Street, NE

Suite 700

Washington, DC 20002-4241

202.408.8600

www.socialworkers.org