Social Workers on the Front Line of the Opioid Epidemic

With funding from New York Community Trust and in partnership with the Council on Social Work Education, the National Council for Mental Wellbeing facilitated a collaborative learning initiative to better prepare social workers to lead the charge against the opioid and drug epidemic by improving training, preparation, and competency of social work students to prevent and treat Substance Use Disorder (SUD) in practice. Data to evaluate the success of the collaborative in meeting these goals were collected through multiple methods, including surveys (with students, faculty, and field supervisors) and thematic analysis of program records.

Social Work Competencies

There are nine social work competencies described by the Council on Social Work Education. Data to measure changes in social work competencies were collected from students, faculty, and field supervisors to understand how participating students demonstrated the social work competencies. The nine competencies are as follows:

1. Demonstrate ethical and professional behavior
2. Engage diversity and difference in practice
3. Advance human rights and social, economic, and environmental justice
4. Engage in practice-informed research and research informed practice
5. Engage in policy practice
6. Engage with individuals, families, groups, organizations, and communities
7. Assess individuals, individuals, families, groups, organizations, and communities
8. Intervene with individuals, families, groups, organizations, and communities
9. Evaluate practice with individuals, families, groups, organizations, and communities

Both faculty and students were asked to rate which competencies students improved the most and the least during the collaborative. Student and faculty responses showed high levels of agreement that competencies 6, 7, and 8 were most improved, while competency 5 was the least improved. Notably, most faculty also indicated competency 9 was one of the least improved while students did not indicate this competency in their self assessment.

<table>
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<tr>
<th>Competency</th>
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<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>Students</td>
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Improved most

Improved least
**Student Preparedness**

Students were asked how prepared they felt to prevent, treat, and foster recovery for addiction in individuals, families, and communities at the end of the experience. Most students agreed they felt comfortable with treatment and fostering recovery. Students felt less prepared for prevention.* Faculty responses also indicated that students seemed the least prepared to prevent substance use disorder.

<table>
<thead>
<tr>
<th>% of students who agreed they felt prepared</th>
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<tbody>
<tr>
<td>Prevention</td>
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<td>70%</td>
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<td>Treatment</td>
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<td>91%</td>
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<tr>
<td>Foster Recovery</td>
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<td>91%</td>
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Most coursework deals with treatment, but I am interested in how to prevent an individual from going down that path to begin with.

-SW STUDENT

Students reported an increase in compassion and empathy for those experiencing SUD, and faculty believed their enhanced learning experience helped students reduce their own fear and stigma associated with SUD and addiction.

**What contributed to students’ feelings of increased competency?**

- Enhanced Courses
- Peer-to-peer learning
- Case Studies

“I liked the small breakout groups with the other students from different universities. It is nice to hear their perspective and how things are going in their communities.”

- SW STUDENT

**Intent to Work in the SUD Field after Graduation**

82% of students agreed that their interest in addressing SUD in professional practice increased because of this experience*.

Students rated the following as their top reasons for wanting to work in the SUD field:

- Gained better perspective for how SUD impacts people
- Had the experience of seeing their work makes a difference
- Had opportunities to address stigma and discrimination in the field
- Interactions with experts in the SUD field

*Students were surveyed and asked this question 3 times. This data represents responses from the third time point.
Lessons Learned

- The varied sizes, settings, and geographic locations of the participating Schools of Social Work contributed greatly to the success of the learning collaborative.
- The opportunities for the participants to connect with those in various schools and settings allowed for greater learnings and discussions around the ways OUD/SUD is talked about and treated in different communities and parts of the country.
- Student stipends allowed for students’ active participation and engagement, as the stipends gave students the space to dedicate their time to the Learning Collaborative instead of spending time in another role.
- Improved engagement with field instructors is necessary to better understand their role in preparing students to practice social work in applied settings.
- Identification of only 1-3 field placements per school rather than different placements for each student can help increase field placement engagement.
- Provide more detail on how field placements can utilize stipends to help ease administrative burden, so field placement supervisors can dedicate time to participating in the learning collaborative.

Future Directions

- Continue peer-to-peer learning and case studies, as students found these elements most helpful.
- Incorporate Field Directors/Liaisons into the learning collaborative to increase coordination among the field course, field instructors, and field placements and to improve engagement levels along field placement supervisors.
- Provide CEUs through trainings and webinars for field placement supervisors to further encourage participation.
- Focus on improving social work programs and integration of SUD curriculum across their programs.
- Edit curricula to address more about prevention, in addition to treatment and recovery, and build in more policy and evaluation elements.
- Apply learning collaborative model to other fields that work with individuals with SUD and/or OUD.