Social Work in the United States

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Agenda

• Introduction to the US
• Social Work
• Social Work Education
  – Education
  – Licensure
• Social Work Workforce
• The Future
Loyola University Chicago

• School of Social Work founded 1914
• Clinical, organizational, community, and social justice issues
• Like us on Facebook!
LUC: Jesuit Education

• Mission driven culture
• Commitment to social justice
• Practice based in research and ethics
• Attention to vulnerable populations, human rights, and social justice; both locally and globally
• Education based in Ignatian Pedagogy
Thinking globally/acting locally: Sustainability at Loyola

- Institute of Urban Environmental Sustainability
- Water conservation, recycling, etc.
- Campus buses fueled with waste vegetable oil from dining converted to biodiesel fuel
- Plastic bottled water ban by student body:
  - environmental impact
  - social justice: Privatization of water from community sources…loss of access to water, Loss of access to basic human right
The United States of America

- Federal Republic
- 50 states; 1 federal district
- 3.8m square mi (9.8m km²)
- 330 million people
The United States of America
US: Population Density

[Map of the United States showing population density with different color shades indicating varying levels of population density.]
US: Diversity

- Race (2010 census)
  - 73% White - 13% Black
  - 5% Asian - 1% American Indian
  - 3% multiracial - 16% Hispanic/Latino

- 51% female / 49% male

- No official language, 80% English only
US: Diversity (con’t)

• Religion: Most Christian, Religion important
  – 51% Protestant
  – 24% Catholic

• 8% Gay, lesbian, bisexual (2010)

• 11m undocumented workers (2010)
US: Issues for social work

• Persistence of poverty
• Violence
• Mental illness and addiction
• Inadequate housing
• Health care
• Chronic illness, HIV/AIDS
• Educational inequalities
• Immigration
• Aging of the population
• Etc.
US: Poverty in 2011

- 16% (48.5m) lived in poverty; 13% in 2008
  - 22% of children live in poverty
  - 14% of those 18 to 64
  - 9% of those 65 and older

- 10% of non-Hispanic Whites, lower than any other racial group.

- 14% of males; 16% of females lived in poverty; women 65/older

- Income inequalities growing / wages stagnant; GINI: 47.7 (2011)
US: Violence

- 386 violent crimes per 100,000 (2011)
  - Down 4% since 2010
  - Aggravated assaults (62%), robbery (29%), rape (7%), murder (1.2%)
  - Firearm use high in all categories, although down
  - Homicide leading cause of death and injury among 10-24 year olds.
US: Mental Illness & Addiction

• 13% of Americans received treatment for mental or emotional problems (inpatient, outpatient, and/or medications)

• Gaps in treatment
  – 40% of those with a serious mental illness do not receive treatment
  – Children with mental disorders, about 50% do not receive treatment

Explained by various factors.
US: Health Care

- $2.6T in 2010, 17.9% of GDP
  - Most expensive, not best outcomes
  - Drivers of cost?
    - Chronic illness d/t longer life span/lifestyle (75% of expenditures)
    - Technology and prescription drugs
    - Administrative, to include costs of fragmented system (e.g., duplicated services, gaps in quality/safety, profits)

- 26% experienced at least 1 month without health insurance coverage (2010)
- ACA 2010, “Healthcare reform”
Problems are increasingly global

- Poverty
- Environmental degradation
- Unemployment caused by downsizing/relocation
US Ideologies

• Responsibility of the individual
  – Individualism
  – Importance of family

• Land of freedom: Democracy

• Upward mobility: Abundant resources, Capitalist

• Premium on work / moral standards
  – welfare demoralizes/dependency
  – 23% have no paid vacation/sick days
US Ideologies (con’t)

• Neo-liberal world view
  – Privatization of services:
    • Less gov’t is better; private market more efficient
    • subsidize or contract private services with tax dollars, contract services
    • Individuals purchase services?
  – Commodification of services (market driven, increase for-profit)
  – Decrease regulation
  – Lower taxes/use of tax code
• “Conservative Individualism”
US Policy: Social insurance vs. public assistance

• Social Insurance
  – E.g., Medicare
  – Based on previous work, no stigma, not means based, no moral judgment. Deserving.
  – Less poverty in elderly

• Public Assistance
  – E.g., Medicaid
  – Means tested, stigma. Undeserving.
  – Never more generous

• Increased use of market for “efficiency”
Within this context, Social Work practice…

the professional application of social work values, principles, and techniques to one or more of the following ends:

– helping people obtain tangible services;
– counseling and psychotherapy with individuals, families, and groups;
– helping communities or groups provide or improve social and health services; and
– participating in legislative processes.

Integrated knowledge of human development and behavior as well as of social, economic, and cultural institutions.  (NASW, 2013)
National Association of Social Workers (NASW)

• “…works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies."

• Created in 1955; all domains of practice

• 145,000 members

• State chapters (Local level)
NASW (Con’t)

• Maintain integrity of profession
  – Inclusion/value of SW (to include licensure)
  – Brand protection
  – Malpractice insurance for independent practitioners

• Political Advocacy
  – Take stand on issues
  – Professional education

• Code of ethics that sets ethical practice standards
Social Work: Values Driven

Six core values of social work:
- Service
- Social Justice
- Dignity and Worth of the Person
- Importance of Human Relationships
- Integrity
- Competence

In addition, CSWE adds the following:
- Human Rights
- Scientific Inquiry

*From CSWE Advanced Social Work Practice in Clinical Social Work And NASW Code of Ethics*
Clinical Social Work

• Flexner Report (1915)
  – Increased qualifications and scientific method for medical students; SW needs a knowledge base
• The professional application of social work theory and methods to the diagnosis, treatment, and prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioral disorders
Key Features: Clinical Social Work

• Mental, emotional, behavioral well-being of individuals, couples, families, and groups
• Crisis, brief and long-term psychotherapy and counseling; bill third party payers
• Client-centered advocacy, consultation, & evaluation
• Often first to intervene in various settings & populations:
  – community mental health centers, hospitals, substance use treatment programs, schools, primary health care, child welfare, aging services, employee assistance programs
  – All ages, homeless, children, families, etc.
Clinical Social Work

• Psychiatry: treatment of organic illness (pathology) with medication and intrapersonal/internal dynamics.

• Psychology: focus on the mind; on individual behavior.

• Social Work: Focus on person in environment (social functioning, community resources, family); wider range of interventions.
Clinical Social Work Practice

• SW Values and Ethics guide
  – Client self determination
  – Transparency
  – Focus on person in environment; link to structures
  – Assessment of risks & vulnerabilities, but also strengths & resilience
  – Advocacy for client and client population

• Tend to complicated ethical issues:
  – “Conservative Individualism?”
  – Who really is my client? Social control?
  – Middle class bias?
Professional Social Work Education

• Traced to summer training course at Columbia University given by the Charity Organization Society of New York in 1888

• Now, accredited colleges and universities, representing all of US higher education: public/private, faith based, urban/rural, historically black colleges and universities, Hispanic, research institutions.
  – Human services, psychology, sociology
Council on Social Work Education (CSWE)

• Ensures and enhances the quality of social work education for a professional practice that promotes the values of social work

• Sets and maintains national accreditation standards for baccalaureate and master’s degree programs by
  – promoting faculty development,
  – engaging in international collaborations,
  – by advocating for social work education and research.
CSWE (con’t)

• CSWE Accredited Program
  – 212 master’s programs
  – 479 BSW programs

• Competency-based outcomes approach to ensure that social work graduates are prepared to work competently with individuals, families, groups, organizations, and communities
LUC SSW: Degrees

• Bachelor of Social Work (BSW)
  – Generalist practice
  – Approximately 150 total students

• Master of Social Work (MSW)
  – Generalist Practice/ Advanced clinical or LDSS
  – Approximately 350 per class

• Doctor of Philosophy (PhD)
  – Prepares for clinical research, theory, and teaching
  – Two years of coursework, comprehensive exam and dissertation
LUC SSW MSW Program

1st Year: Generalist Practice

2nd Year: Advanced Practice: 2 domains,
1. Clinical Social Work
   Health, Mental Health, Children and Families, and Schools
2. Leadership and Development in the Social Services
   Certificate in Non-Profit Management and Philanthropy
   • CADC
   • Dual Degrees
     – Child Development, Divinity, Law, Child and Family Law, Social Justice, and Women’s Studies
LUC SSW MSW Program

• Coursework
  – HBSE - Social Welfare Policy & Practice
  – Research - Clinical Practice

• Internship (field work) in 1st and 2nd year
  – “Signature Pedagogy” (CSWE, 2008)
  – Over 400 agencies
  – Supervision is critical component

• Sequences in Migration Studies, Gerontology, and Domestic Violence Counseling
Social Work Licensure

• Licensure defines scope of practice & credentials practitioners

• State-based licensure: qualifications for licensure vary nationwide (not standardized)

• Association of Social Work Boards (ASWB): licensing exams and policy guidance to state licensure boards
Illinois Licensure

Social Worker, Licensed (LSW)

- Authorized to practice social work and clinical social work, but not in an independent practice.

Clinical Social Worker, Licensed (LCSW)

- Authorized to practice social work and clinical social work in Illinois under an employer or private practice.

From: http://naswil.org/social-work-practice/licensure/licensure-steps/
Requirements for Licensure

• Licensed Social Worker (LSW)
  – MSW or BSW w/ 3 years supervised professional experience
  – Masters licensing exam passing score
  – Application & fee

• Licensed Clinical Social Worker (LCSW)
  – Degree requirements for LSW
  – 3,000 hrs of supervised clinical experience
  – Clinical licensing exam passing score
  – Application & fee
Who is a social worker?

- BA (psychology) providing psychosocial interventions in a hospital under an LCSW?
- MSW, no license, working with mentally ill in poor city?
- Long term therapy with middle class children & families?
- Research scientist at a large health insurance company who has an LCSW?
- A PhD teaching in a social work program?
Social Work Workforce

• No standard definition of social worker
• Roles may be filled by other professions

• Assuring the Sufficiency of a Frontline Workforce: A National Study of Licensed Social Workers (NASW, 2006)
Workforce: Licensed Social Workers

• 310,000 licensed social workers in U.S. (2006)
• 101 social workers per 100,000 people across the US
• Uneven geographic distribution
  – 80% of licensed social workers providing for older adults in metropolitan areas vs. 3% in rural
  – 84% of mental health social workers in metro areas vs. 2% in rural areas
So, gaps in social workers in rural areas.
Licensed Social Workers

- Advanced education & practice experience
  - 79% MSW, 2% doctorate, 8% no degree in social work
  - 32% have more than 20 years of experience

- Disproportionately female (81%, vs 51% in US)
  - 26% of Hispanic/Latino social workers male
    - (vs. 17% of non-Hispanic White)
  - 24% of older social workers are male
    - (24% 65/older vs. 9% under 34)

- Older age than the U.S. civilian labor force
  - 61% aged 45 or older (vs 37% of labor force)
Social Workers are not as diverse as the populations served...

Licensed social workers are less diverse racially and ethnically than the U.S. population.

- White, non-Hispanic: 86% (Licensed Social Workers), 68% (U.S. Population)
- Black/African American: 7% (Licensed Social Workers), 12% (U.S. Population)
- Hispanic/Latino: 4% (Licensed Social Workers), 14% (U.S. Population)
- Asian/Pacific Islander: 1% (Licensed Social Workers), 4% (U.S. Population)
- Native American/Alaskan: 1% (Licensed Social Workers), 0% (U.S. Population)
Social Work Primary Areas of Practice

- Mental health: 37%
- Health: 13%
- Child welfare/family: 13%
- Aging: 9%
- School social work: 8%
- Adolescents: 6%
- Other: 4%
- Addictions: 3%
- Developmental disabilities: 3%
- Higher education: 2%
- Occupational social work: 1%
- Homeless/displaced persons: 1%
- Criminal justice: 1%
- Income assistance: 0%
- Community development: 0%
Social Work Primary Areas of Practice

A majority of licensed social workers practice in mental health, 38% in private practice & 20% in clinic settings.
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Addictions: 3%
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Income assistance: 0%
Community development: 0%

Health social workers most likely to work in hospitals.
Child welfare and family social workers found in social service agencies (60%)
Employed in a range of sectors…

• In for-profit sector,
  – 57% in private practice
  – 8% in for-profit hospital/medical centers

• Private nonprofit sector,
  – 19% in hospital/medical center
  – 17% in social service agencies
  – 17% behavioral health clinic

• Local government,
  – 22% in social service agencies
  – 32% in schools
What do social workers do?

• Most common services (any amount),
  – direct services (96%)
  – consultation (73%)
  – administration (69%)

• Spending more than ½ their time providing individual counseling, psychotherapy, case management, and assessment

• Only 9% spend any time in research!
Why do We Need Social Work Research?

• SW Research includes range of primary research to systematic reviews
• Through social work research, the profession can:
  – Better screening/assessment and interventions
  – Evaluate the relative effectiveness of social work services
  – Demonstrate relative costs and benefits of social work services
• Understand expected and unexpected impact of legislation and social policy on the clients and communities we serve
The Economic Cost of Domestic Hunger
Estimated Annual Burden to the United States

Dr. J. Larry Brown, Harvard School of Public Health
Dr. Donald Shepard, Brandeis University
Dr. Timothy Martin, Brandeis University
Dr. John Orwat, Loyola University Chicago

An analysis commissioned by the Sodexho Foundation, in partnership with the Public Welfare Foundation and Spunk Fund, Inc.
Economic Cost of Domestic Hunger

• 35 million Americans are hungry and/or food insecure  (Department of Agriculture, 2006)

• Hunger costs America $90 B
  – $300 per resident per year
  – $800 per household per year
  (Brown, Shepard, Martin, & Orwat, 2006)

• Ending hunger costs $12 B
  (Brown, 2006; National Anti-Hunger Organization, 2004)
Mammography Rates, by HRR, 2011

Orwat & Caputo, In press.
US: Issues in the 21st Century

- Gerontological Social Work
- Immigration
- Social and Economic Justice
- LGBTQ Community
- Military and Veterans Social Work
- Growing Use of Technology
- Globalization
- Etc.
Now what? Social work in the future

• Workforce: Demand up 25% per year !
  – Retirement
  – Recruitment & retention
  – University education
  – Continued relevance
    • Within context of other professions
    • In “other” professions (“Say you are a social worker!”)
Now what? Social work in the future

...trained to think critically, adapt readily, and grounded in SW ethics...

– Rapid pace of change in the type, nature, and understanding societal problems and solutions
  • Man-made disasters; Climate change
  • How problems are intertwined on all levels
  • Globalization: of problems, solutions, social work
  • New populations: Veterans, LGBT²Q²
  • Technology

– The changing nature of structures that support intervention
  • Return on investment of social work services?
  • Transdisciplinary research and practice
Jane Addams (1860-1935)

• An effective reform leader
  – Founder of Hull House (Chicago): 1st settlement house & earliest non-profit

…Dangers of mental conformity, or clinging to old ideas, either due to loyalty or fear

…People needed “free and vigorous thinking” that would “liberate new sources of human energy” to “bridge…desire and those things that are possible.”
Preparing people to lead extraordinary lives