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Social Work Education and Readiness for Practice in the Alcohol and Other Drugs (AOD) Field:
Perspectives of Practitioners in Aotearoa New Zealand

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Niki Garbe

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Abstract

Substance misuse is a serious social issue in Aotearoa New Zealand, affecting individuals, whānau, and communities across multiple areas, including child protection, justice, and health. Social workers are often on the frontline of facing these challenges. Yet, questions remain about how well social work education prepares them for practice in the alcohol and other drugs (AOD) field. This study explored social workers' readiness to practise safely and effectively in AOD settings, focusing on how foundational qualifications support or limit the development of addiction-specific skills, knowledge and competencies.

A qualitative research design was used, involving semi-structured interviews with six registered social workers practising in AOD services across Aotearoa New Zealand, including one participant trained in the United Kingdom. Participants reflected on their educational experiences, transferable skills, and the additional learning they required to feel prepared and confident in addiction work. Thematic analysis identified eight key themes: preparation for AOD practice, pharmacology, theories and models, ethical and legal issues, core skills, clinical assessments, the role of social workers in addiction services, and further education.

Participants described their social work education as providing a strong grounding in ethics, relational practice and cultural responsiveness, but lacking sufficient coverage of clinical and technical knowledge, such as pharmacology, assessment tools and screening. Much of their specialist learning occurred informally through workplace experience and supervision. Despite these identified gaps, participants believed social workers are well-placed to work in the AOD field due to their commitment to human rights and social justice, as well as their holistic perspectives and advocacy skills.

The findings highlight a need to embed addiction-specific education within prescribed Social Work qualifications, expand postgraduate pathways, and strengthen collaboration between universities, professional bodies, and addiction services. By centring practitioner voices, this study contributes to national and international discussions about workforce readiness and the future of social work education in Aotearoa New Zealand.

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Chapter One: Introduction

“I am only one, but I am one. I cannot do everything, but I can do something, and I will not let what I cannot do interfere with what I can do”
(Hale, n.d., as cited in *Goodreads*, n.d.).

Background and Context

Substance misuse and addiction are persistent global challenges that affect individuals, families, whānau, and communities in multifaceted and complex ways. The World Health Organisation (WHO) estimates that alcohol and other drug (AOD) use substantially contributes to the global harm caused by disease, exacerbating health inequities and worsening cycles of poverty, social exclusion, and criminalisation (Martinez et al., 2018). While the causes and impacts of substance misuse are widespread, the consequences are most often felt by those who are already marginalised within society. Addiction, therefore, cannot be understood purely as an individual health issue; it must also be recognised as a structural concern and a social justice issue (Buchanan, 2004).

In Aotearoa New Zealand, alcohol and other drugs play a formative role in shaping social outcomes. National reports show that harmful drinking styles remain a prominent public health issue, with alcohol playing a large part in high rates of preventable illness, family violence, and road trauma (Ministry of Health, 2018). Other substances such as methamphetamine and opioids continue to affect whānau and communities, often woven with broader issues of intergenerational trauma, mental distress, and housing instability (Adamson et al., 2010; Kean, 2009). Māori, Pacific peoples, and other marginalised groups are disproportionately affected, reflective of the lasting legacies of colonisation, structural inequities and systemic racism (Ministry of Health, 2020; Nelson, 2022).

Social workers are often at the forefront of addressing these issues. Whether working in community organisations, statutory services, schools, or hospitals, they are often the ones to support individuals and their whānau affected by substance misuse (Daley & Feit, 2013; Osborne-Leute et al., 2019). Even when

not employed in specialist addiction services, social workers encounter AOD-related harm in mental health, Justice, child protection, youth justice, and housing contexts (Keene, 2001; Tracey & Farkas, 1994). Addiction, therefore, depicts the mainstream reality of practice as opposed to a marginal specialisation. This raises an important question: to what extent are social workers adequately prepared by their education to meet these challenges?

International scholars have long debated whether social work education gives graduates the clinical and technical competencies necessary for AOD practice. Studies in the United Kingdom, the United States, and Australia suggest that while social work programmes provide a firm grounding in relational practice, cultural responsiveness, and ethics, they often neglect addiction-specific content such as withdrawal management, screening tools and pharmacology (Allnock & Hutchinson, 2014; Hutchinson et al., 2013; Kourgiantakis et al., 2020; Straussner & Senreich, 2002).

These findings echo the Aotearoa context, where practitioners report that much of their learning happens post-qualification through peer support, in-service training, or micro-credentials, rather than through their foundational professional education (Beddoe, 2017; Takarangi, 2020; Te Pou o te Whakaaro Nui, 2020).

The tension between strengths and gaps in preparation forms the backdrop for this study, which investigates the readiness of social workers in Aotearoa to practise in AOD contexts.

Researcher Positioning

My interest in this area arises directly from my professional identity and lived experience as a registered social worker. I have spent my entire practice career in the mental health and addiction field, working alongside tangata whai ora, whānau, and colleagues from a wide range of disciplines. This work has been both rewarding and challenging. It has demonstrated to me the unique benefit that social workers bring to addiction practice: a commitment to relational approaches, advocacy, systemic analysis, and culturally responsive care (Connolly et al., 2017; Folgheraiter, 2004). These strengths allow social workers

to build trust, support whānau, and address the social determinants of health in ways that enhance clinical interventions.

At the same time, my practice experience also revealed the limitations of our professional preparation. Many of the technical competencies required in addiction services, such as the use of AOD-specific screening tools, knowledge of pharmacology and substance effects, or confidence in withdrawal management, were not covered in my foundational training. Instead, I learned these skills on the job, often relying on supervision, peer teaching, or colleagues with addiction-specific qualifications (ANZASW, 2021; Beddoe, 2010). I also observed that social workers in multidisciplinary teams sometimes felt less confident than Addiction Practitioners Association Aotearoa New Zealand (Dapaanz) registered colleagues, particularly when it came to clinical assessments or treatment planning (Addiction Practitioners Association Aotearoa New Zealand, 2024).

These experiences shaped my assumptions as I entered this research. I believed that while social workers were well-prepared in relational and ethical domains, they lacked adequate knowledge and clinical training specific to addiction. I assumed that social work education in Aotearoa placed less emphasis on addiction, leaving graduates reliant on informal learning and postgraduate study. I was also doubtful that bicultural frameworks and Te Tiriti o Waitangi obligations, while present in generalist training, were not always explicitly connected to addiction contexts (Durie, 1998; Ministry of Health, 2020).

This thesis, therefore, represents not only an academic investigation but also a reflexive inquiry into the assumptions I carried from practice. By engaging with the voices of other practitioners, I sought to test, challenge, and expand my perspectives, ensuring that the study was grounded in collective lived experience rather than individual opinion.

Problem Statement and Rationale

The central problem addressed by this study is the perceived misalignment between social work education and the realities of practice in the alcohol and other drugs field. While social workers encounter AOD issues across almost every practice setting, addiction is often treated as a specialist domain, requiring

additional qualifications or experiential learning (Minnick & Park, 2023; Wells et al., 2013). This creates several challenges.

First, it raises concerns about workforce readiness. If graduates enter the field without confidence in AOD-related knowledge and skills, they may feel underprepared to practise safely, particularly in clinical or high-risk contexts (Whittinghill, 2006). Second, it risks inequities in training, as reliance on workplace learning means that preparation is inconsistent and dependent on the quality of supervision and available resources (Beddoe, 2009; Te Pou o te Whakaaro Nui, 2019). Third, it poses challenges for professional identity. Social workers may feel less legitimate in multidisciplinary teams when compared with colleagues who hold addiction-specific qualifications (Barber, 2002; Nelson, 2012).

The cultural context of Aotearoa compounds these challenges. Addiction cannot be separated from the enduring impacts of colonisation, systemic inequities and marginalisation. Māori, who experience disproportionate harm from AOD, require services that are culturally safe, grounded in tikanga Māori, and aligned with Te Tiriti o Waitangi obligations (Durie, 1998; Ministry of Health, 2020). Frameworks such as *Te Whare Tapa Whā* (Durie, 1998) and the Nikau Practice Framework (Nelson, 2022) offer powerful models for holistic, culturally grounded practice. Yet questions remain about how well social work education integrates these approaches into addiction-specific contexts.

For these reasons, this study is both timely and necessary. It responds to calls within the literature and the sector for a clearer understanding of how social work education prepares practitioners for AOD work, where the gaps are most evident, and what reforms may be required (Beddoe, 2017; Kourgiantakis et al., 2020).

Research aim and questions

The overarching aim of this thesis is to examine the extent to which social work education in Aotearoa New Zealand prepares practitioners for competent and culturally responsive practice in the AOD field. Specifically, the study seeks to identify the strengths and limitations of foundational qualifications, the transferable skills and knowledge that support practice in addiction contexts, and the further learning required for specialisation.

Three research questions guided the inquiry:

1. To what extent do foundational social work qualifications prepare social workers to practise in AOD contexts?
2. What transferable knowledge, skills, and competencies from professional education support social workers' practice in the AOD field?
3. What further education is required for social workers to specialise and practise safely in addiction settings?

These questions were deliberately framed to capture both strengths and gaps, reflecting the dual reality of readiness reported in the literature and observed in practice.

Key Concepts and background

The study focused on understanding the core skills, knowledge and competencies necessary for social workers working with people affected by substance misuse. These include:

Skills: According to Karpētis (2017), skills are coordinated or organised activities through which our learning can be put into practice. We develop skills through our life experiences. Skills can be complex or more straightforward. Social workers need practical skills such as conflict resolution, active listening, empathy, and the ability to build strong, trusting relationships with clients. Additionally, skills in case management, crisis intervention, and working collaboratively with multidisciplinary teams are crucial in this field.

Knowledge: "incorporate the facts, theories, skills, and research-informed insights that practitioners draw on to understand client situations, make decisions, and intervene effectively within diverse contexts" (Trevithick, 2008, p. 122). Social workers must possess in-depth knowledge of addiction theory, treatment models, and evidence-based interventions. This includes an understanding of the biopsychosocial factors that contribute to substance misuse and an awareness of the various types of treatment or harm reduction approaches and how to adapt them to each client's individual needs.

Competencies: is the ability to integrate and apply social work knowledge, values, and skills to practice conditions in a professional, intentional, and purposeful manner to promote individual and community well-being" (National Association of Social Workers [NASW], 2015). Competencies also include maintaining professional boundaries, ensuring cultural competence, and practising self-care and resilience to cope with the emotional challenges of the work.

Significance of the Study

This thesis contributes to social work education and practice by privileging the voices of practitioners, through an authentic, practice-informed perspective on how social work education translates—or fails to translate—into frontline alcohol and other drug (AOD) practice (Addiction Practitioners Association Aotearoa New Zealand, 2024; He Ara Oranga, Ministry of Health, 2018; Richert et al., 2023). The thesis also contributes to national debates about workforce readiness in Aotearoa New Zealand, situating its findings within the unique bicultural and systemic context of this country (Addiction Practitioners Association Aotearoa New Zealand, 2024; Durie, 1998; He Ara Oranga, Ministry of Health, 2018; Ministry of Health, 2020; Richert et al., 2023).

The study also contributes to social work education by exploring the need for curriculum reform, including the integration of addiction-specific content into prescribed Social Work qualifications and the expansion of postgraduate opportunities such as micro-credentials and specialist diplomas (Takarangi, 2020; Te Pou o te Whakaaro Nui, 2020). In addition, the study explores the challenges social workers face in multidisciplinary addiction teams and will consider how education can strengthen their professional identity, legitimacy, and confidence in these specialist contexts (Addiction Practitioners Association Aotearoa New Zealand, 2024; Te Pou o te Whakaaro Nui, 2020).

Finally, the thesis emphasises the importance of cultural responsiveness by exploring how Māori frameworks and Te Tiriti o Waitangi obligations can guide the development of equitable services that are culturally safe within AOD practice (Durie, 1998; Ministry of Health, 2020). In doing so, this thesis aims to extend international research on social work and addiction by grounding these insights in

the realities of Aotearoa New Zealand, where bicultural obligations and the voices of tangata whai ora must remain central to both education and practice.

Thesis Structure

This thesis will be organised into six chapters. This first chapter introduces the study, situating it within the broader context of alcohol and other drug (AOD) practice and social work education in Aotearoa New Zealand. It will outline the rationale for the research, the questions guiding the inquiry, and the significance of the study. Chapter Two is a review of the literature on social work education, substance misuse, and practice readiness. It will examine international debates, explore Aotearoa-specific contexts, and consider bicultural frameworks such as *Te Whare Tapa Whā*. Chapter Three describes the methodological approach, including the qualitative research design, semi-structured interviews, participant recruitment, and thematic analysis. It will also discuss ethical considerations and include a reflexive account of the researcher's positioning. Chapter Four presents the study's findings, organised around eight key themes: preparation for AOD practice, pharmacology, theories and models, ethical and legal issues, core skills, clinical assessments, the role of social workers in addiction services, and further education. Chapter Five discusses these findings in relation to existing literature, highlighting implications for education, practice, and professional identity, while considering the importance of interdisciplinary collaboration, bicultural practice, and workforce development. Finally, Chapter Six concludes the thesis by summarising the key insights, acknowledging the study's limitations, and offering recommendations for curriculum reform, postgraduate training, and sector-wide collaboration to strengthen social workers' readiness for practice in the AOD field.

Chapter 2 Literature Review

Introduction

This literature review aims to review and discuss some of the literature on knowledge, skills, and competencies that a social worker may need when practising in substance misuse and harm. It will consider to what extent foundational social work qualifications (i.e., Bachelor's Social Work and Applied or Professional master's degrees) help social workers develop the skills needed

to work in the addictions field. It will examine what skills, knowledge, and competencies are transferable from their professional education (i.e., BSW and Applied or Professional master's degrees) to practice in addictions and substance misuse. Moreover, it will examine what further education a qualified social worker might need to specialise and safely practice in the addictions or substance misuse field.

Most often, substance misuse and harm are seen in a harsh and negative light, with the users being stereotyped and discriminated against; this can leave them with little confidence and self-worth, lacking self-esteem and having few ambitions; this discrimination is what social work seeks to oppose (Heinonen & Metteri, 2005). Substance misuse and harm should be seen as social care issues, not just those of the medical or court system. The reasons people start using substances are as varied as the people who use them; many of these reasons are complex and often involve those more at-risk members of our communities; these are the people that social workers engage with most often (Galvani, 2015; Kourgiantakis et al., 2020; Nelson, 2012).

The literature search was guided by the research questions: how foundational social work education prepares practitioners for alcohol and other drug (AOD) practice; what transferable knowledge, skills, and competencies support their work; and what further education is required for safe and effective practice (see chapter one). A methodological search was done with the use of various databases, including ProQuest, Scopus, PsycINFO, and Google Scholar, which allowed a review of the literature concerning Aotearoa New Zealand. Search terms included key concepts such as social work education, addiction, substance use, alcohol and other drugs (AOD), competence, skills, and professional readiness. The search included English-language sources published between 1990 and 2024, focusing on literature and studies related to social work education, practice readiness, and competence in addiction and mental health contexts. Literature from Aotearoa New Zealand and other comparable countries, such as the United Kingdom, Australia, and the United States, was prioritised. Key works included empirical studies (e.g., Hutchinson et al., 2013; Kourgiantakis et al., 2020; Minnick & Park, 2023), practice frameworks (Nelson, 2012; Paylor et

al., 2012), and professional guidelines (Aotearoa New Zealand Association of Social Workers, 2019; Addiction Practitioners Association Aotearoa New Zealand, 2024). This comprehensive search provided the foundation for examining how social work education aligns with AOD practice and identifying gaps in knowledge, skills and competency development relevant to such a specialised field.

This literature review is structured around several interconnected themes, beginning with the role of social workers within the AOD sector, followed by an exploration of essential practice competencies, educational preparation, and the systemic and policy factors influencing practitioner readiness.

The knowledge, skills, and competencies social workers need to practice in the substance misuse field

There is growing evidence that social workers are in a prime position to respond to communities and whānau who are dealing with substance misuse and harm; despite this evidence, Allnock and Hutchinson (2014) explain that social work has, in fact, struggled to keep up in this field. According to Galvani (2015), there are three key areas that a social worker should be able to engage in when it comes to substance misuse and harm; the first is being able to talk and engage about substance misuse with the people they support and their whānau. The second is to be able to motivate those who are struggling with substance misuse to think about what their misuse is doing to them and those they care for. The third one is to offer continued support to those who have started their journey to address their problematic substance use but may need help to maintain the changes they are making. These three key factors are reliant on one crucial skill: the ability to build and maintain relationships; in fact, Heinonen and Metteri (2005) explain that for a social worker to support the accomplishment of any goals, no matter the area of practice, the ability to build and maintain relationships across the continuum is imperative.

By breaking this down into three practice areas, we can define what knowledge social workers need to practice AOD, what skills they need to apply their knowledge, and what competencies will allow them to use their knowledge and skills to the best of their abilities.

Knowledge

Social work education in New Zealand, similar to the rest of the world, is often very job-specific and designed to turn out graduates who are ready to hit the workforce as new practitioners who are eager to work on the front line while pursuing postgraduate study and research that will build their professional development (Beddoe, 2017; Connolly et al., 2017).

In 2003, the Social Workers Registration Board (SWRB) established a schedule of recognised New Zealand social work qualifications to support the registration of all practising social workers. By 2006, the SWRB confirmed that all new practitioners would be required to hold, at a minimum, a three-year bachelor's degree, and this later progressed to a four-year qualification as part of the sector's wider professionalisation (Beddoe, 2014). While these changes were intended to enhance professional standards and ensure greater workforce readiness, they also raised concerns that increased qualification requirements could create barriers to the recruitment and retention of Māori and Pasifika practitioners, who form an essential part of the social service workforce (Beddoe, 2014). These concerns contributed to renewed efforts to design training pathways and practice frameworks that better reflect the needs, knowledge, and aspirations of Māori and other ethnically diverse communities. Despite these developments, significant challenges remain in embedding Māori knowledge and practice approaches meaningfully within social work education and professional training (Beddoe, 2009).

Trevithick (2009) describes social work knowledge as a framework that weaves together three key features: theoretical knowledge, factual knowledge, and practice or practical knowledge. Social workers must have the proper knowledge to work with people who misuse drugs and alcohol, as they will frequently cross paths. It is a fact that many social workers specialise in AOD treatments and support; however, many practice under generic job titles and are not recognised as specialist AOD social workers (Connolly et al., 2017). Barber (2002), however, suggests that social workers hold important knowledge and understand models such as the stages of change model that can support and motivate those looking to change their problematic drug use. Daddow and Broome (2010) add to this, stating that the importance of being able to complete a recovery support plan, work in collaboration with addiction specialists, and have a good understanding of the referral process to specialist services is also vital knowledge that a social worker should learn before stepping into this field. Osborne-Leute et al. (2014) highlight a growing body of evidence and information that state social workers should understand evidence-based prevention strategies and techniques, including community assessment, specialist referral, harm and risk reduction and education; this, along with screening, brief intervention and collaboration with specialist teams, are all imperative knowledge that a social worker should have before stepping into the work of substance misuse and harm. Understanding a broad range of issues arising from substance misuse or harm and being familiar with at least some of the resulting disorders and medical conditions were noted by Osborne-Leute et al. (2014) as being necessary knowledge.

Skills

Social Work requires a variety of qualities and skills. Whether these are innate or acquired skills does not matter; however, success in the field requires social workers to continually develop their skills throughout their careers. The University of Buffalo (2024) has developed a list of ten critical skills that are vital for any social worker in practice; they include empathy, communication, organisation, critical thinking, active listening, self-care, cultural competence, patience, professional commitment, and advocacy. If a social worker in any given field needs to hold these skills, then it follows that social workers who practice in the field of AOD will need these skills and more to offer competent support. Trevithick (2012) believes that social workers practice their skills in two ways. Firstly, they support people who often come from some of the most disadvantaged areas of our communities and, as such, have developed some specific skills and expertise to offer the support these communities need, often with limited resources. Secondly, we are led by social work values and ethics; this and social justice often shape our practice. Trevithick (2012) outlines some of the skills that are important to social workers on the frontline with disadvantaged communities, of which many of those struggling with the misuse of drugs and alcohol would also fall. The author reflects on the importance of communication and believes this is a leading social work skill. Also highlighted is the skill of relationship building, which the author considers to be at the heart of social work. Trevithick goes on to identify a list of 80 skills that she sees as essential to social work. All these skills would be essential when working within an AOD practice.

Galvani (2015) expresses that some of the most essential skills and competencies a social worker can offer are willingness, commitment, non-judgment, assessments, harm reduction, and

advocacy. Other skills noted are practising in an anti-discriminatory and anti-oppressive way, practice and self-reflection, and working effectively across disciplines and agencies (Caldwell, 2007; Nelson, 2012). Several other authors also felt that communication and good teamwork were skills high up on the list of importance (Heinonen & Metteri, 2005; Kettner et al., 1999)

Competencies

Being competent and comfortable in addressing some of the social consequences of problematic drug use is imperative for a social worker in the field of AOD; the consequences could be relationship breakdown, loss or lack of employment, financial and legal issues along with housing instability and homelessness (Buchanan, 2004) Paylor et al. (2012) also suggest that a social worker in this field should be competent to work in the social justice sector, including advocacy for the individual and their whānau as well as being competent to work at a service system and political level to influence the treatment of drug users, not allowing society to return to punitive and moralistic views of the past.

In 2003, the Social Workers Registration Act was enacted, establishing the Social Workers Registration Board (SWRB) as the regulatory authority responsible for overseeing the registration and professional standards of social workers in Aotearoa New Zealand (Social Workers Registration Board [SWRB], 2024). With the creation of the Board, social work standards were formally reviewed, and it was recognised that maintaining high professional standards was essential to protect vulnerable and disadvantaged people from poor processes and unethical practices (Beddoe, 2009; SWRB, 2024). In early 2019, registration became mandatory for anyone practising as a social worker in New Zealand, ensuring that all practitioners met

minimum qualification and competence requirements (SWRB, 2019). Being registered with the SWRB requires adherence to both the Code of Conduct and the Code of Ethics developed by the Aotearoa New Zealand Association of Social Workers (ANZASW, 2019), along with the SWRB's ten Core Competence Standards that define the minimum expectations for safe, ethical, and effective practice (SWRB, 2024). However, competence in Aotearoa New Zealand social work has a much longer history, as ANZASW operated its own competence programme well before statutory registration was introduced, reflecting early attempts within the profession to define, assess, and uphold standards of practice (Randal, 1997). These standards guide all professional relationships, including those with individuals, whānau, families, groups, and organisations, and serve to uphold the integrity and accountability of the social work profession in Aotearoa New Zealand (ANZASW, 2019).

These competencies include.

1. Competence to practise social work with Māori.
2. Competence to practise social work with ethnic and cultural groups in Aotearoa, New Zealand.
3. Competence to work respectfully and inclusively with diversity and difference in practice.
4. Competence to promote the principles of human rights and social and economic justice.
5. Competence to engage in practice, which promotes social change.
6. Competence to understand and articulate social work theories, indigenous practice knowledge, other relevant theories, and social work practice methods and models.
7. Competence to apply critical thinking to inform and communicate professional judgements.

8. Competence to promote empowerment of people and communities to enable positive change.
9. Competence to practice within legal and ethical boundaries of the social work profession.
10. Represents the social work profession with integrity and professionalism (Social Worker Registration Board, 2019).

Not one competency among the ten listed above would not be transferable when a social worker moves into substance misuse or harm practice.

Transferable skills, knowledge and competencies from social work education to addiction practice

Bennett (2002) tells us that there is growing evidence of high rates of substance abuse and mental ill health all over the world. It is this research that shows the immense pressure that these often co-existing disorders are placing on the individuals, their whānau and the health care services within their community.

There are many rooted principles and values that a social worker holds that support their engagement with those whose lives they enter, even if that is just for a short time (Galvani, 2015).

According to Folgheraiter (2004), generally, social workers only meet with a person once a problem or issue has been identified and defined by the referring person or authority; this may not allow their knowledge, skills, and competencies to be utilised in a way that favours and does not restrict the social worker's scope of practice. The nature of social work is such that it seeks to understand the person, their lives, their whānau, and the intermeshing world between them. Social work is about building relationships, compassion, respect and building trust in a space where there is often none. Throughout their diverse practice, a social worker will regularly be involved in the support of someone whose life has been impacted by alcohol or other drug use

(Galvani, 2015). Keene (2001) considers social work models and theories to be an excellent alternative or addition to whatever substance treatment doctrine is practised in that location. However, Keene (2001) explains that social workers often have a lack of knowledge about drug treatments and interventions as much of the research is completed from a medical or psychological point of view; this has led to an absence of knowledge and training within social work education and literature. Hutchinson et al. (2013) also acknowledge that often, social workers do not have a clear understanding of what their role or level of support should be in the lives of someone with substance misuse.

Many have argued over the years that social workers are in an excellent position to play a pivotal role in drug treatment and intervention as the work they do crosses over to many other services that could include substance misuse, for example, child protection, family violence or mental health risk assessments (Wells et al., 2013). Daley and Feit (2013) noted that children who have a parent who is addicted to a substance are more likely to struggle with substance use problems themselves at some stage in their life as well as have issues with behaviour and mental health. These children probably do less well at school, and Daley and Feit (2013) also noted that addiction can break down the whole family system, and Kean (2009) highlights the importance of developing a relationship with the whole whanau or family and not just the person seeking support. Although it has been argued that social workers are well placed to do this work, it has also been noted that they face difficulties. Cohen (1989) is one author who noted problems that social workers face in this sector, and Tracey and Farkas (1994) have written about the importance of social workers being trained in drug treatment. Keene (2001) highlighted the importance of training for social workers, saying that unsuitable treatment is not

just unhelpful; it could cause more harm. The author also noted that social work models of intervention can work for a wide range of substance misusers. Regarding interventions, it could be argued that social workers are again ideally placed to have more effect than other practitioners. Many social workers practice from a family-inclusive lens, which allows them to fully assist not just the client but also to acknowledge the emotions and feelings of the family and support them to receive support from organisations and services (Kean, 2009). Keene (2001) claims that the approach of social workers puts them in a position to work in broader drug use communities in a more comprehensive range of ways, not being forced to only work in a medical treatment scope but being able to offer harm reduction and prevent drug use escalation as well as supporting with social and psychological problems that may lead those who have become abstinent into a relapse situation.

Advanced Education for Addiction and Substance Misuse Practice

Working in the field of substance misuse and harm is no longer seen as a specialist field that is restricted to specialist agencies. It has become such a widespread social problem in modern society that it is now agreed that social workers must have the skill set and knowledge to undertake this work and engage with this community. Unlike in the past, we now realise that substance misuse and harm are no longer best met with specialist workers who use medical models of addiction to dominate recovery; it is now understood that this may, in fact, delay or prevent the user from engaging in a recovery-based solution that works for them (Heinonen & Metteri, 2005)

Aotearoa New Zealand Association of Social Workers Code of Ethics (2019) tells us, "The social work profession in Aotearoa New Zealand is committed to respecting the dignity of every person as the foundation of its ethical principles, and to national

and international codes of Human Rights." (p.9) Furthermore, social workers are required to support the development of skills and resources to meet the needs of the individual, groups, and national and international aspirations, work towards social justice for all and invest in the needs and empowerment of those who are marginalised, oppressed, vulnerable or live in poverty. This will often put them on the front line when it comes to working with those who are affected by substance misuse or harm. The code of ethics also documents the importance of having principles and values that relate to cultural identity. Several authors, including the Social Workers Registration Board (2015), have voiced that social workers in Aotearoa, New Zealand, must be culturally competent to practice with Māori and state that being culturally competent also makes them well aligned to work in the substance use and harm reduction field of practice (Martinez et al., 2018; Well et al., 2013).

Unfortunately, most social workers receive little to no training in assessment or intervention tools and techniques when working with substance use disorders. Research has consistently shown that addiction-related content is often limited or inconsistently integrated within social work education, leaving graduates underprepared for the clinical and technical aspects of this work (Kourgiantakis et al., 2020; Minnick & Park, 2023; Straussner & Senreich, 2002). Social workers must therefore develop their knowledge, skills, and competencies in treatment and prevention to practise safely and effectively in this field (Daley & Feit, 2013; Wells et al., 2013). Straussner and Senreich (2002) recommend that social workers wanting to work in substance use disorder or substance misuse should specialise in this field once their BSW is complete; they also recommend that social work training highlight interdisciplinary collaboration as treatment, intervention and prevention of substance use disorder works best when done as part of a multi-disciplinary team of professionals. Minnick and

Park (2023) spoke with substance misuse treatment program directors in a Midwestern state in America and asked how prepared they felt new master's level social work graduates were when it came to practising in that field. They found that the group of directors who answered the questions felt that these new graduates were not well prepared and that their substance misuse skills and knowledge were lacking. A second study in a Northeastern state showed the same results for entry-level social workers who had completed their Bachelor of social work. Minnick and Park (2023) went on to recommend that education around working in the substance misuse field should be mandatory in MSW programs and that further study in this area is needed.

In some countries, such as the United States, specialist training and credentialing have been developed by their social workers' regulatory bodies; an example is the "Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker (C-CATODAW) speciality practice credential" (NASW, n.d.). This credential recognises that the social worker has met the national standards regarding their skills, knowledge, and experience in addiction practice. These social workers must also have their Master of Clinical Social Work and have at least two years of experience in the field. This credential gives practitioners skills such as screening and assessment, crisis intervention, treatment planning, counselling, education and advocacy, and report and record keeping, to name a few.

There appears to be growing international recognition that social workers are well placed to support people experiencing harm related to the misuse of substances. In many countries, studies show that training and education in alcohol and other drug (AOD) practice are increasingly being prioritised within social work curricula. However, the limitations in Aotearoa New Zealand are

highlighted by Nelson (2022), who found little evidence of specialist training or clearly defined skills for social workers in this field. Her earlier research also demonstrated a long-standing lack of consensus about what additional capabilities, beyond a generic social work qualification, are required to work safely and effectively with people experiencing substance-related harm (Nelson, 2000). These gaps suggest an ongoing need for more robust, locally grounded education and training pathways to prepare social workers for specialist AOD practice.

However, it is important to recognise that Aotearoa New Zealand has an established and highly regarded professional body in the Addiction Practitioners' Association Aotearoa New Zealand (Dapaanz), which serves as the key regulatory and training organisation for alcohol and other drug (AOD) and problem gambling practitioners. The development of Dapaanz is grounded in a history of efforts to professionalise the AOD workforce, including the growth and evolution of postgraduate AOD education and training from the 1990s onwards, shaped by workforce, clinical, and policy influences unique to the New Zealand context (Adams et al., 2017). Dapaanz manage a registration framework designed to maintain high standards across the sector, registering both Alcohol and Other Drug (AOD) Practitioners and Problem Gambling (PG) Practitioners. Maintaining Dapaanz registration requires practitioners to engage in ongoing professional development and training, much of which is provided by Dapaanz themselves, as well as access to networking opportunities and accredited clinical supervision. Collectively, these processes support practitioners to meet their annual registration renewal requirements and promote safe, ethical, and competent practice within the AOD and problem gambling workforce.

Being a registered Dapaanz practitioner gives employers and service users confidence that they are getting competent, well-trained practitioners. A registered practitioner will be measured against the Addiction Intervention Competency Framework. This framework includes the Essential and Practitioner levels of the Foundation competencies, the Let's Get Real values and attitudes, and the specialist Practitioner competencies (Addiction Practitioners' Association Aotearoa New Zealand [Dapaanz], n.d.).

All Dapaanz members are subject to Tikanga Matatika, Dapaanz Code of Ethics. For a social worker to become a Dapaanz registered clinician, they only need to complete a minimum of a one-year postgraduate diploma (Addiction Practitioners Association Aotearoa New Zealand, 2024).

Whittinghill (2006) conducted research that cited 89 fundamental curriculum subjects that should be covered in a graduate-level addiction course. The specialist subjects not covered in a Bachelor of Social Work include things such as relapse prevention, determining signs and symptoms of intoxication and withdrawal, interactions between pharmaceuticals and illicit drugs or alcohol, and education around cross addiction. Unfortunately, Nelson (2022) found no evidence for training social workers in Aotearoa, New Zealand, in specialist addiction skills or knowledge; in fact, he said that there appeared to be little understanding or agreement on where we find the cross-overs from general social workers to those who work and specialise in substance misuse or harm. Some strategies, models, and knowledge have been identified as useful for social workers, such as the harm reduction strategy. The harm reduction strategy came out of the HIV epidemic of the 1980s and was based on the proposition that the disease was a higher threat to drug users than the drug itself (Advisory Council on the Misuse of Drugs

1988). However, the United Nations Office for Drug Control and Crime Prevention (UNDCCP) never accepted harm reduction as a viable option, and Hartnoll (1998) explained that for countries holding strong abstentionist views, harm reduction “lacks commitment to a drug-free goal, accepts or condones continued use of drugs, and implies a hidden agenda of decriminalisation or legalisation” (p. 240). The use of harm reduction is still limited in some places, but for those that do see it as a valuable tool to support those struggling with substance misuse harm reduction has been seen to offer better and more user-friendly services; in fact, Richert et al. (2023) put forward the argument that social work and the harm reduction model work so well together that they feel the harm reduction model should be incorporated fully into formal social work education. Vakharia and Little (2017) also believe that social work and harm reduction go hand in hand, stating that they have comparable values, which include strengths-based and client-centred approaches, allowing empowerment of the client.

Conclusion

History has allowed us some understanding of why people use substances. Many people who use substances do so without harm to themselves or others; some use it for cultural or spiritual reasons, and others socially. Substances were not always seen as bad; they were not always illegal, nor were they seen as immoral, but as these concerns grew, society prohibited and criminalised them; this had the effect of marginalising those using and most often dependent on now illegal substances (Nelson, 2012).

This literature review has discussed and reviewed some of the literature on knowledge, skills, and competencies that a social worker may need when practising in substance misuse and harm. It has considered to what extent foundational social work

qualifications help social workers develop the skills needed to work in the addictions field. It has also looked at what skills, knowledge, and competencies are transferable from their professional education (i.e., BSW and Applied or Professional master's degrees) to practice in addictions and substance misuse. Moreover, it examined what further education a qualified social worker might need to specialise and safely practice in the addictions or substance misuse field. Through this literature review, some conclusions have been drawn that many professionals working within the AOD sector see social workers as being in a prime position to offer support to those stuck in the cycle of substance misuse as well as their whānau or loved ones. It was also highlighted that although specialist training within social work professional education may be lacking, social workers do have many transferable skills and are willing to complete further training to gain the qualifications needed to work in a specialised sector.

This literature highlights some significant gaps in social work preparation for the alcohol and other drug (AOD) field; it also shows areas of strength that can be further developed. These insights highlight the need for empirical research examining how social workers understand their readiness for practice within AOD and the factors that shape it. The next chapter outlines the methodological approach used in this study, including the research design, recruitment strategy, data collection methods, and analytic framework. Chapter 3 explains how the study was designed to generate ethically sound and credible insights that address the gaps identified in the literature.

Chapter 3 Methodology

This chapter outlines the methodological framework guiding this qualitative study, which explores the skills, knowledge, and competencies social workers need to

practise effectively in the substance misuse field. Anchored by the central research question, *“What skills, knowledge, and competencies do social workers need to practice in the substance misuse field?”* the study adopts a qualitative descriptive case study approach to gain rich and in-depth insights from practitioners currently working in addiction services. Three sub-questions were developed to explore the relationship between formal social work education and the realities of practice, focusing on foundational preparation, transferable competencies, and ongoing professional development needs. A considered sampling strategy was used to recruit six registered social workers through professional networks in the mid and lower North Island of Aotearoa, New Zealand. Semi-structured interviews were the primary data collection method, allowing participants to reflect on their educational backgrounds and real-world experiences. Thematic analysis was then applied to identify patterns across the data and produce a grounded understanding of practitioner perspectives. The chapter details the research design, participant recruitment process, data collection strategies, analytical approach, and ethical considerations, while also acknowledging the limitations that shaped the scope and findings of the study.

To explore the research question more comprehensively, it was further broken down into three sub-questions:

1. To what extent did your foundational social work qualifications (i.e., BSW and Applied or Professional Master’s degrees) help you develop the skills needed to work in the addictions field?
2. What skills, knowledge, and competencies are transferable from your professional education (e.g., BSW and Applied or Professional Master’s degrees) to practice in addictions and substance misuse?
3. What further education would you need as a qualified social worker to specialise and safely practice in the addiction or substance misuse field?

These questions explore the essential attributes social workers must possess to successfully support individuals dealing with substance misuse and navigate the complexities of the field.

Research Approach and Design

This study adopts a qualitative methodology, grounded in an interpretivist paradigm that seeks to understand complex, experience-based phenomena through the meanings participants attribute to them. Qualitative research is particularly well-suited to areas such as social work, where subjective experiences, including emotions, empathy, and understanding, and context-specific dynamics are central to both practice and inquiry (Creswell & Poth, 2018). Rather than seeking generalisable outcomes or statistical forecasting, qualitative methodology prioritises examining *how* and *why* practitioners and those they work with behave and react in certain ways, offering rich, detailed insights into their lived experiences (Brannan et al., 2022).

This methodological stance is informed by the recognition and understanding that social work practice, including in the substance misuse field, is deeply relational, often emotionally charged, and embedded in a broader social and organisational context. As Brannan et al. (2022) argue, qualitative methodologies are essential for research that addresses interpersonal complexities, ethical dilemmas, and power dynamics, making them highly relevant to studies of knowledge and professional development in impactful and complex environments such as addiction services.

In line with this methodological approach, this study employs a qualitative descriptive case study design as its strategic research framework. A case study methodology, as outlined by Yin (2018) and Stake (1995), is used when the goal is to explore a contemporary issue in depth and within its real-world setting. The “case” in this research consists of the experiences of registered social workers practising in substance misuse contexts. This approach allows for a deeper and more significant understanding of how practitioners acquire, adapt, and apply knowledge, skills and competencies in a specialised, complex, and demanding field. Case study methodology is beneficial when the boundaries between the phenomenon under investigation and its context are blurred, as is often the case in social work, where systemic structures deeply influence individual actions.

Within this methodological framework, the method of data collection was semi-structured interviews. This specific method was selected for its ability to balance

consistency with flexibility. Semi-structured interviews enable researchers to explore pre-identified themes while allowing participants the freedom to reflect, elaborate, and introduce new topics based on their own experiences (Kallio et al., 2016). This is especially important in social work research, where participants' reflective processes and implied knowledge often surface through storytelling and dialogue. The open-ended nature of semi-structured interviews allowed for the exploration of professional knowledge, skills, and competencies in a manner that was both structured and responsive.

The interview schedule (appendix E) was designed in alignment with the study's three sub-questions, which focused on:

1. The perceived value of foundational social work qualifications in preparing for substance misuse work,
2. The transferability of knowledge and skills from education to practice, and
3. Perceived gaps in learning and future professional development needs.

The development of the interview guide was informed by the literature review and refined through consultation with the research supervisors to ensure conceptual alignment and clarity.

A comparable example of this methodological and methods alignment can be found in the study by Browne et al. (2021), which also utilised a qualitative case study approach to examine social workers' training needs in behavioural health settings. While both studies focused on professional competencies and relied on in-depth interviews, the current research adopts a single-case design limited to substance misuse practice, offering a more concentrated lens. In contrast, Browne et al.'s (2021) multiple-case design covered broader behavioural health contexts and emphasised systemic training reforms. The narrower scope of this study allows for a deeper, practitioner-informed exploration of challenges specific to AOD services, contributing granular insights to a still underdeveloped area of social work research.

By clearly delineating methodology and methods, this study provides a robust and ethically grounded framework for capturing the complex realities of practice. The integration of interpretative methodology, case study design, and semi-structured

interviewing reflects best practices in qualitative research and reinforces the value of practice-informed knowledge in shaping future educational and professional development strategies.

Participant Selection and Recruitment

A considered strategy is an approach often used in qualitative research to identify and select information-rich case studies. This indicates that the research recruitment process was carefully planned and deliberated, and that participants were selected based on their alignment with the study's goals (Palinkas et al., 2015).

A considered strategy was used in this research to recruit six registered social workers currently practising in the substance misuse field, working directly with individuals affected by addictions or substance use disorders. Having participants who are actively working in the field right now strengthened the relevance of their input. Participants were selected based on their:

- Registration as a social worker
- Experience working in the addiction or substance misuse field
- Willingness to share insights on their educational background and professional development

Bernard (2002) noted that, in addition to knowledge and experience, the importance of availability and willingness to participate and the ability to communicate experiences and opinions with expressiveness and reflectiveness was paramount in the research process.

Recruitment was conducted through professional networks and social work organisations in the mid- and lower North Island. Methods used to identify and engage participants included emails, phone calls and peer recommendations. A total of six participants were recruited using this strategy. While small in number, this sample size aligns with the norms of qualitative research, where the aim is depth and richness of insight rather than specific data (Mason, 2010). According to Bunce and Johnson (2006), data saturation, the point at which no new themes emerge, can be achieved with as few as six to twelve interviews in studies with a

relatively comparable participant group and focused topic. The participants in this study all shared the core experience of being registered social workers practising in the substance misuse field, which allowed for meaningful comparisons while maintaining thematic depth.

Before interviews, participants were provided with an invitation letter (Appendix B), an information sheet (Appendix C) and a consent form (Appendix D). Informed and voluntary consent was a key ethical consideration in this research.

Participants were given clear and comprehensive information about the purpose of the study, what participation would involve, their rights (including the right to withdraw without penalty), and how their data would be handled confidentially and anonymously. This included details about the research aims, funding, institutional approval, potential risks, anticipated benefits, data storage procedures, and their rights as participants. Written information sheets were provided, and time was given for participants to ask questions and seek clarification. Informed consent was then obtained in writing via signed or initialled consent forms. This approach aligns with ethical guidelines in social work research that prioritise respect for persons, autonomy, and minimising harm (Aotearoa New Zealand Association of Social Workers, 2019).

Informed consent is a core ethical principle in human research, ensuring that participation is based on a clear understanding of the study and made freely, without deception or pressure (Orb, Eisenhauer, & Wynaden, 2001).

[Data Collection: Semi-Structured Interview Method](#)

This study utilised semi-structured interviews as the primary method of data collection. This choice was guided by the need to explore in-depth, distinct accounts of social workers' experiences in the substance misuse field, particularly around their knowledge, skills, education, and professional development. Semi-structured interviews are a widely recognised method in qualitative research due to their ability to strike a balance between consistency and flexibility. They allow the researcher to pursue predetermined lines of inquiry while still giving participants the freedom to express their thoughts in their own terms and raise issues not anticipated by the researcher (Kallio et al., 2016).

A semi-structured interview uses a set of open-ended, guiding questions while allowing participants to expand and elaborate on their contributions (Adams, 2015). This format was especially appropriate for this study as it allowed participants to engage in reflective conversations about their social work preparation and current practice within addiction services. Given the emotionally demanding, ethically complex, and highly contextualised nature of this field, it was essential that the data collection method could adapt to individual perspectives while maintaining thematic coherence across interviews.

The decision to use semi-structured interviews was based on several key factors. First, this method facilitates the exploration of complex professional and personal experiences, making it well-suited to practice-based research. Second, it enables a deeper understanding of how knowledge and competencies are applied in real-world settings, an essential aspect of this study's aims. Third, this approach creates space for emergent themes and unexpected insights to surface, thus enriching the depth and authenticity of the findings (Brinkmann, 2013).

To guide the interviews, an interview schedule (Appendix 3) was developed in direct alignment with the study's three research sub-questions. These focused on:

1. The perceived value of foundational social work qualifications in preparing for substance misuse practice,
2. The transferability of knowledge and skills from formal education to AOD work, and
3. Identified learning gaps and further educational needs.

The development of this interview guide was informed by the review of relevant literature (see Chapter Two) and refined through multiple consultations with academic supervisors. This collaborative design process helped ensure that the questions were theoretically grounded, clearly phrased, and appropriately scoped for the intended audience. While all participants were asked a core set of questions, the semi-structured format allowed for responsive follow-up, spontaneous probing, and the exploration of participant-led narratives. This approach encouraged storytelling and critical reflection, enabling participants to

surface implicit knowledge and practice-based insights that might have remained hidden in more structured or survey-based formats.

Interviews were conducted with six registered social workers, four of whom were interviewed in person and two via Microsoft Teams, depending on personal availability and preference. Interviews lasted between 45 and 60 minutes. This participant-centred approach was both ethical and practical, accommodating individual needs while prioritising emotional safety, comfort, and accessibility (Irvine et al., 2013). Given the sensitive nature of the research topic, addiction and substance use, this flexibility was crucial in establishing rapport and fostering open dialogue. Audio recordings were securely stored, and ethical procedures, including informed and voluntary consent, were strictly followed to protect confidentiality and uphold participants' rights in accordance with the Code of Health and Disability Services Consumers' Rights (1996) and Massey University Research with Human Participants Code of Ethical Conduct (Massey University, 2017).

All interviews were audio-recorded using two devices per session to mitigate against technical failure. Recordings were securely transferred to an external hard drive and stored in a locked cupboard in the researcher's home office. These procedures aligned with institutional ethics requirements and the Code of Health and Disability Services Consumers' Rights (1996), ensuring participant confidentiality, data security, and compliance with approved research protocols.

This method of data collection closely aligns with the approach taken by Stirling et al. (2018), who also used semi-structured interviews to explore the experiences of social workers supporting clients with co-occurring substance misuse and mental health issues. Their method enabled them to uncover valuable insights into professional role tensions, emotional labour, and interdisciplinary collaboration. Member checking was incorporated, inviting participants to review and validate their transcripts, enhancing data credibility (Lincoln & Guba, 1985). However, there are key distinctions. For instance, all of the interviews conducted by Stirling et al. (2018) were in person, potentially improving rapport. At the same time, the mixed-modal approach in this study reflects post-pandemic adaptations and a

commitment to accessibility, albeit with possible trade-offs in terms of nonverbal cue richness (Irvine et al., 2013).

Additionally, while Stirling et al. (2018) engaged with a broad range of social workers across mental health settings, the current study deliberately focused on a more narrowly defined population—social workers embedded in AOD-specific services. This allowed for a more concentrated exploration of specialist knowledge and competencies in addiction practice, offering a distinct contribution to the literature.

Overall, the decision to use semi-structured interviews reflects a thoughtful and context-sensitive alignment between research objectives, methodological philosophy, and data collection methods. This approach not only ensured ethical and effective participant engagement but also enabled the collection of rich, practice-based insights that could inform future educational, training, and professional development initiatives within the substance misuse field.

Most interviews for this research were conducted online via Microsoft Teams. The transcription function available within Microsoft Teams was utilised to support the transcription process for these interviews. Two interviews were conducted face-to-face and were manually transcribed by the researcher. All transcripts, including those initially generated through Microsoft Teams, were reviewed, checked, and corrected manually by the researcher to ensure accuracy and consistency to participant responses.

The use of Microsoft Teams transcription aligned with Massey University guidelines regarding the ethical and appropriate use of artificial intelligence and digital tools in research. The transcription software was used solely as an assistive tool to support the administrative process of converting spoken dialogue into text. All interpretation, analysis, coding, and academic writing remained the responsibility of the researcher. No generative AI tools were used to analyse participant data, generate findings, or replace the researcher's critical thinking or scholarly input.

Ethical Considerations

This study was recorded by the Massey University Human Ethics Committee, Low Risk Notification, number 4000029849 (appendix F), ensuring that all research activities aligned with established ethical standards for working with human participants. The study was guided by principles from the National Ethics Advisory Committee (NEAC, 2019) and international ethical frameworks such as the Declaration of Helsinki (World Medical Association, 2013). As discussed above several key ethical considerations were addressed throughout the research process to protect the rights, dignity, and well-being of participants. These included confidentiality and data protection, and voluntary participation and the right to withdraw.

Confidentiality and Data Protection

Although the researcher knew all participants' identities, all identifying information was removed from the interview transcripts and the final report to ensure confidentiality. Each participant was assigned a pseudonym, and direct quotes were anonymised to protect their privacy.

All data was securely stored on an external hard drive kept in a locked cupboard in the researcher's home office. Digital and all other forms of data will be stored securely for the full duration of five years required by university policy before being confidentially destroyed. These procedures align with data protection standards and ethical expectations for maintaining confidentiality in qualitative research (Wiles et al., 2008).

Voluntary Participation and Right to Withdraw

Participation in the study was entirely voluntary. All participants were informed that they could withdraw from the research at any time, without giving a reason and without experiencing any negative consequences. This was clearly stated both in the written materials and during verbal discussions prior to the interview.

Respecting participants' autonomy—their right to make their own decisions about involvement—is a fundamental ethical principle and is protected under both national and international ethical guidelines (NEAC, 2019; World Medical Association, 2013). Ensuring that there was no coercion or perceived obligation to

participate was crucial, especially given the professional context of the participants.

Data Analysis

The data generated from the semi-structured interviews was analysed using thematic analysis, a flexible but rigorous method used for identifying, analysing, and reporting patterns or themes within qualitative data (Braun & Clarke, 2006). This approach was chosen because it allows for rich and detailed examination of the participants' experiences and perceptions, which aligns with the study's aim to understand the skills, knowledge, and competencies required for social work practice in the substance misuse field.

Thematic analysis is particularly useful in practice-based research because it allows researchers to focus closely on what participants say, how they describe their experiences, and the language they use. This approach supports a detailed exploration of people's thoughts, feelings, and actions within real-life settings. It helps researchers understand not just the surface-level responses, but also the deeper meanings behind what is shared. By identifying patterns and themes across the data, thematic analysis can provide valuable insights into complex social issues, such as professional social work practice in the addiction field. It also supports the inclusion of participants' voices in the research, making it a strong fit for studies that aim to reflect real-world experiences (Nowell et al., 2017). It also accommodates both inductive and deductive coding strategies. In this study, an inductive approach was adopted, meaning that codes and themes were developed from the data itself rather than being imposed by pre-existing theories or frameworks. This approach ensures that the analysis is grounded in the actual experiences of the participants (Braun & Clarke, 2012).

Six-Phase Framework of Thematic Analysis

The analysis followed Braun and Clarke's (2006) six-phase process:

1. Familiarisation with the data

Each interview recording was transcribed verbatim. The researcher then engaged in repeated reading of transcripts while listening to the recordings to ensure immersion and to begin noting preliminary ideas and recurring points of interest.

2. Generating initial codes

Data was manually coded by identifying meaningful units of text relevant to the research questions. These codes captured key ideas, statements, and concepts expressed by participants, such as references to professional identity, gaps in training, or emotionally challenging practice scenarios.

3. Searching for themes

The initial codes were then grouped into potential themes by identifying patterns and links between them. These themes represented broader categories that encapsulated significant aspects of the participants' shared and unique experiences.

4. Reviewing themes

The preliminary themes were reviewed and refined to ensure they accurately reflected the data. Some themes were combined, redefined, or discarded based on their coherence and relevance. This iterative process helped ensure the findings remained faithful to the data while also meaningful for interpretation.

5. Defining and naming themes

Clear definitions were developed for each theme, capturing the essence of what each theme revealed about the skills, knowledge, and competencies needed in substance misuse social work. Representative quotes were identified to illustrate each theme.

6. Producing the report

The final stage involved weaving together the themes into a coherent analytical narrative. This included integrating participant voices, contextual insights, and connections to the broader literature to answer the research questions.

Through this rigorous thematic analysis process, eight key themes were identified, each offering critical insights into the perceived limitations of current social work education and highlighting the additional skills, knowledge, and competencies deemed necessary for effective, ethical, and confident practice in the addiction and substance misuse field. These themes reflect both individual and systemic challenges, including educational gaps, the emotional complexities of addiction work, and the importance of specialist training and interprofessional

collaboration. The themes also draw attention to the practical realities social workers face in addiction services, such as high emotional labour, stigma, and the need for trauma-informed practice, and underscore the value of lived experience, continuous learning, and reflective supervision in bridging these professional gaps.

Far from being isolated concerns, these themes collectively illustrate a broader disconnect between formal qualification pathways and the specialist demands of frontline addiction work. This reinforces the need for curriculum reform, targeted post-qualification training, and stronger support structures for social workers entering this complex field. Each theme offers a valuable contribution to the emerging conversation on how to better train and prepare social workers in substance misuse practice.

Trustworthiness and Reflexivity

To enhance the credibility and trustworthiness of this study, several strategies were employed in line with established best practices in qualitative research (Lincoln & Guba, 1985; Nowell et al., 2017; Lietz & Zayas, 2010). These strategies included prolonged engagement with the research topic, peer debriefing, reflexive journaling, and the systematic documentation of decision-making processes during data analysis. In qualitative research, the analysis is inherently interpretive and involves identifying patterns, meanings, and themes within participant narratives. Due to the subjective nature of this process, transparency is essential. Clear documentation of analytic choices and reflective commentary enables others to trace how conclusions were reached and strengthens the auditability of the research (Lietz & Zayas, 2010).

Credibility was supported through the use of semi-structured interviews, which allowed participants to express their experiences in their own words while enabling the researcher to probe for depth and clarification. This flexible yet structured format facilitated reflective storytelling, allowing for deeper insight into participants' lived realities. Such an approach is particularly valuable in social work research, where understanding the complexity and context of practice is crucial (Lincoln & Guba, 1985; Lietz & Zayas, 2010).

Transferability, or the extent to which findings can be applied to other contexts, was enhanced by providing detailed descriptions of the study setting, participant characteristics, and the broader social work and AOD (alcohol and other drug) practice environment. While the research focused on a specific group of social workers in Aotearoa New Zealand, the contextual richness of the data allows readers to judge whether the findings resonate with their own professional contexts (Lincoln & Guba, 1985).

Dependability and confirmability were supported through the use of a reflexive journal and an audit trail. As the researcher is also a registered social worker, it was important to continuously reflect on personal biases, assumptions, and professional positioning throughout the study. Reflexive journaling was used before and after interviews, as well as during the data analysis phase, to critically engage with these influences and ensure that themes emerged from the data rather than being shaped by preconceived notions. An audit trail documented key methodological and analytical decisions, contributing to the study's dependability and confirmability by making the research process transparent and traceable (Nowell et al., 2017; Lietz & Zayas, 2010).

A useful comparison can be drawn with the study by McAuliffe, Boddy, and Lawrence (2020), which explored social workers' experiences in mental health settings using a similar qualitative approach. Both studies placed reflexivity at the centre of their trustworthiness frameworks and acknowledged the influence of the researcher's dual role as a practitioner-researcher. Additionally, both studies employed member checking as a validation strategy, inviting participants to review and comment on their interview transcripts. This process enhanced the credibility of the findings by ensuring that participants' perspectives were accurately represented and that the interpretations remained grounded in their lived experiences, with their intended meanings preserved (Birt et al., 2016). The use of member checking in both studies reflects a commitment to collaborative, ethically sound research practices within the field of social work.

Once checked, the participants signed the Consent for Authority to Release Transcript Form. See Appendix D for Consent for Authority to Release Transcript Form.

Lietz and Zayas (2010) stress the importance of balancing rigour and relational sensitivity in qualitative research within social work. They argue that credible research in this field must not only adhere to methodological standards but also reflect ethical and empathic engagement with participants. This study sought to maintain that balance by prioritising respectful, participant-centred interactions and by grounding the analysis in a deep awareness of the practice realities described by those working in AOD services.

Overall, the strategies employed in this study were designed to uphold rigorous standards of trustworthiness while remaining sensitive to the interpretive and relational nature of qualitative social work research. Through reflective engagement, transparency, and ethical practice, this study endeavours to offer findings that are both authentic to participants lived experiences and meaningfully applicable to social work education and practice in the substance misuse field.

Reflections and Limitations

Being reflective was an ongoing part of the research process. As the researcher, I kept a reflective journal to document my thoughts, decisions, and potential biases that may have influenced data collection and interpretation. This included reflections on my position as a social work practitioner and researcher, as well as any assumptions or emotional responses that arose during interviews.

Maintaining reflective practice throughout helped to reduce the risk of researcher bias and added transparency to the research process (Berger, 2015). It also supported a more thoughtful and ethically conscious engagement with participants, contributing to the study's overall integrity.

This study aimed to explore the knowledge, skills, and competencies required by social workers practising in the substance misuse field. The findings will contribute to a deeper understanding of frontline experiences in Aotearoa New Zealand, highlighting practice-informed insights that can inform future professional education and training. However, several limitations must be considered when interpreting these findings.

Another important consideration is the study's focus on social workers currently employed in specialist addiction services. While this lens offered valuable insights

into a targeted field of practice, it excluded professionals working in adjacent sectors such as housing, child protection, or mental health, where substance misuse is also a prevalent concern. This narrower focus may limit the applicability of findings to more generalist or interdisciplinary practice contexts. In contrast, the research by Stirling et al. (2018) included social workers from a wider range of health and mental health services, offering a broader cross-section of practice realities. However, both studies underscore the importance of context-specific learning, where competencies must be developed in alignment with the service environment.

Methodologically, time limitations constrained opportunities for deeper engagement with participants. The time limitation on follow-up interviews limited the researcher's ability to easily expand on emerging themes, which may have affected the richness of the data. In qualitative research, prolonged engagement and trust-building are key to uncovering nuanced insights (Creswell & Poth, 2018). Stirling et al. (2018) addressed this issue by incorporating member checking, allowing participants to review and verify interpretations of their contributions. This approach may have enhanced the credibility of their findings. Future research in this area could benefit from more time, allowing for better integration of member checking.

Finally, while semi-structured interviews offer a flexible and responsive tool for exploring complex experiences, they also rely heavily on the interviewer's skill and interpretive capacity (Kallio et al., 2016). As a new researcher, my approach to questioning and analysis may have influenced how the data was shaped. While reflexivity was practised throughout the research process, the role of researcher experience must be recognised as a potential influence on data interpretation.

Despite these limitations, the study's findings provide meaningful insight into the real-world experiences of social workers engaged in AOD practice. The challenges highlighted also point to broader issues in the social work research landscape, particularly the need for more inclusive recruitment strategies, culturally informed methodologies, and opportunities for extended engagement. Further research that includes a more diverse sample of practitioners, particularly

Māori and Pasifika voices, is vital to building a more complete understanding of culturally grounded competencies in addiction social work.

Like all research, this study had several limitations that may have influenced its findings. First, the original ethics approval granted permission to recruit and interview up to eight registered social workers using semi-structured interview questions. However, recruitment proved more difficult than anticipated. While numerous invitations were emailed to professional networks and social work organisations across the mid- and lower North Island, many did not respond, and some who did either did not employ registered social workers or did not have them working within their alcohol and other drug (AOD) teams.

Ultimately, only six registered social workers who currently practise within AOD teams agreed to participate. While this number is still within an acceptable range for qualitative research, especially when data saturation can often be achieved with as few as six to twelve participants (Guest, Bunce, & Johnson, 2006), the reduced sample size may have limited the breadth of perspectives represented. This is particularly relevant in relation to geographical diversity and cultural representation. For example, the sample lacked strong representation from Māori and Pasifika practitioners, whose insights may have offered valuable cultural perspectives on addiction work in Aotearoa New Zealand. This underrepresentation should be acknowledged as a limitation when considering the transferability rather than generalisability of the findings (Lincoln & Guba, 1985).

This limitation is not unique. Stirling, Furman, and Benson (2018), in their study of social workers supporting clients with co-occurring substance misuse and mental health issues, encountered similar recruitment difficulties. Their sample also lacked cultural diversity and was limited to clinical settings. These similarities point to broader structural barriers within the field, such as time constraints, ethical boundaries, and limited access to specific practitioner groups, that hinder diverse participation in qualitative research. Both studies suggest a need for more inclusive and flexible research designs that prioritise cultural engagement and reach beyond traditional service settings.

Additionally, the sample was confined to practitioners currently employed in formal addiction service settings. As a result, the study does not include the experiences of social workers working in adjacent fields such as mental health, housing, or child protection—fields where practitioners also frequently engage with clients experiencing substance misuse. This narrower sample may limit the broader applicability of findings, especially to those working in more integrated or cross-sector environments.

Time constraints also posed a limitation. Due to the structure and timeline of the research project, there was limited opportunity for follow-up interviews or deeper engagement with participants. Extended engagement can enhance trust, data richness and depth of insight (Creswell & Poth, 2018), and this time limitation may have affected the depth of data collected. Furthermore, while efforts were made to create a safe and open interview environment, some participants may have felt hesitant to speak as openly about organisational challenges or educational gaps, especially if they were concerned about professional repercussions.

The use of semi-structured interviews, while offering flexibility and depth, also presents its own limitations. These interviews rely heavily on the skill of the researcher in asking thoughtful follow-up questions, maintaining neutrality, and interpreting the data meaningfully (Kallio et al., 2016). As a relatively new researcher, my own level of experience may have influenced how certain topics were approached, the depth of questioning, or how responses were interpreted, despite conscious efforts to stay reflective and open during the interview process.

Similar challenges were noted in a study by Stirling, Furman, and Benson (2018), which looked at the experiences of social work practitioners working with clients affected by co-occurring disorders, including substance misuse and mental health issues. In their qualitative research, which involved a small sample of practitioners across the United States, Stirling et al. also reported difficulty recruiting a diverse and representative group, particularly with respect to geographical and cultural variation. Like the present study, they identified the lack of voices from minoritised groups as a key limitation, noting that cultural perspectives are essential when discussing behavioural health interventions in diverse populations.

Stirling et al. (2018) also noted that their study was confined to practitioners working in formal clinical settings, thereby excluding those in broader community-based roles or informal support environments, as in the current research. This similarity illustrates a broader challenge within the field: recruitment's structural and ethical constraints often result in samples that reflect service-based boundaries, rather than the complex realities of interdisciplinary social work practice.

The two studies differ in their methodological adaptations. While this research had limited time for follow-up interviews due to time constraints, Stirling et al. (2018) incorporated a more in-depth member-checking process, allowing their participants more time to review and verify the accuracy of their transcripts or the researcher's interpretations. This enhanced the credibility and, therefore, the depth of their findings. Incorporating more time for this in future studies could help compensate for smaller sample sizes or shorter data collection windows, improving rigour and participant trust.

Overall, the similarities between the two projects highlight common limitations in qualitative social work research, particularly around access, cultural representation, and conducting research in real-world practice settings. However, both studies also underline the value of small, detailed datasets in producing insightful, practice-relevant findings, even when broader generalisability is limited.

Conclusion

While this study was limited by a small, relatively comparable sample, time constraints, and the absence of voices from broader practice settings and cultural groups, it still provides important insights into the competencies needed for effective social work practice in the field of substance misuse. The findings highlight the need for culturally grounded, situation-specific training and support for social workers working in complex and emotionally demanding environments. When compared with similar studies, such as that by Stirling et al. (2018), the challenges encountered here reflect wider systemic issues in qualitative social work research, particularly in achieving diverse representation and deeper engagement. These limitations highlight valuable opportunities for future research, especially studies that prioritise Māori and Pasifika perspectives,

involve interdisciplinary practitioners, and adopt more flexible, contributor methods. Overall, this study contributes to the ongoing development of practice-informed social work education and emphasises the value of practitioner voices in shaping inclusive and responsive addiction services.

Building on these findings and acknowledging the study's limitations, the following chapter discusses the key themes that emerged from the data, situating them within existing literature and highlighting their implications for social work education, practice, and policy in the substance misuse field.

In summary, this methodology provided a robust and sound framework for exploring social workers' perceptions of their readiness to practice in the AOD field. The use of qualitative interviews allowed a rich, detailed narrative of participants' experiences, while thematic analysis offered a systematic, authentic approach to identifying patterns in the data. With the research design, recruitment, data collection, and analytic processes now outlined, the following chapter presents the key findings that emerged from the participants' narratives. Chapter 4 describes the themes developed through analysis and illustrates them with direct quotes to foreground the voices of the social workers who participated in this study.

Chapter 4 Findings.

Introduction.

This chapter presents the findings from interviews with six registered social workers currently practising in alcohol and other drug (AOD) settings. It explores their views on how well their foundational social work qualifications, such as the Bachelor of Social Work (BSW) and professional master's degrees, prepared them for successful practice in the field of substance misuse. Before discussing the key themes, the chapter first introduces the participants, outlining their professional backgrounds, practice settings, and experience in the AOD field. This overview provides a foundation for understanding the insights they shared and how their roles and levels of expertise shaped their perspectives.

Following this, the chapter presents eight themes that emerged from the data, each highlighting different aspects of social work education and its alignment with

the realities of AOD practice. These include preparation for practice, pharmacology, theories and models, ethical and legal issues, core skills, clinical assessments, the role of social workers in addiction settings, and opportunities for further education.

While social work education offers a firm grounding in ethics, legislation, theory, and generalist practice skills, participants questioned whether it provides the level of specialist depth for work focused on AOD. Comparisons are drawn between experiences of qualified social workers in Aotearoa New Zealand and the social worker who qualified in the United Kingdom, particularly in relation to the availability, or lack of, AOD-specific content, such as pharmacology and intervention models. Participants also reflected on the usefulness of theoretical approaches, such as Motivational Interviewing and Cognitive Behavioural Therapy (CBT), alongside critical perspectives on models like Maslow's Hierarchy of Needs.

The chapter further examines the core skills that participants believed were transferable from their generalist education, such as empathy, holistic practice, and practitioner well-being, and identifies knowledge gaps, particularly in the areas of clinical assessments and diagnostic tools.

Finally, the chapter finishes with participants' shared view that social workers are well-positioned to contribute meaningfully within AOD services, though they emphasised the importance of continued professional development. Opportunities such as in-house training, micro-credentials, and specialist qualifications, most notably the *Te Taketake Diploma in Applied Addictions Counselling* from Moana House Training Institute, were identified as valuable ways to strengthen competence and confidence in this field.

Participants

Six participants agreed to take part in this research study. All were registered social workers currently employed in alcohol and other drug (AOD) service settings across the mid and lower North Island of Aotearoa New Zealand. Of the participants, two were male, and four were female; all had been in practice for over ten years, with the youngest participant being 37 at the time of the interview. One participant was British, one male participant was Pakeha, the

other of Tongan descent, of the remaining 3 participants only 1 identified as Māori with another identifying as Indian Māori and the last as Pakeha. These participants met the inclusion criteria of being actively engaged in AOD practice, with four holding a Bachelor of Social Work (BSW) and two holding an applied/professional master's degree in social work. Their roles spanned a range of service types, including community-based organisations, residential rehabilitation services, and outpatient support programmes.

Overall, the participants had a mix of experience levels, with some participants having recently transitioned into the AOD sector and others possessing over a decade of practice in this field. This variation allowed for rich and diverse insights into how foundational social work qualifications contributed to the development of core competencies required for AOD work, such as cultural responsiveness, trauma-informed care, and interprofessional collaboration. All participants were invited to reflect on the perceived strengths and limitations of their formal social work education in preparing them for the realities of substance misuse practice. In doing so, they shared personal narratives that highlighted both the applicability of their academic training and the professional learning that occurred after graduation, through practice experience, supervision, and further professional development.

While the sample size of six is modest, it aligns with established qualitative research conventions that prioritise depth over breadth (Guest et al, 2006). The purposive sampling strategy ensured that participants were well-positioned to speak directly to the research question, offering authentic, practice-based reflections that contribute to a nuanced understanding of social work education in the AOD context. All participants have been given pseudonyms to maintain their confidentiality.

Preparation for Practice in AOD (Alcohol and Other Drugs)

The need for better preparation for practice was identified by most of the participants from their discussion of the extent to which their foundational social work qualifications (i.e., BSW and Applied or Professional master's degrees) helped them develop the skills they needed to work in the addictions field.

The participants who held New Zealand bachelors' degrees felt they did not receive adequate preparation to work in AOD directly after graduation. They believed additional education or in-house training would be necessary to gain the required expertise.

Nancy reflected,

I don't feel like it really did. To be honest, I feel that when I did my study, it was very like learning about models of practice. My placements were more around children and families who had experienced family harm. So it wasn't until I actually started working with people who had experienced addictions first-hand that I guess I learned from on-the-job experience.

Pearl did her undergraduate study in the UK and shared her experience saying,

It was a long time ago. I don't think it did, to be honest, not to any great degree. It was a more general focus, so there wasn't anything specific around addiction, though we covered it. It was such a broad spectrum. It was more aimed at the approaches to counselling and the theories behind everything, so there wasn't much addiction covered.

According to Pearl, UK students could specialise in AOD during the final year of their degree, offering a more targeted education. However, she chose not to specialise and selected youth work, missing out on in-depth AOD training.

Similarly, the participants who held Masters degrees reported that the training provided did not sufficiently prepare them for AOD practice, and they felt that additional education or on-the-job training would be necessary to be effective in the field.

Mike described his experience and responded,

I do not feel like there was not much of anything in my master's that prepared me; a lot of what I studied at a theoretical level was very basic and not specific to addictions or mental health, that is why I did further study before I felt confident to practice.

The participants highlighted a consistent theme: foundational social work qualifications, whether at the undergraduate or master's level, seemed to fall short in preparing them for practice in the addictions field. While some

programmes, such as the UK's option to specialise in AOD in the final year, offer pathways to deeper learning, this is not always taken up or available. The participants commonly expressed that their education focused heavily on generalist theories and models of practice, with limited exposure to addiction-specific knowledge and skills. Practical preparedness was primarily gained post-graduation, either through in-house training or experiential learning on the job. These findings highlight a gap for the participants between their academic education and the realities of frontline AOD work, pointing to a need for more targeted education and training within social work programmes to equip future practitioners better.

Pharmacology

The majority of participants identified a notable gap in their foundational education regarding pharmacology, particularly in relation to its relevance in the field of addiction. They expressed that while their social work qualifications covered broad theoretical frameworks and general practice skills, there was little to no formal teaching about how substances affect the body and brain. This lack of pharmacological knowledge left the majority of the participants feeling unprepared to fully understand the physiological impact of drugs and alcohol on their clients, which is essential in the context of AOD work.

Participants acknowledged that having a basic grasp of pharmacology would enhance their ability to assess risk, engage in informed conversations with both clients and medical professionals, and develop more holistic and effective intervention strategies. With participants discussing a need for improved knowledge of substance use, medication interactions, and neurological effects, they emphasised how this additional understanding could significantly enhance their confidence and competence in practice. Mike reflected that this omission was particularly frustrating, as pharmacology training could have been useful across many social work practice contexts and not just AOD settings. This feedback highlights a significant educational gap and points to the need for more comprehensive pharmacology training within undergraduate and postgraduate social work programs.

The participants mostly felt there was no coverage of pharmacology in their education, leaving them unprepared to address the medication-related aspects of addiction.

Bernard shared what he found missing in his social work education, *What was missing? Oh, gosh, broadly speaking, pharmacology, yeah, that's a big one, Pharmacology and patterns of use, and looking at, you know, coexisting stuff, substances and, you know, like your alcohol and depression, anxiety, bipolar, that kind of thing, looking out for those types of things. I mean the neurological side of things also, but I mean, that sits under pharmacology, and your transmitters and all of that stuff. You wouldn't learn that in social work.*

Participants who held Masters' degrees reported that pharmacology was only briefly mentioned during their studies, often in a theoretical or surface-level manner. They felt that this limited exposure did not provide them with the practical knowledge necessary to effectively support clients experiencing substance misuse when compared to their Dapaanz-registered (Addiction Practitioners Association Aotearoa New Zealand) colleagues. They expressed a desire for more in-depth learning around how different substances affect the brain and body, how medications interact, and the implications for practice in AOD settings. This lack of practical pharmacological understanding left them feeling underprepared to assess, respond to, and educate clients around substance-related issues, highlighting a gap between their academic education and real-world clinical demands.

Mike described his experience as follows;

I always felt that I had a lot less specific knowledge than my Dapaanz registered colleagues; I felt like they had much more specific knowledge around the comprehensive assessment process. I felt like they had much more specific knowledge around some of the pharmacology that AOD people are expected to know,

Participants noted that AOD specialists appeared to possess a much deeper understanding of pharmacology, which they felt was crucial to effective practice in the field. This depth of knowledge enabled specialists to better understand the complex interactions between substances, medications, and mental health,

and to respond more confidently in clinical settings. Participants recognised that this pharmacological insight supported more informed assessments, improved client engagement, and enhanced safety in treatment planning. They expressed a desire to have had greater exposure to this knowledge during their foundational training, suggesting that incorporating more comprehensive pharmacology education into social work programmes could significantly strengthen practice within AOD contexts.

Theories and Models

The information from this theme came from the data analysed from a question which explored the participants understanding of various theoretical models (e.g., motivational interviewing, cognitive-behavioural therapy) and how they influenced their approach to addiction treatment.

Overall, there was an agreement across the participants that most theories transferred well into the addictions field. In fact, several models were perceived as useful in AOD practice, including Strengths-based approaches, Cognitive Behavioural Therapy (CBT), Motivational Interviewing, Te Whare Tapa Whā, Solutions-focused approaches, Brief Intervention, the Meihana Model, and Ecological Systems Theory. These models were seen as adaptable and helpful when working with clients dealing with addiction.

Bernard captured this by saying,

I like strength-based and ecological approaches. I think I like solutions-focused approaches, and I do a lot of scaling in motivational interviewing, yeah. I think I use a range of approaches. I use a full range of them in different areas. Te Whare tapa whā is really good; it works for everything.

When asked about social work frameworks and theories that do not transfer well, Maslow's Hierarchy of Needs was deemed less applicable in the context of addiction. Participants highlighted that for people struggling with substance use, their primary need is often to access substances, even at the cost of basic needs like food or shelter. This undermined the application of Maslow's model in addiction practice.

Kaye explained, *“I think the only one, maybe Maslow, purely because someone who has an addiction has a different basic needs set that they want to fill compared to someone not in addiction,*

Nancy was insightful with their answer and reflected,

I think Te Whare Tapa Whā is quite a common one about, you know, people's well-being. But the ones we looked at like, you know, Maslow's hierarchy of needs and ecological systems theory, I don't really apply any of them in my work, to be honest, and Maslow's, I've always found that addicts, because their needs or their basic fundamentals and what they want and what they don't want, it changes, they don't necessarily care about a house. They care about their substance of choice. They don't care if they're on the streets if that is what it takes to get their substance of choice. So it actually doesn't work for them.

Participants generally found that a range of theoretical models and frameworks were highly transferable and beneficial in addiction practice. Approaches such as Cognitive Behavioural Therapy (CBT), Motivational Interviewing, Strengths-based practice, Te Whare Tapa Whā, Solutions-focused therapy, the Meihana Model, Brief Intervention, and Ecological Systems Theory were frequently cited as effective and adaptable tools. These models supported a client-centred and holistic approach, enabling social workers to meet clients where they are and tailor interventions to individual needs. However, not all frameworks were seen as applicable. Maslow's Hierarchy of Needs was consistently identified as less suitable for addiction work, as participants noted that the prioritisation of substance use often disrupts the traditional progression of needs outlined in the model. This distinction highlights the importance of context-specific application of theory and reinforces the value of using flexible, culturally relevant, and person-centred approaches in AOD social work practice.

Ethical and Legal Issues

Regarding ethical and legal issues, the participants identified several themes, painting a picture of how social workers are sometimes underprepared to navigate the complex ethical landscape of addiction practice.

Participants who had completed their undergraduate qualifications in New Zealand generally felt that their education provided a solid foundation in navigating ethical and legal challenges. They frequently spoke about having a strong awareness of professional codes of conduct and legal obligations, particularly regarding client confidentiality, mandatory reporting, informed consent, and working with vulnerable populations. Interestingly, some noted that their social work training often placed them under a more stringent ethical framework than their colleagues from other disciplines working in AOD settings, such as counsellors or support workers. This could sometimes lead to tension, especially in multidisciplinary teams, but it also empowered them to act confidently as client advocates.

These participants described feeling equipped to speak up in difficult situations, such as when a client's rights were at risk or when systemic issues, like access to housing or health services, impacted care. They felt their education had also given them a good grasp of the broader political and social landscape, allowing them to view ethical dilemmas not just in isolation but as part of wider structural challenges. For many, this ability to critically reflect on both micro and macro-level issues was a significant strength that carried over into their AOD work, where ethical decisions are often complex and deeply contextual.

Bernard gave the following example, saying,

It was because it added another layer to my practice. So I had all my knowledge around addictions and treatment and interventions and formulation, and that was easy, but I think social work added another layer in terms of how I could make the treatment, interventions, and stuff work within the systems that I was working in. Does that make sense?

Kaye reflected on her experience, noting that,

Social work helped me create a deeper understanding in terms of conversations that I could start with, like psychiatrists and doctors, because I had that sort of legal knowledge around it, but also how the services could work together or not. I think that was probably the biggest thing, and around some of the other stuff that happens in addiction, as an offside to the addiction, so, like

the family violence, stuff like legislation, learning legalities around legislation, like family court versus criminal court, in terms of how family violence, and domestic violence, was dealt with. Yeah, I think that was probably the best thing that helped me in that space.

A related comment came from Mike who said.

So overarching, like looking at how policy is informed, looking at how you know, like the political climate environment, how that informs how we practice, legalities of things, looking at complex systems at play, how to work with statutory organisations as well as what that means. I think when you've just got the AOD stuff, you kind of understand what it means, but you've got a much bigger picture with the Social Work lens.

The UK social work graduate had a similar experience to her New Zealand counterparts, with a strong foundation in ethical and legal principles that seemed to outpace AOD-focused education in these areas.

Pearl highlighted an important point when she shared that.

Social work was where I formed the foundation; I think now I am very, I've got these boundaries, the professional boundaries and the ethics. I'm that person naturally anyway, but that was ingrained at that level right back then, the importance of that, to keep maintaining those professional boundaries and yeah, that ethical or pro-ethical practice, it was essential, and I've struggled with that over the years working with people that don't have that base.

For the participants who were Master's graduates the ethical dilemmas faced in AOD practice, particularly working with clients who were not entirely voluntary participants in treatment (e.g., people required to undergo treatment due to court orders or bail conditions), were highlighted as challenges. Participants felt this was more of an issue for them as social workers than for their AOD colleagues, with Adrian sharing,

When I started working in AOD residential, the ethical or legal dilemmas of people not fully voluntarily being in treatment and being there compulsorily, under the act or it being part of their bail conditions, and so that ethical dilemma

of working with people who are not necessarily there by choice and needing to have a different approach for those folks, I experienced some ethical dilemmas in that sense. I guess the one thing that was present in my degree, my placements and my own practice was that person-centred, self-determination type of lens that did not jive with some of the more AOD lenses.

For the participants, while their foundational social work education, particularly at the undergraduate level, generally equips practitioners with a strong understanding of ethical and legal frameworks, the realities of addiction work introduce complexities that challenge and extend this knowledge. Participants consistently reflected on the value of their ethical grounding in helping them navigate difficult situations, advocate for clients, and maintain professional boundaries, especially when working in multidisciplinary teams or with clients under compulsion. However, the ethical landscape of AOD settings, where issues like coerced treatment, systemic inequality, and conflicting professional values frequently arise, underscores the need for continued reflection and support. Social work training provided a valuable lens through which participants could critically engage with these challenges, allowing them to uphold their professional integrity while navigating ethically grey areas in practice.

Many participants identified a consistent set of core skills developed during their social work education that now form the backbone of their practice in the alcohol and other drugs (AOD) field. These foundational competencies, while broad in nature, have proven highly transferable and essential in navigating the complexities of addiction work. Among the most frequently cited were understanding and empathy—qualities that participants described as critical to building trust with clients and engaging meaningfully with individuals experiencing addiction.

Core Skills

Participants emphasised the importance of being able to "meet people where they are at," a phrase repeated throughout the interviews that captured the essence of non-judgmental, client-centred practice. They spoke of how social

work education encouraged them to take a holistic and compassionate view of clients' circumstances, recognising that substance use often stems from underlying trauma, systemic inequality, or personal hardship. This empathetic approach allowed them to form stronger therapeutic relationships and helped clients feel seen and heard, even in moments of deep vulnerability. For many, these core skills also extended beyond emotional intelligence, including active listening, reflective practice, and cultural responsiveness. Participants reflected that while AOD-specific knowledge was often gained later through experience or additional training, it was these core social work values and interpersonal skills that provided a crucial starting point for effective, ethical, and person-centred care in the AOD sector.

Pearl spoke passionately, explaining,

For me, it's understanding that everyone is an individual. The study will give us the research and some understanding of different models we can use, and how we apply those can change depending on the person we're working with. I've always felt that was a basic thing, and the study really helped me understand that at a deeper level, the fact that you're meeting people where they're at and when you're working with them, you're bringing that knowledge in. They've got to do this journey for themselves; that's very clear with addiction, but it is clear that we don't come in as experts. We've got a whole skill base, we've got our competencies, we've got frameworks we're working with, we bring something to the table to help support, but it's their life, their journey, they make the decision.

Speaking from her perspective, Nancy said, *"I guess working with whānau, maybe that was the only thing, how we talked about, you know, it's not just about the one person. It's about the whole whanau. Yeah, holistic kind of, yeah, holistic approach, yeah. Like addiction doesn't just affect the person, but most people don't see that."*

The core skill of practising safely in challenging environments, such as social workers' safety in mental health and addiction practice, was emphasised by Pearl, who said

What I'd learned from the degree was my foundation that I worked from, that just formed the core of everything that I did, and then when you're trying to add on those extra layers of experience and different perspectives, adding that to everything else, that core has always been. But I was woefully ill-prepared for some of the more challenging aspects, and I've learned that over the four and a half years in addiction, that was the most transformative time for my learning. But my core was safety in challenging environments. Safety for us as practitioners was always there.

The findings highlight how the foundational core skills developed through social work education, particularly empathy, holistic practice, cultural responsiveness, and a commitment to meeting clients where they are, serve as the bedrock of effective AOD practice. While participants acknowledged that much of the technical or clinical knowledge around addiction was acquired later through further training or experience, it was these fundamental values and interpersonal capabilities that enabled them to engage meaningfully with clients from the outset. The ability to build trust, work with whānau, and maintain practitioner safety in emotionally demanding environments stood out as vital to sustaining both ethical and impactful practice. These enduring social work principles not only shaped participants' initial approaches to AOD work but also continued to guide their professional development and resilience in the field.

Clinical Assessments

When asked, "What skills, knowledge, and competencies did you identify that your AOD-qualified colleagues had that you feel you did not get from your education?" a strong and consistent theme emerged among all social work undergraduates in New Zealand. Participants expressed that their formal education provided minimal exposure to clinical assessments, particularly those specific to the AOD field. While they felt confident in general assessment frameworks, they noted a clear gap when it came to more specialised AOD-related tools and practices, such as substance use screening tools, withdrawal assessment protocols, and diagnostic frameworks related to addiction. This lack of targeted assessment training left many feeling underprepared upon entering AOD settings, where these skills were often expected. As a result, they

frequently looked to AOD-qualified colleagues for guidance and had to rely on on-the-job learning or seek additional training to build competence in this critical area of practice.

Nancy, in fact, expressed. *“I didn't get an education around assessments, not when I was doing my undergrad or on placement; I was doing assessments at the refuge, but not in University.”*

The UK educated participant had experiences similar to the other participants regarding minimal learning about clinical assessments, which were nonspecific to AOD.

Concerning this Pearl reflected. *“I think a gap in my education was definitely around clinical assessments. I think getting some training on them would have been very beneficial.”*

Participants who had completed professional or applied Master's-level social work qualifications expressed concern about the limited focus on clinical assessment skills within their training. While these programmes generally offered advanced theoretical frameworks and opportunities for critical reflection, participants felt they did not go far enough in preparing them for the practical realities of addiction-specific assessments. In particular, the specialised nature of AOD (alcohol and other drug) assessments, such as evaluating substance use patterns, determining the severity of dependence, identifying co-occurring mental health issues, and understanding pharmacological implications, was largely absent from their coursework. One participant noted that their degree included a general overview of assessment frameworks, but no specific tools or approaches tailored to addiction work were explored in depth. This lack of focused training meant many had to learn on the job, often under pressure and without structured guidance. This aligns with findings from Browne et al. (2021), who highlighted the ongoing need for social work education to integrate more clinical and interdisciplinary content when preparing practitioners for work in health and addiction settings. As a result, the participants in this study stressed the importance of bridging the gap between academic preparation and practice demands through more specialised training, micro-credentials, or postgraduate professional development opportunities.

As Adrian put it,

I found myself really underprepared for assessment; based on my social work studies, we did not do very much on assessment at all, and assessment is so big in the addictions space, I still felt like I was winging it. It has only been since one of my good friends has been going through Te Take Take. We speak quite a bit about her process of learning how to do the assessments and its been through that I have vicariously learned the theory behind it, the methodology behind it, I was doing assessments, but I did not necessarily know or understand some of the theories or methodologies.

Participants across all educational backgrounds identified a significant gap in their training when it came to clinical assessment, particularly in relation to AOD-specific practices. While social work programmes effectively instilled core values and general assessment principles, they often lacked the practical, in-depth content needed to navigate the clinical complexities of addiction work. Many graduates felt unprepared and had to learn these skills informally through workplace experience or peer support, rather than through structured education. This highlights a clear need for social work curricula to evolve by incorporating more robust clinical training, ensuring that graduates are equipped not only with theoretical knowledge but also the specialised tools required for effective practice in the addiction field.

Social workers place within the addiction field

The participants who held undergraduate qualifications commented that social workers are well-placed to work in the AOD field because their practice frequently involves individuals, whānau, and communities already impacted by substance use in diverse and complex ways. Whether working in child protection, mental health, domestic violence, or community development, participants noted that substance abuse is a common and often underlying issue in many of the cases they encounter. As such, they believed that social workers are naturally positioned to engage in AOD-related work due to their holistic, person-centred approach, their ability to build trusting relationships, and their skills in navigating systems of care and support. However, while they

felt aligned with the values and relational nature of AOD work, participants acknowledged that more specialised training would strengthen their confidence and competence in responding effectively to addiction-related challenges.

Bernard shared, *“I think that social workers who you know, have high empathy and are willing to really try to understand what addiction is like for people. I think they are well-placed.”*

Reflecting on her own education journey, Pearl said,

Foundation is important; you can learn about addiction because it is behaviour-based. You can't learn the other stuff; it needs to be there first, without that, you're not going to be as effective with people, so being able to see that bigger picture, that is what social workers have naturally. I believe that sits as a natural skill.

This sentiment was echoed by many of the interviewees.

Addiction often stems from an underlying deficit or unresolved trauma that drives substance use. Therefore, possessing a strong foundation of core skills and competencies is essential, as it enables social workers to effectively build on their knowledge, such as understanding the physiological effects of alcohol and drugs and respond more meaningfully to the complex needs of clients.

Similarly, the participants who held Masters' degrees affirmed that social workers, by nature of their practice with individuals facing complex issues, are well-positioned to work in AOD settings. However, they also acknowledged that while they may be the right person in some cases, addiction work requires specific knowledge and skill sets that are developed over time.

Four of the six interviewees shared similar views on this topic, and Adrian had the following to say.

Social workers are naturally well placed to work in the addictions space, I guess with a caveat of, there is that balance of co-learning they can do with Dapaanz colleagues because Dapaanz colleagues have a lot of strengths that they do not and vice versa, and I think that really there is often not an understanding of

that or that it becomes almost a low-level mini MDT (Multi-disciplinary team meeting) kind of thing, where there is those differences and skills and perspectives that can and should be shared from Dapaanz versus social work versus lived experience lenses.

Overall, the participants strongly affirmed that social workers hold a valuable and natural place within the addiction field due to the nature of their work with individuals and families navigating complex, intersecting challenges, many of which involve substance use. Their training in empathy, holistic practice, and systems thinking equips them to connect with clients meaningfully and support recovery through a broader, trauma-informed lens. However, while social workers bring an essential foundation of values and relational skills, participants recognised that effective practice in AOD settings requires ongoing learning, particularly around clinical and addiction-specific competencies. Many saw the potential for a more integrated, collaborative approach—where social workers, Dapaanz-registered practitioners, and those with lived experience could form multidisciplinary teams (MDTs), each contributing unique perspectives and strengths. This collaborative ethos was seen as a practical solution and a vision for more inclusive and effective addiction care.

Further education

On the topic of what additional certifications or training that is required for social workers to specialise in addiction and substance misuse the participants with Bachelors degrees all noted that social workers need some specialised training to practice safely in the field of AOD. The participants mentioned that this training could be a specialised year within the bachelor's degree or as micro-credentials or post-graduate certificates.

Bernard felt strongly, *“If you're really willing to learn? I think you could, to some extent, but I think formal qualification is going to help with a lot more depth and understanding. I would definitely support the idea of integrating addiction-specific education into social work degrees.”*

Nancy noted, *“I would love to do a certificate in mental health and addiction for two reasons: to become DAPAAN's registered, because it's such a big thing.*

But also, I think having that it would be a good skill to learn about, because, you know, you never stop learning.”

Those who held Masters degrees believed that micro-credentials were the best way to specialise in the AOD area of practice and Adrian said

I would like to see and take some more micro-credentialing that was offered specifically for social workers so that I can integrate social work practice with addictions practice. This would make learning quicker and more efficient if I went in with that structure around a micro-credential that had that lens. Or just a short course or training that hits the ground running with that dual lens.

All participants, except for the UK qualified social worker, considered that Te Take take was a great 2-year diploma for someone wanting to work in the AOD field.

The participants emphasised the importance of further education and specialised training for social workers entering the AOD field. While their foundational social work training provided strong relational and ethical skills, many felt that addiction-specific knowledge, such as clinical tools, pharmacological understanding, and practice frameworks, was missing and necessary for safe, confident practice. Suggestions ranged from embedding an addiction-focused year within undergraduate degrees to offering post-qualification pathways such as micro-credentials, postgraduate certificates, or diplomas like *Te Take take*. There was clear support for training that integrates both social work and addiction lenses, allowing practitioners to deepen their competence while building on their existing values and practice frameworks. As Nancy put it, “you never stop learning”—a sentiment that underpinned many calls for accessible, relevant, and targeted continuing education in this complex area of practice.

Conclusion

This chapter has presented the perspectives of six registered social workers on how their foundational social work qualifications prepared them for practice in the alcohol and other drugs (AOD) field. Their reflections reveal both a strong appreciation for the strong relational and ethical grounding provided by their education and a shared sentiment of limitation around addiction-specific knowledge and skills.

The participants viewed their social work education as providing a strong foundation of transferable skills, particularly in empathy, ethical practice, core values, and holistic approaches. These competencies were considered central to working both safely and compassionately, as well as to developing trusting relationships with people experiencing addiction. Participants also emphasised that their training supported a broad, systemic perspective, enabling them to understand addiction within its wider social and familial context. In particular, learning about whānau systems shaped an understanding of addiction as a collective issue that impacts not only the individual but also their wider family network.

At the same time, participants were honest about areas where they felt underprepared. Many spoke about entering AOD roles without the technical or clinical knowledge their Dapaanz-registered colleagues possessed. Bernard highlighted pharmacology as a major gap, while Adrian described “winging it” when conducting AOD assessments due to limited exposure during his studies. These reflections may point to weaknesses in some social work programmes and in education.

Despite these challenges and limitations, participants seemed to share the belief that social workers are well-positioned to contribute meaningfully within addiction services. Their grounding in systems thinking, social justice, and human rights equips them to address broader structural and social issues that impact substance use and recovery. As Bernard put it, social workers “with high empathy and a real willingness to understand what addiction is like for people” can make a powerful difference. Participants also valued collaboration with colleagues from other disciplines, viewing co-learning with Dapaanz-registered practitioners as beneficial and essential for integrated care.

All participants highlighted the significance of ongoing learning and professional development. Through avenues such as in-house training, micro-credentials, and specialist qualifications like Te Take take, further education was seen as a way to enhance both competence and confidence in AOD practice. Participants described learning as a continuous process, reflecting a strengths-based,

reflective, and growth-oriented approach that aligns closely with social work values and supports effective practice in the addictions field.

Overall, the findings show that, for these six social workers, foundational social work education provided a strong ethical and relational foundation, but much of their addiction-specific capability was developed through ongoing study, experience, and supervision. Their voices highlight the importance of integrating practice realities into education and of creating accessible, flexible pathways for professional learning that respect both the social work perspective and the specialist demands of AOD practice.

Having outlined participants' statements and how their perspectives were interpreted through the thematic analysis, the following chapter will connect these findings to the wider literature, examining how the results reinforce, challenge, or extend existing knowledge. Chapter Five discusses the implications of these insights for social work education, workforce development, and the developing professional identity and integrity of social workers working within the AOD sector.

Chapter 5 Discussion

Introduction

This discussion chapter examines the study's findings and their implications for social work education and practice in the alcohol and other drugs (AOD) field in Aotearoa New Zealand. Drawing on the experiences of six registered social workers, it explores how effectively social work education prepares practitioners for AOD roles and identifies key gaps that emerge in practice. The chapter situates the findings within wider academic and professional debates and highlights their relevance for practitioners, education providers, and professional bodies.

Participants reported that their foundational social work education provided important strengths, including relational capability, cultural responsiveness, and a strong ethical base. These were seen as essential in AOD work and aligned with the ANZASW Code of Ethics (2019) and the Addiction Practitioners Association Aotearoa New Zealand (2024) expectations for culturally informed, values-based practice. However, participants consistently identified gaps in addiction-specific

knowledge and skills. Limited coverage of pharmacology, addiction theory, clinical training, and assessment tools left them underprepared for frontline AOD roles. This points to a tension between the strengths of social work training and the demands of AOD practice.

In relation to the research questions, findings showed that while foundational qualifications offered strong grounding in ethics, values, and core practice skills, they did not sufficiently prepare graduates for the technical and clinical aspects of addiction work. Participants identified transferable strengths in holistic assessment, advocacy, and whānau-centred practice, alongside limitations related to a lack of clinical expertise. They also emphasised the need for further education in addiction theory, screening and diagnostic tools, withdrawal management, and interdisciplinary collaboration to support safe and competent practice.

These findings align with existing literature showing that social workers often enter AOD roles with strong relational and values-based skills but limited clinical preparation (Senreich & Straussner, 2002; Wells et al., 2013; Minnick & Park, 2023). They also reflect challenges documented in working with co-occurring mental health and addiction issues (Bennett, 2002; Kean, 2009) and support evidence that addiction education in social work is often inconsistent or elective-based (Allnock & Hutchinson, 2014; Kourgiantakis et al., 2020). By centring practitioner voices in Aotearoa, this study adds context-specific insight into the gap between education and AOD practice.

The findings also highlight important implications. Consistent with Beddoe (2017), participants described entering AOD roles without adequate preparation. Their questioning of models such as Maslow's Hierarchy of Needs suggests the need for frameworks that better reflect the lived realities of addiction and recovery in Aotearoa. While post-qualification learning through supervision, mentoring, and in-service training was valued, reliance on these pathways raises concerns about equity and sustainability (Beddoe, 2009; Osborne-Leute et al., 2019). Participants' reflections support calls for more integrated education models that combine core social work strengths with addiction-specific competencies,

including culturally grounded approaches such as Nelson's (2022) Nikau Practice Framework.

Overall, the findings underline the need for reform in social work education and training. Although social workers bring essential ethical, relational, and cultural competencies to AOD practice, these alone are insufficient to meet the complex needs of tangata whai ora and their whānau. Addressing this gap requires curriculum reform, stronger interdisciplinary learning, and accessible professional development pathways.

Interpretation of Results

This study explores how six registered social workers perceive their readiness for practice in the AOD field. Drawing on the experiences of both undergraduate and postgraduate-trained practitioners across various practice settings, the findings revealed a mix of opinions on social work education's effectiveness: while it offers a strong foundation in ethical, relational, and holistic frameworks, it appears to lack in preparing graduates with the addiction-specific and clinical competencies necessary for confident and effective AOD practice.

The findings provide valuable insights into answering the three thesis questions and collectively offer an understanding of how social work education supports, and at times lacks, preparing graduates for practice in the alcohol and other drugs (AOD) field.

In response to the first thesis question, *to what extent did the participants' foundational social work qualifications (i.e., BSW and Applied or Professional master's degrees) help them develop the skills needed to work in the addictions field*, the findings suggest that foundational qualifications play a crucial but fundamentally limited role in equipping social workers for competent AOD practice. Participants consistently acknowledged that their undergraduate or postgraduate social work education provided a solid grounding in essential social work values such as social justice, empathy, cultural responsiveness, and a commitment to working holistically with individuals, families, whānau and communities. These qualities were especially helpful in building therapeutic relationships and trust with clients affected by substance use, many of whom

present with histories of marginalisation, trauma, and co-existing social challenges and mental health. The emphasis on bicultural practice and cultural safety, particularly within a New Zealand context, was seen as a significant strength, allowing practitioners to engage meaningfully with Māori and Pasifika clients and whānau.

However, while foundational programmes were praised for fostering relational and ethical capabilities, participants were nearly unanimous in their view that these qualifications fell short in preparing them for the more clinical, technical, and addiction-specific aspects of AOD work. Regardless of whether participants held bachelor's degrees or professional master's qualifications, many described a steep and at times complex learning curve when entering addiction services. Specific shortfalls were found to be in understanding addiction theory (e.g., stages of change, models of dependence), risk assessment tools, the pharmacology of substances, withdrawal and detox processes, and evidence-based interventions such as motivational interviewing, harm reduction strategies or relapse prevention. This lack of clinical readiness was particularly concerning given the higher complexity levels of many AOD service users.

The findings align with concerns raised in the literature about the generalised nature of social work education in Aotearoa New Zealand. Beddoe et al. (2017) and the SWRB (2021) both highlight a disconnect between academic readiness and the realities of frontline practice, particularly in specialist fields such as mental health and addiction. Similarly, Adamson et al. (2010) argue that the absence of structured, discipline-specific content in fundamental qualifications leaves new practitioners underprepared for the diagnostic, therapeutic, and pharmacological dimensions of AOD work. In this study, several participants described "learning on the job" as their main method for acquiring the knowledge and skills needed to perform their roles effectively. Informal learning through observation, peer guidance, and supervision was frequently named as crucial to filling these educational gaps, although this approach was also acknowledged to be highly dependent on the quality of local workplace supports and often appeared to be inconsistent.

Ultimately, the findings presented in this study suggest that foundational social work training provides a fundamental ethical and relational base, but it is insufficient on its own to meet the involved and complex demands of addiction practice. The need for supplementary learning, whether through micro-credentials, postgraduate certificates, or workplace-based training, was seen as a necessary add-on to formal education rather than an optional extra. This raises important implications for curriculum development, accreditation standards, and the future design of social work qualifications that aim to prepare graduates for work in high-needs areas, such as AOD services. There is a clear necessity to strengthen the integration of addiction-focused content into social work degrees, not only to increase practitioner readiness but also to ensure safe, informed, and effective care for some of the most marginalised populations in Aotearoa.

The findings for the second thesis question, namely, *What skills, knowledge, and competencies are transferable from your professional education to practice in addictions and substance misuse?* revealed a consistent theme across all participants: that generalised social work skills gained during their foundational training were not only relevant but critical to their practice in the alcohol and other drug (AOD) field. Participants identified a range of core competencies developed through their Bachelor of Social Work (BSW) or professional master's programmes that translated effectively into the AOD context. These included ethical reasoning, the ability to form strong therapeutic relationships, an understanding of social justice and advocacy, and a commitment to working in culturally responsive and trauma-informed ways. Such competencies were seen as particularly valuable when engaging with clients navigating substance use challenges, many of whom also experienced associated issues such as mental health difficulties, poverty, systemic discrimination, or involvement with the criminal justice system.

Importantly, participants reiterate that these relational and values-based skills were central to building trust, creating safety, and fostering motivation for change among clients, especially given the stigma and shame often associated with addiction. The ability to apply generalist therapeutic frameworks such as Motivational Interviewing, Cognitive Behavioural Therapy (CBT), Strengths-Based Practice, and Te Whare Tapa Whā (Miller & Rollnick, 2013; Beck, 2011; Saleebey,

2013; Durie, 1994) is widely acknowledged as a strength. These models' emphasis on holistic, person-centred, and whānau-inclusive approaches was seen as highly compatible with both AOD best practice and social work values. In particular, Te Whare Tapa Whā (Durie, 1994), a Māori model of health that considers Wairua (spiritual), Tinana (physical), Hinengaro (mental), and Whānau (family) wellbeing, was seen as especially effective in guiding culturally grounded assessments and interventions for Māori clients, acknowledging the significance of bicultural competence within Aotearoa-based practice.

Despite this strong foundation, participants in this study were also acutely aware of the bounds of their transferable skills when applied to the specialised and clinically demanding realities of AOD work. While generalised social work models and values provided a framework for engagement and relationship-building, they did not necessarily furnish social workers with the technical knowledge required to understand addiction as a complex condition shaped by physical, psychological, social, and cultural factors. All participants could describe at least one situation where they felt underprepared to respond confidently to the complex clinical presentations typical of addiction services, such as assessing for substance withdrawal risks, understanding pharmacological interactions, or managing co-occurring mental health and substance use disorders (dual diagnosis). Several also highlighted a lack of exposure to structured AOD assessments and evidence-based treatment planning during their training, which created a reliance on colleagues, supervisors, or in-service training to 'fill in the gaps.'

These findings align with existing reviews in the literature that social work education, although grounded in sound values and generalised skills, may not adequately prepare graduates for specialist fields such as addictions (Adamson et al., 2010; Beddoe et al., 2017). For example, Tunncliffe and Moghaddam (2022) note that while skills such as active listening and collaborative engagement are vital, they are insufficient without the ability to conduct structured assessments or deliver targeted interventions for substance use. Similarly, the New Zealand Social Workers Registration Board (SWRB, 2021) highlights the importance of social workers being both ethically grounded and technically adept, particularly in high-risk fields such as AOD services.

The results from the third thesis question: *What further education would a qualified social worker need to specialise and safely practice in the addictions or substance misuse field?* Drew out some particularly instructive responses. This aspect of the study brought into focus the perceived gaps in current social work education. It highlighted the types of additional learning participants viewed as essential for competent and safe practice in alcohol and other drug (AOD) settings. Across the range of participants, regardless of their qualification level or years of experience, there was strong and consistent attention on the need for more targeted, addiction-specific education beyond the foundational degree. This aligns with national reports, such as *He Ara Oranga* (Ministry of Health, 2018), which spotlight the importance of building workforce capacity in addiction services, including the need for specialised training across sectors.

Participants identified several critical areas where further education was deemed necessary to achieve clinical competency and skill in the area of AOD. These included a deeper understanding of the neurobiology of addiction, particularly how substances affect brain chemistry and behaviour, and pharmacology, and how this knowledge can inform and affect both assessment and treatment planning. There was also a clear call for training in the use of standardised AOD screening and assessment tools and DSM-5 diagnostic criteria for substance use disorders. These tools were often unfamiliar to participants when they entered AOD roles, despite being intrinsic to the delivery of safe, evidence-informed care (Te Pou o te Whakaaro Nui, 2020). Additionally, several participants highlighted the need for education around withdrawal management, including the identification of high-risk symptoms, appropriate referral pathways, and collaboration with medical professionals.

Another recurring theme was the need for training in co-existing disorders, specifically, how to support clients experiencing co-occurring mental health and substance use issues. Participants often felt unprepared to manage the clinical complexities these presentations involve, noting the absence of combined mental health and AOD training in their foundational qualifications. This concern aligns with findings from international literature, which recognises that the intersection of mental health and substance misuse is one of the most challenging areas in present-day practice and requires interdisciplinary expertise (Cleary et al., 2020;

Tunncliffe & Moghaddam, 2022). Participants voiced the importance of gaining skills in collaborative and interprofessional practice to navigate the system, particularly when working in multidisciplinary teams alongside clinicians, peer support workers, addiction specialists, and medical staff.

Many participants viewed postgraduate education, including formal qualifications such as postgraduate certificates or diplomas, as well as shorter micro-credentials, as an effective way to acquire these essential skills. Several participants frequently praised the *Te Taketake: Diploma in Applied Addiction Counselling* as a robust and practice-oriented programme that successfully bridges social work and AOD practice frameworks. Micro-credentials and short courses were seen as more attainable options for practising social workers who needed to upskill without stepping away from their employment. These findings align with recommendations by Beddoe et al. (2017) and Adamson et al. (2010), who argue that workforce development in the AOD sector should include flexible and practice-relevant learning pathways tailored to diverse levels of professional experience.

Beyond individual efforts to pursue further training, participants also suggested that there should be a review and systematic reform at the level of foundational social work education. There was a strong consensus that AOD content should be integrated into undergraduate education, not as an optional elective, but as a core component of foundational training. Participants noted that substance misuse is not an isolated issue confined to specialist services but is a recurring theme across nearly all domains of social work, including mental health, child protection, criminal justice, housing, and youth work. As such, they argued that all social workers, regardless of whether they intend to specialise in addictions, require at least a foundational understanding of substance use issues to engage safely and ethically with their clients. This call is supported by the Social Workers Registration Board (SWRB, 2021), which acknowledges the need for a general social work workforce that is also competent in responding to addiction-related concerns as part of holistic practice. A generalist social work workforce competent in substance misuse would be equipped with a foundational understanding of addiction as a complex, multifaceted issue, integrated throughout core social work education. This means that all social workers, regardless of their area of

practice, would be trained in recognising signs of substance use, applying brief interventions such as motivational interviewing, and making appropriate referrals. Culturally responsive models such as Te Whare Tapa Whā would be embedded into teaching and practice, ensuring whānau-centred, mana-enhancing engagement with clients (Durie, 1998). Supervision and continuing professional development would reinforce reflective practice, ethical decision-making, and up-to-date knowledge of emerging trends in AOD. Ultimately, this approach ensures substance use is treated not as a specialist concern, but as a core competency essential to holistic and safe social work in Aotearoa.

Strengths of Foundational Training: Ethics and Core Competencies

Participants consistently acknowledged the strength of their social work education in fostering ethical awareness and relational skills. Across the board, social workers described entering the field with a solid grounding in professional ethics, legal frameworks, cultural responsiveness, and the interpersonal capabilities necessary to build trust with clients. These attributes were particularly valued in AOD contexts, where practitioners frequently encounter vulnerable individuals experiencing stigma, trauma, and complex co-occurring challenges.

Additionally, theories and models commonly taught in social work, such as Motivational Interviewing, Cognitive Behavioural Therapy, Strengths-based approaches, *Te Whare Tapa Whā*, and Ecological Systems Theory (Durie, 1998; Miller & Rollnick, 2013; Munford & Sanders, 2011; Payne, 2020; Beck, 2011) were seen as adaptable and effective in addiction work. These approaches allowed practitioners to respond flexibly and holistically to clients' needs.

Gaps in Addiction-Specific Preparation

Despite these foundational strengths, participants across all levels of experience and qualification reported significant gaps in their addiction-specific training. A recurring theme was the inadequacy of formal education in preparing graduates for the complexities of AOD work. While generalist competencies were well-covered, many social workers entered the field with limited exposure to addiction theories, clinical assessment tools, or AOD-specific interventions. This disconnect between academic preparation and professional expectations left many

professionals reliant on experiential learning, peer mentoring, and in-service training to develop essential skills after qualification.

The literature supports this finding, suggesting that social work education often emphasises generalist training at the expense of specialised fields like substance misuse (Fraser & Jarldorn, 2019). Participants who studied in both local and international programmes highlighted the optional or entirely absent nature of AOD content in their curricula. Even in contexts where specialisation was possible, such as in the UK, students who chose other pathways missed out on crucial addiction training. These gaps suggest a need for greater integration of AOD content across all levels of social work education.

Clinical Assessment and Pharmacological Knowledge: Critical Shortfalls

One of the most consistently identified shortfalls was the lack of clinical assessment capacity. While participants felt comfortable with generalist assessment approaches, they reported limited training in the use of standardised screening tools, withdrawal protocols, or the identification of co-occurring mental health and substance use disorders. This was especially evident among the participants particularly those with a Bachelor of Social Work, who often had to acquire these competencies informally once in the workforce.

Closely related was a widespread lack of pharmacological knowledge. Participants across all education levels referred to a deficit in understanding how substances affect the brain and body, as well as the interactions between medications and substances. This left many feeling less than confident, particularly when working alongside Dapaanz-registered colleagues or engaging in interdisciplinary teams. As Bernard aptly put it, understanding "transmitters and all of that stuff" is increasingly relevant for social workers in AOD contexts, not merely a domain for medical professionals. These findings highlight a misalignment between current social work curricula and the biopsychosocial demands of addiction practice, underscoring the need for more interdisciplinary, practice-relevant content in education (Adamson et al., 2010; Beddoe et al., 2017; Takarangi, 2020).

The Role of Experiential Learning and Ongoing Development

Participants consistently emphasised that post-qualification learning, including on-the-job experience, reflective supervision, and structured continuing education (e.g. postgraduate certificates, micro-credentials, and diplomas like *Te Take Take*), was essential for developing addiction-specific competence. Social work graduates noted, they often rely on these experiences to refine trauma-informed care, cultural safety, and interprofessional collaboration in conjunction with AOD. Research confirms this, highlighting that professional supervision is critical for ethical and effective social work practice in Aotearoa (Beddoe, 2016; Walker et al., 2020). Moreover, the Social Workers Registration Board's Continuing Professional Development standards require CPD linked to core competence and maintaining cultural competence (SWRB, 2025), underscoring the profession's expectation of ongoing professional learning. While some participants questioned whether generalised professional qualifications should prepare students for specialist roles, the prevalence of co-occurring substance use issues in social work practice supports the argument that all students and then graduates benefit from foundational addiction literacy and ethical skills and understanding (Walker et al., 2020).

Professional Positioning: Relational Strengths, Structural Challenges

Participants viewed themselves as well-suited for the AOD field in terms of values, philosophical orientation, and relationship-building skills. Many had encountered substance use issues in other areas, such as child protection, mental health, or family violence, and thus saw AOD work as a natural extension of their practice. However, they also acknowledged that effective AOD practice requires more than relational competence. It demands specialised knowledge and the ability to work collaboratively with colleagues from other disciplines, including those with lived experience or alternative professional registrations. Such interdisciplinary collaboration aligns with a multidisciplinary model and evolving integrated care frameworks that emphasise coordinated, team-based approaches (Engel, 1977; Kodner & Spreeuwenberg, 2002; Willis et al., 2017). This highlights the importance of developing integrated models of care that recognise and make use of the diverse strengths within multidisciplinary teams. While social workers bring essential values, ethical grounding, and relational frameworks, they must

also develop clinical and addiction-specific capabilities, such as pharmacological knowledge, DSM-5 screening, and trauma-informed interventions, to contribute meaningfully in AOD contexts. This study reveals a complex picture of social workers' readiness for AOD practice, characterised by ethical strength, relational skills, and cultural competence, but also by critical gaps in clinical training, pharmacological knowledge, and addiction-specific preparation. Bridging this gap will require reimagining social work education, enhancing and building on current curricula, expanding interdisciplinary learning, and offering flexible professional development to ensure that social workers are not only psychologically aligned with AOD work but also practically and clinically equipped to meet its demands.

Relation to Literature review

The findings of this study align with the body of literature reviewed for this thesis, documenting a disconnect between social work education and the practical demands of AOD practice. Scholars such as Straussner and Senreich (2002), Kourgiantakis et al. (2020), and Nelson (2012) also identified that while social work graduates possess a strong ethical foundation and interpersonal skillset, they often enter the field without the clinical competencies, theoretical relevance, or interdisciplinary knowledge required for effective practice in addiction settings.

What sets this study apart from previous research is its specific and contextual relevance. By centring the voices of registered social workers practising in Aotearoa New Zealand, this research adds depth to the existing literature by examining how systemic, cultural, and educational influences uniquely shape practitioner preparedness (Beddoe et al., 2018; Hay et al., 2020). In contrast to studies that focus primarily on broad curriculum analysis, participants in this research questioned the cultural and practical relevance of Eurocentric theoretical models, such as Maslow's Hierarchy of Needs (Maslow, 1943), when applied within AOD practice in the Aotearoa New Zealand context.

Furthermore, while some previous literature has concentrated on harm reduction approaches and integrated models of care (Richert et al., 2023; Vakharia & Little, 2017), this study expands the conversation by highlighting how social workers may feel marginalised within multidisciplinary teams. Despite possessing strong relational and ethical skills, qualities often cited as central to practical social work

(Trevithick, 2012), participants reported lacking the pharmacological knowledge or confidence in clinical assessment necessary to contribute meaningfully alongside Dapaanz-registered colleagues. This aligns with research noting that social workers are often underprepared in substance use pharmacology and diagnostic criteria (Minnick & Park, 2023; Kourgiantakis et al., 2020).

Such findings suggest that the issue is not solely about knowledge deficits but also concerns professional identity and perceived legitimacy within specialised treatment settings, particularly those dominated by medical or psychology-trained professionals. These insights deepen the contributions of earlier work by Bennett (2002), who explored the interrelationship of substance use and mental health challenges, and Daley and Feit (2013), who emphasised the multifaceted role of social workers in addiction treatment. Together, these findings point to the need for a broader reimagining of how social work education and professional development can address both the technical competencies and structural dynamics of contemporary AOD practice.

The findings support advances in the field by helping to map the competencies social workers feel were absent in their formal education. While existing research (e.g., Allnock & Hutchinson, 2014; Fraser & Jarldorn, 2019) notes general gaps in addiction training, the participants in this study identified specific knowledge areas, including pharmacology, clinical assessment tools, withdrawal management, and dual diagnosis intervention, that were either missing or inadequately covered in their foundational programmes. This level of detail enables a more thorough review of social work curriculum content and delivery.

Additionally, the study presents a review of the relevance of widely taught theoretical models. While prior literature acknowledges the limitations of abstract theory in complex practice environments, this research goes further by showing how some needs-based approaches can feel inadequate or irrelevant when applied in contexts of acute addiction. The participants' reflections suggest that teaching approaches in social work should help students think critically about how applicable these theories are in real-life situations and where they might fall short.

Another significant contribution lies in the consideration given to informal, observational, and peer-led learning. Much of the literature on continuing

professional development focuses on formal training or postgraduate certification (Beddoe et al., 2017; Kourgiantakis et al., 2020). However, participants in this study emphasised the central role of peer support and hands-on workplace exposure in building real-world competency. This aligns with research by Beddoe (2009), who notes that informal, collegial learning often fills critical gaps left by formal education. Additionally, Te Pou o te Whakaaro Nui (2020) recognises the value of workplace-based learning and reflective practice in fostering the development of addiction-specific skills. This highlights the importance of supporting informal learning approaches within the addiction workforce and suggests a rethink of how we provide training and support to build knowledge and skills.

This study's findings also reinforce and build upon the work of Anna Nelson (2022), particularly her development of the Nikau Practice Framework (Appendix A). This framework, grounded in the context of Aotearoa New Zealand, provides a culturally relevant and theoretically sound approach to addressing substance use. Participants' enthusiasm for such models may highlight the need for national frameworks that reflect local realities, cultural diversity, and indigenous perspectives, an area often overlooked in internationally oriented literature, which Western biomedical paradigms can dominate.

The findings also add firsthand insights by offering a context-specific and practitioner-centred perspective on the limitations of current social work education for AOD practice. It adds fresh evidence to calls for reform by discussing the disconnect between theory and practice and the overlooked value of peer-led learning. More importantly, it points toward the future by advocating for social work curricula that are not only clinically robust but also culturally responsive, locally relevant, and inclusive of informal knowledge pathways.

Comparison to Previous and Similar Studies

The findings of this study align closely with existing research that critiques the adequacy of social work education in preparing graduates for specialised fields such as (AOD) practice. Numerous studies have identified gaps between the generalist focus of social work curricula and the specific competencies needed in addiction settings (Barlow & Hall, 2007; Fraser & Jarldorn, 2019; McLaughlin et

al., 2006). Like the participants in this study, previous research participants have reported entering the workforce with strong ethical frameworks and interpersonal skills but lacking in practical, addiction-specific knowledge and clinical capabilities.

The gap in clinical assessment training also parallels prior findings. For instance, the research by Barlow and Hall (2007), noted above, found that social workers often felt unprepared to use standardised screening tools or navigate complex dual diagnoses, resulting in a reliance on workplace-based learning and informal mentorship. This study reaffirms that trend, highlighting the critical role of experiential learning and post-qualification development in acquiring practical skills. Nelson (2012) similarly observed that students who lacked robust exposure to clinical tools and structured assessment models felt less confident transitioning into AOD settings, relying heavily on colleagues or in-service learning to bridge the gap.

Anna Nelson's (2012) work provides additional insight into this issue. In her exploration of social work students' readiness to work with substance use, Nelson emphasises that while students often feel philosophically aligned with harm reduction and social justice principles, they frequently lack the clinical knowledge to apply these values effectively in practice. Nelson also found that field placements with a focus on AOD were relatively rare, further compounding the lack of exposure to addiction-specific knowledge during training. Her research echoes the concerns raised by participants in this study, particularly regarding the limited availability of AOD-focused practicum opportunities and the absence of structured learning around addiction in many programmes. The inclusion of Anna Nelson's (2022) *Nikau Practice Framework* is especially important here, as it offers a local, culturally responsive model that better reflects the realities of working with Māori and other populations in Aotearoa New Zealand.

Consistent with Fraser and Jarldorn's (2019) claim that AOD content is frequently marginalised or omitted in social work education, this study highlights how the participants, regardless of their geographic or institutional background, encountered addiction-related issues in practice without having received adequate preparation during their formal studies. Similar to the findings by

Amodeo et al. (2011), the sometimes optional and often missing nature of AOD content in social work programmes was a recurring concern, highlighting the need for the compulsory integration of addiction education into core social work curricula.

Furthermore, the study's identification of limited pharmacological knowledge echoes calls from previous scholars (e.g., Begun, 2004; Straussner & Senreich, 2002) for social work education to include more interdisciplinary content. As in those studies, participants in the current research noted the challenges of engaging in collaborative practice without a foundational understanding of the biological and medical dimensions of addiction, a theme that reinforces the broader literature's emphasis on a biopsychosocial model of care.

Notably, the current findings add a distinctive contribution to the literature by critically examining the applicability of commonly taught social work theories in AOD contexts. While earlier studies have often supported the adaptability of generalist models, this research specifically identifies Maslow's Hierarchy of Needs as being incongruent with the lived realities of individuals experiencing addiction. This finding strengthens calls for more contextually grounded and critically examined theoretical instruction within social work education.

The participants' reflections on their positioning within multidisciplinary AOD teams echo previous findings on the value and challenges of social workers' roles in these settings. Studies by Straussner (2001) and O'Neill (2005) similarly found that social workers bring crucial ethical and relational strengths to AOD practice but often feel under-equipped in technical domains. The desire for collaborative, integrated models expressed in this study reflects ongoing shifts in the literature towards cross-disciplinary learning and practice.

Evaluating the contribution of the research

The contribution of the research lies in its detailed and practice-informed exploration of how well social work education prepares graduates for the alcohol and other drugs (AOD) field. It highlights essential strengths such as ethical grounding, cultural responsiveness, and strong relational skills, qualities that align with the core values of social work and are particularly valued in addiction

practice (Connolly et al., 2017; Daley & Feit, 2013). These foundational abilities align with those promoted in the Aotearoa New Zealand Association of Social Workers (ANZASW) Code of Ethics (2019) and supported by the Addiction Practitioners Association Aotearoa New Zealand (2024), which advocates for culturally responsive and values-based practice in AOD work.

However, the research also highlights significant gaps in formal education, particularly in areas such as clinical training, addiction-specific knowledge, and pharmacological understanding, shortcomings that have been echoed in prior studies (e.g., Minnick & Park, 2023; Straussner & Senreich, 2002; Wells et al., 2013). Participants in this study described feeling underprepared when entering practice, particularly when faced with complex co-occurring issues, which is consistent with earlier findings by Kean (2009) and Bennett (2002), who highlighted the frequent overlap of mental health and addiction and the challenges this presents to generalist-trained practitioners.

In general, the findings from this study contribute to the growing body of evidence showing that, despite the prevalence of addiction-related issues in a variety of fields, including child protection, mental health, and community development, social work graduates continue to feel unprepared for AOD roles. This concern is reinforced by research from Allnock and Hutchinson (2014), who found that training in AOD is often minimal or elective, creating a gap between theory and practice. Similarly, Kourgiantakis et al. (2020) concluded that AOD education within social work programmes is often inconsistent and underdeveloped internationally. This study builds on this by offering new insights; for example, it questions the suitability of applying Maslow's Hierarchy of Needs, in AOD contexts, highlighting that this does not align with the lived realities of individuals experiencing addiction.

Additionally, the study is significant because it reflects the perspectives of both BSW and professional master's graduates from a range of organisations. Their experiences suggest that classroom education often lacks sufficient focus on addiction-specific assessment tools, harm reduction strategies, and collaborative approaches, competencies central to contemporary AOD practice (Richert et al., 2023; Vakharia & Little, 2017). These gaps highlight the importance of integrating

practical, evidence-based approaches into foundational social work qualifications and ensuring that social workers are not solely dependent on learning these critical skills on the job.

The findings also support calls for a more structured and ongoing approach to professional development. Beddoe (2009) emphasised the need for continuing education in specialist fields, while Osborne-Leute et al. (2019) noted the importance of building long-term capacity in the workforce to respond effectively to substance use. This study reinforces those arguments by demonstrating that in-service learning and informal mentoring are currently filling the gaps left by initial training, a pattern that is neither sustainable nor equitable.

By giving practitioners a voice, this study adds depth to the broader conversation about social work curriculum reform. This study hears the argument for a more integrated model of education that balances generalist knowledge with specialist AOD competencies, aligning with Buchanan's (2004) call for a conceptual shift in how substance use is taught and understood within the profession. This research is timely and highly relevant. It responds to the increasing complexity of addiction-related needs in practice, supports international and national efforts to professionalise and strengthen the AOD workforce, and adds to the case for embedding addiction-focused content into core social work education. It contributes not only by confirming known gaps, but also by offering fresh, grounded insights into what should change and why.

Future Implications

The findings of this study highlight both the strengths and limitations of current social work education in preparing practitioners for effective engagement in the alcohol and other drug (AOD) field. While participants felt well-equipped in terms of core social work values and interpersonal skills, they consistently identified gaps in specialist knowledge and clinical competencies essential for AOD practice. These insights highlight several key areas where future efforts in curriculum design, professional development, and interprofessional collaboration can enhance social work readiness and impact in addiction settings.

Integration of Addiction-Specific Content into Social Work Education

A central step to supporting the future implications involves curriculum development and reform within social work education. Universities, in partnership with the New Zealand Social Workers Registration Board (SWRB) and academic programme boards, must undertake comprehensive curriculum reviews to identify opportunities for embedding addiction-specific content into existing papers such as mental health, ethics, and assessment.

Core areas identified for inclusion in social work education and professional development, such as substance use theory, pharmacology, clinical assessment tools, models of addiction and recovery, and harm reduction approaches, require careful scaffolding to meet the diverse needs of learners across different stages of training and practice.

For undergraduate students, particularly those preparing for generalist roles, introductory content should focus on building a foundational understanding of substance misuse as a complex, multifaceted issue that encompasses psychosocial, biological, and cultural dimensions. This includes an overview of commonly used substances and their effects on the brain and body (basic pharmacology), key theoretical models of addiction (e.g., disease, moral, psychosocial, and recovery models), and early exposure to evidence-based practice approaches such as Motivational Interviewing (MI) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) (Daley & Feit, 2013; Kourgiantakis et al., 2020). In the Aotearoa New Zealand context, the integration of Indigenous frameworks is critical. Models such as Te Whare Tapa Whā provide

a holistic view of wellbeing and support culturally responsive practice (Durie, 1998; Ministry of Health, 2020), while Māori-informed approaches to MI, including *Takitaki Mai*, strengthen cultural alignment and engagement in practice (Te Pou, n.d.). Similarly, Indigenous harm reduction approaches such as *Tāwhiti* emphasise trauma-informed, culturally grounded responses to AOD use that better reflect the lived realities of Māori and other populations in Aotearoa (Journal of Indigenous Wellbeing, n.d.).

For those entering AOD-specialist placements or post-qualification roles, more in-depth and practical content is required. This includes training in validated clinical tools, such as the AUDIT, DUDIT, and DSM-5 diagnostic criteria (Minnick & Park, 2023), as well as developing skills to interpret pharmacological information related to substance interactions, withdrawal symptoms, and medication-assisted treatment options (Bennett, 2002). Further emphasis is needed on trauma-informed care, co-existing mental health and substance use disorders, and interprofessional collaboration, particularly alongside Dapaanz-registered clinicians and peer support workers (Wells et al., 2013).

Given the increasing complexity of practice environments, a tiered educational approach, providing both generalist and specialist training opportunities, is essential. This ensures that all social workers can respond ethically and competently to addiction-related issues within their scope of practice, while also supporting those who choose to develop expertise in this area through flexible, accessible pathways such as postgraduate certificates and micro-credentials (Beddoe et al., 2017; Te Pou o te Whakaaro Nui, 2020).

Furthermore, designing and piloting specialisation streams or electives in addiction studies within Bachelor of Social Work (BSW) programmes, particularly those informed by consultation with AOD practitioners, Māori and Pasifika advisors, and people with lived experience, would ensure the curriculum is not only technically relevant but also culturally grounded, reflecting obligations under Te Tiriti o Waitangi. A recommendation could be that universities consider embedding a dedicated AOD (Alcohol and Other Drugs) module within a Bachelor of Social Work (BSW) programme, which could be structured to provide both foundational and practice-ready knowledge, integrating theoretical learning with

real-world application. Below are five ideas for what such a module or pathway might include

1. Proposed content for a model of practice for an AOD Specialisation in foundational programmes.

Core theoretical content could include models of addiction and recovery, such as disease, psychosocial, strengths-based, and whānau-centred models. In addition to harm reduction and abstinence-based approaches, a comparative analysis is conducted with cultural, ethical, and policy contexts (Vakharia & Little, 2017).

Other required content includes Neurobiology and Pharmacology, which explores how substances affect the brain and body, as well as an introduction to common medications used in withdrawal and recovery (Bennett, 2002; Minnick & Park, 2023) and Co-existing Disorders, which could include an overview of dual diagnosis and integrated treatment approaches (Daley & Feit, 2013).

Practice Skills Training would include assessment tools and clinical screening: AUDIT, DUDIT, ASSIST, DSM-5 diagnostic criteria. As well as Evidence-Based Interventions, including, Motivational Interviewing (MI), Cognitive Behavioural Therapy (CBT), Trauma-Informed Care and Working with Whānau to be culturally responsive with engagement using models like Te Whare Tapa Whā and Whānau Ora (Durie, 1998; Ministry of Health, 2020).

The research participants discussed interprofessional collaboration, and if included in the curriculum, it could encompass role clarity and teamwork, such as navigating interdisciplinary settings with medical professionals, peer support workers, and Dapaanz-registered practitioners, along with Shared Language and tools used for building confidence in clinical communication and documentation standards.

Applied learning is also a critical component of undergraduate AOD education and should include opportunities to understand the different levels of AOD service provision, as well as the roles of community-based and kaupapa Māori providers within the wider system. This learning should be supported through field education or placement in AOD settings, offering supervised practical experience within public and NGO addiction services. In addition, simulated learning approaches, such as role plays, case studies, and clinical debriefs, can help

students develop confidence and integrate theory with practice. Ongoing reflective practice, including the use of journals, supervision debriefs, and structured reflective frameworks, is essential for consolidating learning and supporting professional development (Te Pou, 2019).

Lastly, an Optional Capstone or Final-Year Specialisation could be integrated into the curriculum, which could include an Extended Project or Research Paper on an AOD-related topic and the Integration of micro-credentials. Students could earn industry-recognised certificates (e.g., Dapaanz-aligned) during their undergraduate studies.

2. Development and Promotion of Micro-Credentials and Postgraduate Training

Many participants emphasised the value of micro-credentials, postgraduate certificates, and diplomas as flexible, targeted methods for acquiring addiction-specific skills. These formats are especially beneficial for social workers already in the field who wish to upskill without committing to further full-time education.

Micro-Credentials may consist of short, focused modules offering 5–15 credits, ideal for generalist practitioners needing foundational literacy in substance use issues. Topics might include:

- Introduction to Addiction Theory and Recovery Models (e.g., disease, psychosocial, strengths-based, Te Whare Tapa Whā)
- Basic Screening Tools and Ethical Communication
- Cultural Safety and Stigma Reduction
- Collaborative Practice in AOD Contexts

This aligns with micro-credential models offered at Massey University that combine clinical communication skills along with ethical and cultural skills in mental health and addiction settings (Massey University, 2025).

Postgraduate Certificates (60-point level 8 programmes, such as AUT's Mental Health and Addictions Certificate):

Designed for practitioners transitioning into or specialising in AOD practice. Helpful content could include:

- Intervention Skills (e.g., MENH812) and Recovery and Social Justice in Practice (MENH802 / MENH813)
- Emphasis on clinical assessment, reflexive practice and interdisciplinary reasoning, within specialist settings (AUT, 2025a)
- Foundations for Addiction Practice (e.g., MENH810) and Assessment & Formulation for Addiction Issues (MENH811)

This tiered approach ensures that social workers entering placements or postgraduate practice can add to their addiction competencies. At the same time, those already in generalist roles can access high-impact learning that builds confidence and safety in practice at a pace that fits into their current study or work life (Beddoe et al., 2017; Te Pou o te Whakaaro Nui, 2020).

There was particular support for professional development opportunities that combine social work principles with addiction frameworks, enabling practitioners to integrate the two perspectives in a meaningful and applied way. The above would pave the way for this, allowing practitioners to combine current commitments with further education.

This could be a relevant and timely initiative for organisations like Te Pou o te Whakaaro Nui to support or develop, building on its current work, such as the Skills Matter - New Entry to Specialist Practice (NESP) programme. Te Pou has a clear mandate to support workforce development in mental health, addiction, and disability sectors across Aotearoa. It already runs initiatives like *Let's Get Real* and *Skills Matter*, which aim to strengthen competency and capability across the sector.

Participants widely praised the Te Taketake diploma as a practical and robust example of such specialist training. However, increased accessibility and awareness of similar qualifications could further support workforce development across regions. Academic institutions and professional bodies could collaborate to develop continuing education pathways that are aligned with sector needs and recognised by regulatory bodies such as Dapaanz.

3. Enhanced Focus on Clinical Assessment Training

Across undergraduate and postgraduate participants, a significant gap was noted in the area of clinical assessment, especially regarding tools and frameworks specific to AOD contexts. While generalist assessment skills were covered in social work programmes, participants felt underprepared to undertake substance use screening, withdrawal risk assessment, and diagnosis-related work. As clinical assessment is a core component of AOD service delivery and often underpins client care decisions, this gap represents a critical area for educational reform.

To address the identified gaps, it is recommended that social work programmes incorporate applied learning opportunities and hands-on learning that expose students to addiction-specific education and assessments. This may include role-playing and simulated practice, multidisciplinary workshops, or education-based placements in addiction settings with structured supervision. Research published in the *Journal of Social Work Practice in the Addictions* highlights the value of simulation-based learning in addiction education, noting that experiential learning complements both confidence and clinical reasoning in students preparing for roles in AOD (Lee & Mekonnen, 2021). Interprofessional collaboration, another fundamental element, has been shown to improve practitioners' readiness to work across different settings and disciplines (World Health Organisation, 2010). Additionally, the incorporation of evidence-based assessment tools (e.g., AUDIT, DUDIT, CAGE, DSM-5 criteria) alongside case-based learning can significantly improve students' competence and readiness for real-world AOD practice (Begun & Murray, 2020).

4. Support for Interdisciplinary and Lived Experience Collaboration

Participants recognised the unique contributions of Dapaanz-registered practitioners and those with lived experience in AOD practice, and many favoured a more integrated and collaborative approach to service delivery. Research supports this viewpoint, showing that practitioners with lived experience can enhance engagement, trust, and recovery outcomes in AOD services (Best et al., 2020; Bryant et al., 2023). Social workers were seen as well-positioned within multidisciplinary teams (MDTs), offering a systems-oriented and relational

perspective that complements clinical or experiential approaches. This is consistent with findings that social work values of social justice and holistic practice align well with integrated care models (Beddoe, 2019; McLaughlin et al., 2021). However, for such partnerships to be effective, there must be space for cross-disciplinary learning and shared practice frameworks, as integrative education has been shown to improve teamwork, role clarity, and communication in complex care settings (Oates & Davidson, 2015).

A leading recommendation is that AOD-focused training include multidisciplinary modules and practice placements where social work students can learn alongside peers from nursing, counselling, psychology, lived experience and other relevant clinical backgrounds. Evidence suggests that joint learning environments foster mutual respect, break down professional silos, and enhance joint care models (Reeves et al., 2016). A multidisciplinary module could include topics on joint care planning, shared assessment frameworks, cultural safety in addiction contexts, and ethical considerations in MDT practice, all areas identified in the literature as crucial for effective multidisciplinary addiction care (Fraser & Moore, 2021). The module could also integrate joint learning activities, such as co-facilitated workshops, simulated case conferences, and role-based scenario exercises, to expand understanding of each profession's scope, skills, and expertise (Thistlethwaite, 2012).

In practice, placements could be planned to rotate students through different MDT roles, allowing them to shadow first, then actively participate in work led by peer support workers, clinicians, and other allied professionals. Structured supervision can be provided by both a social work field educator and a practitioner from another discipline, ensuring exposure to multiple perspectives. This approach is supported by studies that demonstrate co-supervision enhances students' ability to integrate diverse viewpoints into their practice (Anderson et al., 2020). Joint placements or short-term secondments in integrated AOD services could also allow students to engage in shared projects, such as harm reduction initiatives, client education programmes, or community outreach, thereby strengthening interprofessional trust and fostering cohesive, client-centred care in real-world contexts (Reeves et al., 2016).

5. Ongoing Professional Supervision and Reflective Practice Support

Finally, the emotionally demanding nature of AOD work was repeatedly noted by participants, many of whom spoke about the importance of maintaining practitioner safety and resilience. Given the high rates of burnout and vicarious trauma in the sector, it is essential that education and employment pathways provide sustained support for ethical reflection, clinical supervision, and self-care.

Incorporating structured reflective practice into training programmes and ensuring that access to quality supervision is maintained post-qualification will help social workers navigate the ethical, emotional, and practical complexities of addiction work. Further research could explore the long-term impact of supervision on practitioner well-being and service effectiveness in AOD contexts.

These recommendations highlight the need for more robust, targeted, and flexible educational pathways that bridge the gap between social work values and the specialised needs of AOD practice. As the sector continues to grow, ensuring that social workers are well-prepared to meet the complex needs of individuals and whānau affected by addiction is both a workforce development priority and a matter of social justice. Strengthening the intersection between generalist training and specialist competence will better equip practitioners to deliver ethical, safe, and impactful care across the continuum of addiction services.

When compared with contemporary New Zealand literature, the recommendations from this study reinforce and extend existing critiques of social work education in the alcohol and other drug (AOD) field. Previous research and policy documents, such as those by Adamson et al. (2010) and Beddoe et al. (2017), as well as workforce development strategies like *Let's Get Real* and the *Mental Health and Addiction Workforce Action Plan*, have long identified gaps in addiction-specific training, clinical assessment capabilities, and interdisciplinary collaboration. This study's participants echoed those concerns, particularly the lack of structured content on substance use theory, pharmacology, and evidence-based assessment tools within undergraduate programmes. Their support for dedicated AOD modules or specialisation options aligns with national calls for early, integrated addiction content in Bachelor of Social Work (BSW) curricula. The high value placed on micro-credentials and postgraduate options, such as Te

Taketake, reflects broader sector advocacy for flexible and accessible professional development. However, participants also highlighted ongoing barriers to awareness and uptake, particularly in regional areas. Furthermore, the identified need for stronger training in clinical assessment tools, such as AUDIT, DUDIT, and DSM-5 criteria, adds specificity to the existing literature, pointing to concrete educational reforms that could improve practitioner confidence and safety. In line with Māori health strategies, such as Whakamaui and the mental health inquiry report He Ara Oranga, participants emphasised the importance of interdisciplinary learning and collaboration with Dapaanz-registered and lived-experience practitioners, noting that this was seldom facilitated during their training. Lastly, the emotional demands of AOD work and the need for structured reflective practice and clinical supervision reiterate findings from Beddoe (2010) and Te Pou's supervision guidelines, underscoring the importance of embedding resilience-building supports across both education and employment pathways. Overall, the study not only validates previous literature but also contributes updated, practice-informed insights that call for more robust, targeted, and flexible approaches to preparing social workers for competent and ethical AOD practice in Aotearoa New Zealand.

Implementing the recommendations emerging from this study requires a multi-level, collaborative approach across education providers, regulatory bodies, professional organisations, and government agencies.

Finally, the sustainable implementation of these initiatives requires policy and funding support. The Ministry of Health, Oranga Tamariki, Te Whatu Ora have a key role to play in resourcing targeted training for the social work workforce, including postgraduate study grants and continuing education subsidies. The inclusion of social work education development in national addiction workforce strategies would signal a commitment to building a culturally responsive and competent workforce equipped to address cross-sectoral and complex challenges. Taken together, the above steps reinforce the central conclusion of this research: that bridging the gap between social work values and the realities of AOD practice requires systemic change across education, practice, and policy. By drawing on both participant insights and contemporary New Zealand literature, the recommendations outlined here offer a roadmap for equipping future social

workers with the knowledge, skills and competencies as well as the confidence and resilience needed to respond effectively to addiction-related harm within Aotearoa New Zealand.

Conclusion

This chapter has critically examined how well social work education prepares practitioners for the work required in the AOD field, drawing on the lived experiences of six registered social workers working in addiction settings across Aotearoa New Zealand. The findings reveal a complex picture: while social workers enter the field with strong ethical foundations, relational capacities, and cultural responsiveness, qualities highly valued in AOD practice, they often do so without adequate addiction-specific knowledge or clinical training. This creates a significant gap between the values-based orientation of social work education and the applied, technical competencies required in AOD contexts.

Participants consistently reported feeling underprepared for the complexity of issues they encountered in practice, particularly in relation to co-occurring mental health conditions, withdrawal management, AOD assessments and interdisciplinary collaboration. These experiences echo long-standing concerns in both national and international literature about the limited attention given to substance use within social work curricula. While social workers' foundational training equips them to work across diverse settings, the lack of consistent, integrated AOD education places undue pressure on practitioners to "learn on the job," often through informal in-service training or mentoring.

Importantly, this study contributes new, practice-informed perspectives to the field. It highlights not only the challenges social workers face but also the opportunities to reimagine how addiction education is delivered within social work programmes. Participants offered practical suggestions, ranging from embedding AOD content into core curricula to enhancing clinical training to promoting interprofessional and lived experience collaboration. The strong support for micro-credentials and postgraduate pathways also indicates that the workforce is hungry for ongoing, flexible learning that builds on their foundational skills while addressing real-world practice needs.

The chapter also acknowledges the study's limitations, particularly the small sample size and the limited representation of Māori, an important gap in a multicultural practice environment like Aotearoa New Zealand. Nonetheless, the insights collected provide a relevant and helpful window into the current realities of social work in addiction contexts, and they reinforce the urgent need for curriculum reform and workforce development strategies that are responsive, inclusive, and evidence informed.

In summary, this research confirms the critical role that social workers play in AOD services and emphasises the importance of enhancing their education through formal training. It reinforces the case for a more specialist-informed and integrated approach to social work training, one that honours the profession's fundamental values while addressing the practical and clinical realities of addiction work. As addiction continues to impact individuals, families, Whānau and communities, the call to prepare social workers more comprehensively is not only a professional imperative but also a matter of social justice.

The discussion in the previous chapter examined the study's findings in relation to the existing literature, highlighting how strengths in relational practice, ethics, and cultural responsiveness overlap with significant gaps in addiction-specific knowledge, skills, and competencies in professional preparation. These insights point to both opportunities and challenges for social work education, workforce development, and practice in Aotearoa New Zealand, particularly within interdisciplinary contexts of AOD services. Having considered the implications of the findings, the limitations of the study, and the contributions it makes to the field, the final chapter now threads these themes together. Chapter Six presents the overall conclusions of the research, outlines recommendations for education and practice, and considers directions for future research to strengthen social workers' readiness for effective and culturally grounded AOD practice.

Chapter Six

Conclusion

This concluding chapter draws together the findings of this study, which explored the readiness of six registered social workers to practise safely and effectively in the alcohol and other drugs (AOD) field in Aotearoa New Zealand. By centering the professional reflections and lived experiences of practitioners, the study provides a practice-informed assessment of social work education and its ability to prepare graduates for the unique demands of AOD practice. It highlights both the strengths of current training, particularly in relation to cultural responsiveness, ethical grounding, and relational practice, as well as the gaps that leave many social workers feeling underprepared for frontline and clinical roles.

The purpose of this chapter is to summarise all key findings and to consider their implications for professional development, policy, practice and education. It clearly says how the study assists the ongoing conversations about workforce readiness by placing the voices of social workers within the specific systemic, cultural and service delivery contexts of Aotearoa New Zealand. In doing so, the chapter highlights the importance of recognising the interaction between foundational social work values, addiction-specific competencies, and the realities of practising in multidisciplinary teams (MDTs) where clinical knowledge, lived experience, and cultural safety intersect.

This study adds to the literature by showing that while social work education provides a strong base in foundational skills, the missing structured and addiction-specific content, such as clinical interventions, assessment tools, pharmacology, and responses to co-occurring conditions, hinders practice preparedness. These findings echo what international research says on the limitations of social work curricula in the addictions field but also extend these insights by grounding them in the Aotearoa context, where bicultural obligations and the voices of tangata whai ora are central.

This chapter also reflects on the study's contributions, establishing how it deepens the understanding of the strengths and limitations of current educational methods, and highlighting the need for curriculum reform, interdisciplinary

learning and practice opportunities, as well as ongoing professional development. It acknowledges the critical role of informal peer-led learning, supervision, and in-service training, while questioning how viable it is to rely on this system in the absence of equitable and systematic educational provision.

Finally, the chapter outlines recommendations for the future. These include the inclusion of addiction-focused content in Bachelor of Social Work (BSW) programmes, improving access to micro-credentials and postgraduate pathways, and supporting interdisciplinary placements where social work students can learn alongside peers from addiction clinical roles, counselling, psychology, nursing, and lived experience backgrounds. These recommendations are placed within broader sector needs, including rising demand for addiction services, workforce shortages, and the need for evidence-based, culturally safe, and client-centred practice.

Review

The aim of this thesis was to examine the degree to which social work education in Aotearoa New Zealand prepares practitioners for competent practice in the alcohol and other drugs (AOD) field. The research was motivated by the recognition that substance misuse is an extensive social issue, cutting across areas such as child protection, criminal justice, mental health, and housing, and so social workers are frequently required to engage with clients affected by addiction, whether they practise in specialist settings or not.

More specifically, the study looked to evaluate the degree to which foundational social work qualifications equip graduates with the knowledge, skills, and competencies required to practise effectively in AOD-specific settings, and to explore what further learning and professional development may be necessary to ensure safe, competent, and culturally responsive practice.

Three central research questions guided the inquiry:

1. To what extent did foundational social work qualifications prepare social workers to practise in AOD contexts?
2. What transferable knowledge, skills, and competencies from professional education supported social workers' practice in the AOD field?

3. What further education is required for social workers to specialise and practise safely in addiction settings?

By exploring these questions through the voices of practitioners, this thesis generated new insights into the relationship between AOD practice and social work education, revealing both strengths and gaps in preparation for this highly important and increasingly complex area of practice.

Methodology in Review

This study adopted a qualitative research design, privileging the practitioner voice as a way to uncover their lived realities of readiness for practice. Semi-structured interviews were conducted with six registered social workers working in different AOD-related services across Aotearoa New Zealand, with one participant trained in the United Kingdom. These participants as a group, reflected variation in both service settings and training backgrounds, ranging from specialist addiction services to statutory and community social work.

The qualitative design, informed by a descriptive case study approach and a considered, purposive sampling strategy, was chosen to enable participants to critically reflect on their educational journeys and the application of academic learning in real-world AOD practice. This approach supported an in-depth exploration of participants' experiences within their specific professional and cultural contexts. Semi-structured interviews provided flexibility in questioning, allowing participants to elaborate on areas of strength and concern that were most salient to them. Data were analysed thematically, enabling the identification of key patterns, commonalities, and points of divergence across the interviews in direct relation to the research questions.

Although the scope of this master's thesis project is limited, the chosen methodology was effective in capturing practice-informed perspectives. It provided distinct insights into how social work education is adept and where it falls short in preparing practitioners for the unique challenges of AOD work. In this sense, the study complements and extends wider debates about the alignment between social work curricula and the realities of practice.

Summary of Key Findings

The findings highlight both the reality of readiness, in which participants highly valued aspects of their social work education, while simultaneously highlighting major shortfalls in addiction-specific preparation.

Strengths of social work education

Participants agreed that foundational training provided a firm grounding in ethics, relational skills, cultural responsiveness, and systemic thinking. These competencies align with the Aotearoa New Zealand Association of Social Workers (ANZASW) Code of Ethics (2019) and sector expectations for client-centred, holistic care (Addiction Practitioners Association Aotearoa New Zealand, 2024). Social workers saw these values-based competencies as directly relevant to AOD work, particularly in building relationships with tangata whai ora (a person seeking health) and whānau, advocating for social justice, and working in responsive and culturally safe ways.

Gaps in addiction-specific preparation

Despite these strengths, participants consistently identified areas of insufficient training, including:

- Limited exposure to addiction theory and models of recovery.
- Lack of familiarity with AOD screening and assessment tools such as AUDIT, DUDIT, and DSM-5 diagnostic criteria.
- Minimal education on pharmacology and the neurobiology of addiction.
- Inadequate preparation for withdrawal management and interdisciplinary collaboration.
- Lack of confidence working alongside Dapaanz-registered colleagues or within multidisciplinary teams (MDTs).

These gaps left many feeling unprepared for frontline AOD practice, particularly when faced with co-occurring addiction and mental health presentations. While participants often bridged these gaps through informal peer learning, on-the-job

experience, and supervision, this reliance on impromptu learning was seen as inconsistent and inequitable across the workforce.

A further theme looked at the cultural and contextual relevance of education. Four of the six participants questioned the applicability of Eurocentric frameworks such as Maslow's Hierarchy of Needs, instead emphasising the importance of education grounded in Aotearoa realities. Frameworks such as *Te Whare Tapa Whā* (Durie, 1998) and the Nikau Practice Framework (Nelson, 2022) were considered more suitable and culturally resonant in supporting tangata whai ora.

Implications of the Findings

The findings have several implications for social work education, professional development, and workforce policy in Aotearoa.

First, they indicate that a change in curriculum is necessary, particularly when it comes to integrating addiction-specific content into foundational Social Work programmes. Addiction should be taught not as a specialist subject or an optional extra but as a core competency of the programme, reflecting the real-world reality that substance use issues are encountered across almost all areas of social work.

Second, the study highlights the importance of postgraduate and further education. Participants highlighted the value of objective postgraduate programmes, such as postgraduate certificates, diplomas, and micro-credentials, as means of developing technical and clinical competence without the need for full retraining.

Third, the findings highlight the need for interdisciplinary collaboration and learning. Effective AOD practice requires social workers to practice confidently alongside professionals with counselling, AOD practitioner or lived-experience backgrounds. Training that fosters mutual respect, collaborative practice models and assessment frameworks is essential to reduce professional silos and strengthen team-based care.

Fourth, cultural responsiveness was highlighted as paramount. Addiction education must be embedded in bicultural frameworks and ensure practitioners are equipped to work with tangata whenua and other diverse cultural

communities. This includes upholding Te Tiriti o Waitangi obligations and incorporating Indigenous models of wellbeing and health into curricula.

Finally, the findings brought to light ongoing challenges related to professional identity. Several participants described feeling excluded or undervalued within multidisciplinary teams (MDTs) due to their limited clinical and technical knowledge compared to colleagues holding clinical or Dapaanz registrations. Strengthening addiction-specific education within social work programmes could enhance the profession's legitimacy and confidence in specialist AOD settings, enabling practitioners to engage with greater skill, assurance, and interdisciplinary respect (Beddoe, 2017; Nelson, 2022). Importantly, such education would also reinforce social work's distinct contribution to the addictions field—its holistic understanding of people within their social and environmental contexts, its commitment to human rights, and its enduring focus on social justice (Connolly et al., 2017; Daley & Feit, 2013; Trevithick, 2012). By grounding AOD practice in these principles, social workers are well positioned to address not only the symptoms of addiction but also the broader structural and relational factors that shape people's lives (Paylor et al., 2012).

Limitations of the Study

Like all research, this study has limitations that should be considered when interpreting its findings. The sample size of six participants provided rich, practice-based insights; however, the small scale limits the extent to which the findings can be viewed as representative of the broader social work profession (Creswell & Poth, 2018). There is also potential for self-selection bias, as participants who volunteered may have been more reflective, confident, or professionally engaged than other practitioners, which may have shaped the perspectives captured (Bryman, 2016). Another limitation is that the study reflects the perspectives of social work graduates only and did not include a review of social work curricula to determine what AOD-related content is currently taught, nor did it seek the perspectives of social work educators regarding curriculum design or pedagogical constraints. As such, conclusions about educational gaps are based on practitioner experience rather than direct curriculum analysis. The study was further constrained by its specific geographic context and a relatively short data collection period. Changes to curricula, policy, or workforce initiatives

following the research may influence the ongoing relevance of the findings. Finally, the study focused exclusively on registered social workers, deliberately excluding unregistered workers, educators, and tangata whai ora, whose perspectives may have provided additional or contrasting insights into AOD education and practice (Lincoln & Guba, 1985).

Despite these limitations, the study was designed to maximise the credibility and trustworthiness of its findings, in line with Lietz and Zayas' (2010) framework for evaluating qualitative research. Credibility was supported through in-depth interviews and rich, detailed accounts of participants' experiences, providing insight into the processes and challenges of preparing for practice in the addictions field. Dependability was addressed through a transparent description of research methods, including participant selection, data collection, and thematic analysis procedures, allowing readers to understand how findings were derived. Confirmability was ensured by maintaining an audit trail of coding decisions and interpretations, reducing the risk of researcher bias shaping the results.

Regarding transferability, while the study does not claim statistical generalizability, the detailed contextual information and thick descriptions enable readers to judge the relevance of the findings to other social work contexts or populations. The study offers analytic generalisations that may inform practice, education, and policy in similar settings, particularly regarding social work preparedness for the alcohol and other drugs field. These limitations, therefore, also indicate opportunities for future research, including larger-scale studies, cross-institutional comparisons, and longitudinal investigations into the impact of educational reforms on social workers' readiness for practice.

Recommendations

The findings of this research carry implications for future social work education, professional development, and practice in the AOD field. Based on the review of literature and participant insights, several recommendations are proposed:

1. **Embedding addiction education into foundational Social Work curricula**
All participants indicated that substance use is not confined to specialist services but is encountered across all areas of social work practice, including child

protection, youth justice, mental health, and homelessness. Tertiary education providers should therefore build addiction-specific education into the core Bachelor of Social Work curriculum, rather than leaving it as an elective or further education topic. Dedicated AOD modules, a specialisation stream, or a final-year option could ensure that every graduate leaves with a foundational understanding of addiction theory, recovery models, harm reduction, and the use of AOD screening and assessment tools. Early introduction of this knowledge would reduce dependence on post-qualification learning, building graduate confidence when encountering substance use in practice settings.

2. Expanding postgraduate opportunities and micro-credentials

For practitioners already in the workforce, postgraduate study was widely valued as a means of upskilling that was both accessible and practical. Micro-credentials, postgraduate certificates, and diplomas offered opportunities to develop addiction-specific competencies without the time or financial burden of full qualifications. Such programmes balanced clinical knowledge (e.g., pharmacology, withdrawal management, DSM-5 diagnostic criteria) with social work principles, cultural frameworks, and ethical practice. AUT's Postgraduate Certificate in Health Science (Mental Health and Addictions) already provides a valuable model, but there is room for expansion and tailoring to meet social work's particular needs (AUT, 2025a). Te Pou could play a role in leading such initiatives, as it has done successfully with the *Skills Matter* programme.

3. Strengthening interdisciplinary learning

Participants indicated a value of learning alongside colleagues from AOD practitioners as well as counselling, psychology, medicine, and lived-experience roles. Interdisciplinary education opportunities could include joint modules, shared placements, interprofessional workshops, or simulated case conferences. These would help social work students gain an understanding of the scope and expertise of other professions, while also recognising the systems-oriented and unique relational contributions of social work. Such training would reduce professional silos, enhance collaborative care in multidisciplinary teams and foster mutual respect (Kodner & Spreeuwenberg, 2002; Willis et al., 2017).

4. Building cultural competence and bicultural frameworks

Addiction education should reflect Aotearoa's obligations to Te Tiriti o Waitangi and its bicultural foundations. Embedding Māori models of health, such as *Te Whare Tapa Whā* (Durie, 1998), alongside frameworks like the Nikau Practice Framework (Nelson, 2022) would ensure that graduates are well equipped to respond to tangata whenua in culturally safe ways. Cultural safety education should also extend to working effectively with Pacific and other diverse communities, acknowledging how colonisation, marginalisation, and inequities intersect with substance use.

5. Developing stronger partnerships across education, professional bodies, and services

Finally, the study highlights the need for ongoing collaboration between universities, the Social Workers Registration Board (SWRB), the Aotearoa New Zealand Association of Social Workers (ANZASW), and addiction service providers. Joint initiatives could include co-designed curricula, shared competency frameworks that align with SWRB standards and Dapaanz registration requirements and service-embedded placements. Such partnerships would ensure that addiction education is theoretically robust, practice-relevant, sector-informed, and responsive to the evolving needs of the workforce.

Personal Reflection

The journey of undertaking this thesis has been transformative, both personally and professionally. Entering into this research, I was aware of the growing demands placed on the social work workforce concerning alcohol and other drugs, but hearing it directly from practitioners highlighted the complexity and depth of these challenges in ways that the literature alone could not.

Conducting the interviews was a humbling experience. Participants' willingness to share their achievements, vulnerabilities, and struggles highlighted the resilience and adaptability required to practise in the AOD field. I was particularly struck by the balance they described between confidence in their social work values, such as relational skills, advocacy, and empathy, and the gaps they felt and noted in the use of clinical tools and technical knowledge. Their stories highlighted the

importance of recognising both the strengths and limitations of our profession when practising in specialist fields.

On a personal level, the research journey challenged my determination and required a careful balance between maintaining the authenticity of practitioners' voices and upholding academic rigour. At times, I became aware of my own assumptions and biases about addiction practice, which prompted ongoing critical reflection. I needed to remain mindful of how my professional background and positioning could influence the way I interpreted and analysed the data.

The process of thematic analysis, although lengthy and often demanding, provided me with new skills and a deeper understanding of identifying patterns and interpreting complex narratives.

Most importantly, this thesis strengthened my belief in the power of research to inform meaningful change. It led to a commitment to advocate for education and professional development that equips social workers not only to practise ethically and relationally, but also with the clinical confidence needed in contemporary AOD practice. I leave this project with a stronger appreciation of the profession's potential, as well as the reforms needed to realise it fully.

Final Conclusion

This thesis has demonstrated that social workers are uniquely positioned to contribute to the AOD field in Aotearoa New Zealand, bringing with them a strong foundation in ethics, cultural responsiveness, and relational practice. However, it also revealed that current social work education does not adequately prepare graduates for the specialised demands of addiction work, particularly in relation to clinical knowledge, pharmacology, assessment tools, and interdisciplinary collaboration.

By centring the voices of practitioners, this study has offered a practice-informed and contextualised perspective that extends the existing literature. It contributes to national and international conversations about social work readiness in addictions, while also highlighting the unique cultural and systemic realities of Aotearoa.

Moving forward, the integration of addiction-specific content across both undergraduate and postgraduate social work education is a critical step in addressing the gaps identified in this study. Embedding AOD knowledge within foundational curricula would acknowledge that substance use is encountered across all areas of social work practice, rather than being confined to specialist settings, and would support graduates to enter the workforce with greater confidence and competence. At the postgraduate level, the expansion of targeted pathways such as micro-credentials and specialist certificates would provide accessible opportunities for practitioners to deepen addiction-specific knowledge while remaining grounded in social work values and ethical practice.

Alongside curriculum development, greater emphasis on bicultural and interdisciplinary learning is essential. The meaningful integration of Māori health models and culturally grounded frameworks would strengthen cultural safety and responsiveness in AOD practice, while interdisciplinary education opportunities would better prepare social workers to operate effectively within multidisciplinary teams. Finally, stronger partnerships between tertiary providers, professional bodies, and AOD services would help ensure education remains relevant, practice-informed, and aligned with workforce needs. Collectively, these reforms would support the development of a social work workforce that is not only values-aligned with AOD practice but also clinically, culturally, and technically equipped to meet its complexities.

Ultimately, the implications of this study go beyond the education system. They speak to the importance of recognising social workers as essential members of multidisciplinary addiction teams and of the value of their systems-focused, ethical, and relational contributions alongside clinical expertise. With suitable investment in professional development and education, social workers can play an important and central role in addressing the growing challenges of addiction in Aotearoa, contributing to more effective, safer, equitable care for tangata whai ora, their whānau, and their communities.

This conclusion highlights the study's contribution to both practice and scholarship by articulating a clear, contextualised account of how social work

education can evolve to meet the complex challenges of AOD practice in Aotearoa New Zealand.

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Appendices – supporting documents

Appendix A

The Nikau Practice Framework

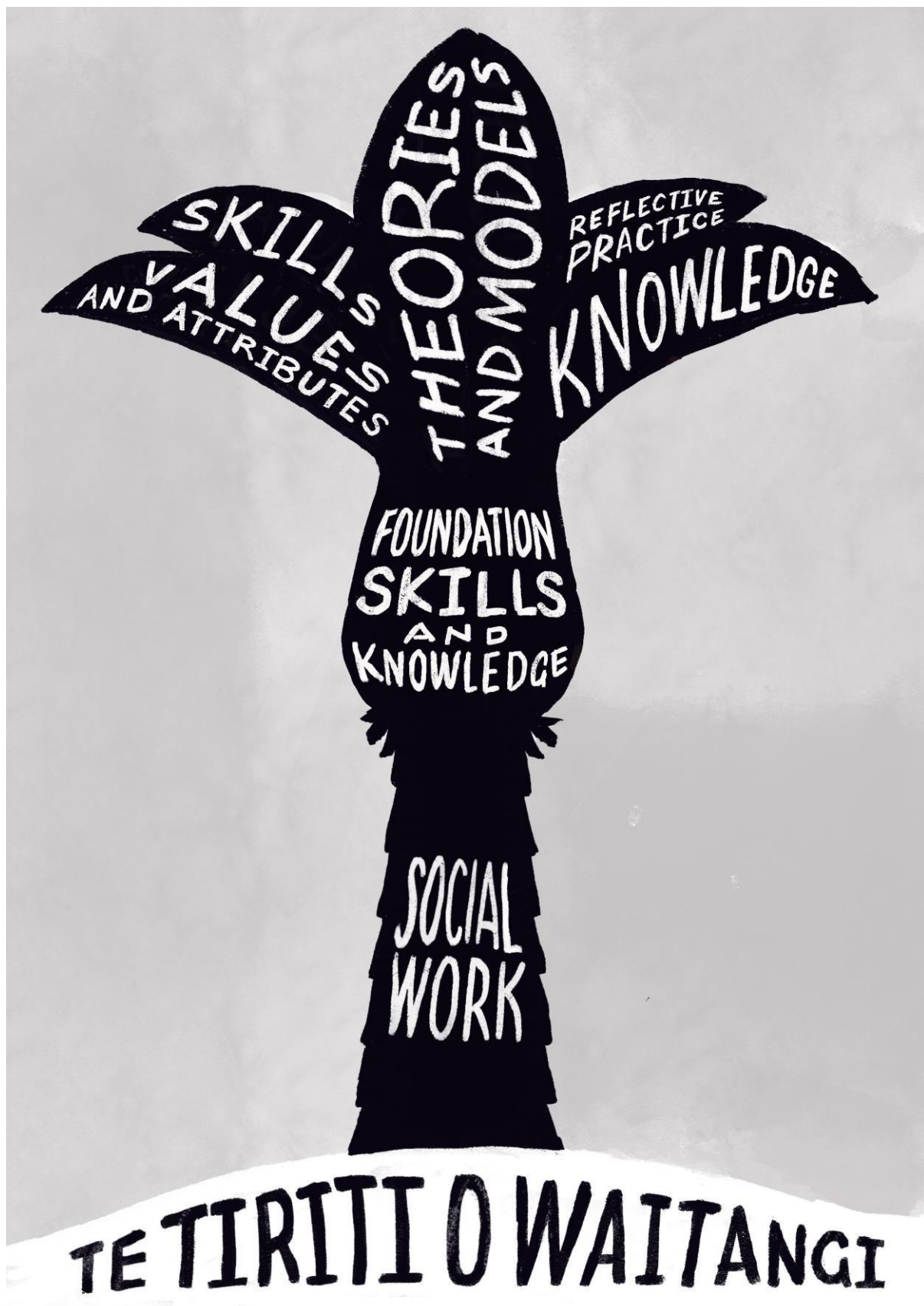
The Nikau Practice Framework, developed by **Anna Nelson**, is a bicultural, values-based social work framework grounded in the cultural, historical, and political context of Aotearoa New Zealand. Informed by kaupapa Māori principles and critical social work traditions, the framework emphasises relational practice, cultural responsiveness, and social justice.

The nikau palm is used as a central metaphor, representing strength, resilience, and adaptability. Its deep roots symbolise practice grounded in relationships, whakapapa, and context, while its capacity to withstand change reflects the need for flexibility and responsiveness in complex practice environments. The framework highlights the interconnectedness of individuals, whānau, communities, and wider social systems, recognising the enduring impacts of colonisation, structural inequities, and power dynamics on lived experience.

The Nikau Practice Framework supports reflective, ethical, and culturally safe practice, encouraging practitioners to work in partnership, uphold Te Tiriti o Waitangi obligations, and engage in advocacy and social change. It is particularly relevant to mental health and alcohol and other drug (AOD) practice, where practitioners navigate complexity, trauma, and marginalisation. Within this thesis, the framework provides a culturally grounded lens for understanding social work readiness, professional identity, and practice in AOD contexts.

Reference

Nelson, A. (2022). *The Nīkau Practice Framework: A focused framework for social work practice with substance use in Aotearoa New Zealand* (Doctoral thesis, The University of Auckland). University of Auckland ResearchSpace. <https://hdl.handle.net/2292/63455>



Appendix B; Invitation Letter.

Niki Garbe



Dear Participant,

Subject: Invitation to Participate in Thesis Research Study

I am writing to invite you to participate in a research study as part of my Master of Social Work thesis project at Massey University. Your participation is incredibly valuable and will contribute to advancing knowledge in what skills, knowledge, and competencies social workers need to practice in the substance misuse field.

The study aims to identify what knowledge, skills, and competencies a social worker would need to safely practice in the AOD sector. To understand what they already have from their professional education, what is transferable from their professional education and what further education they may require to safely practice in the AOD sector.

Your participation will involve answering either paper-based, online, or face-to-face survey questions in an interview, which should take approximately [estimated time].

Please rest assured that all information you provide will be kept strictly confidential. Your responses will be anonymised, and no identifiable information will be shared with anyone outside the research team.

By participating in this study, you will support my objective with this project which is to gain an understanding of the quality of social work education (i.e., BSW and Applied or Professional master's degrees) when it comes to working within the AOD sector. To understand if skills and knowledge learnt from their professional education are transferable to the AOD sector and discover if the professional education (i.e., BSW and Applied or Professional master's degrees) should be altered to add in additional AOD knowledge or is it preferable that Social Workers complete further education to gain the knowledge skills and competencies needed for this line of work.

There are minimal risks associated with your involvement.

Your participation in this study is entirely voluntary. You have the right to withdraw at any time without any negative consequences and decline to answer any question. Questions are encouraged at any point in your participation, and you will be given access to all project findings when the study has concluded.

If you decide to participate, please complete the enclosed consent form and return it at your earliest convenience.

Should you have any questions or require further information, please do not hesitate to contact me at [REDACTED] or [REDACTED].

Thank you for considering participating in this research study. Your time and contribution are greatly appreciated.

Sincerely,
Niki Garbe

Niki Garbe



What skills, knowledge, and competencies do social workers need to practice in the substance misuse field?

INFORMATION SHEET

Kia ora. I am Niki Garbe, and I am currently working towards my Master of Social Work thesis project at Massey University. By participating in this study, you will support my objective with this project which is to gain an understanding of the quality of social work education (i.e., BSW and Applied or Professional master's degrees) when it comes to working within the AOD sector. To understand if skills and knowledge learnt from their professional education are transferable to the AOD sector and discover if the professional education (i.e., BSW and Applied or Professional master's degrees) should be altered to add in additional AOD knowledge or is it preferable that Social Workers complete further education to gain the knowledge skills and competencies needed for this line of work.

My project aims to research the following.

1. To understand to what extent the participants' foundational social work qualifications (i.e., BSW and Applied or Professional master's degrees) helped them develop the skills needed to work in the addictions field.
2. To understand what skills, knowledge, and competencies are transferable from professional education (i.e., BSW and Applied or Professional master's degrees) to practice in addictions and substance misuse.
3. To understand what further education a qualified social worker would need to specialise and safely practice in the addiction or substance misuse field.

I am writing to invite you to participate in a research study as part of my Master of Social Work thesis project at Massey University. Your participation is incredibly valuable and will contribute to advancing knowledge in what skills, knowledge, and competencies social workers need to practice in the substance misuse field.

Participant Identification and Recruitment

This letter or email serves as a recruitment method and invites you as a registered Social Worker to participate in my research, the researcher will also recruit through the Social Worker registration board social media pages. To support this research, I ask that you are a registered social worker, who has or is currently practicing in substance misuse. I would like to have 6 registered social workers participate in this research; this will provide a manageable amount of data to be analysed.

There are minimal risks associated with your involvement.

Project Procedures

Your participation will involve an individual interview either in person or online via zoom or Teams answering qualitative survey questions, which should take approximately 1 hour.

Data Management

Appropriate methods and tools for data collection have been selected. One on one interviews will be utilised both face to face and online. All Data will be stored on a privately held external hard drive that will be in the possession of the researcher. Once the researcher has prepared research findings for publication or presentation all saved data can be destroyed.

Once data collection is complete it will be analysed using thematic analysis.

Recommendations will then be formulated based on evaluation results.

Prepare research findings for publication or presentation.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question.*
- *withdraw from the study at any time.*
- *ask any questions about the study at any time during participation.*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher.*
- *be given access to a summary of the project findings when it is concluded.*

- ask for the recorder to be turned off at any time during the interview.
- Completion and return of the questionnaire implies consent. You have the right to decline to answer any particular question.

Project Contacts

The researchers contact details are:

Niki Garbe

[REDACTED]

[REDACTED]

Master of Social work supervisors contact details are:

Professor Kieran O'Donoghue, PhD

Head of School

School of Social Work

Email : K.B.ODonoghue@massey.ac.nz

Phone: +64 6 9516517

Ange Watson A.M.Watson@massey.ac.nz

Please feel free to contact both the researcher or the supervisors at anytime if you have any questions regarding this research project.

Compulsory Statements

1. **APPLICATIONS TO A REGIONAL HEALTH & DISABILITY ETHICS COMMITTEE**
Use the approval statement from the relevant Health & Disability Ethics Committee:
2. **MUHEC APPLICATIONS**
The following statement is compulsory and **MUST** be included:

Committee Approval Statement

Select the appropriate statement:

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application ___/___ (*insert application number*). If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application ___/___ (*insert application number*). If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey

University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicsoutha@massey.ac.nz.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application ___/___ (*insert application number*). If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz

3. LOW RISK NOTIFICATIONS

The following statement is compulsory and MUST be included:

“This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University’s Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email humanethics@massey.ac.nz”.

- 4. Include the following statement where appropriate.** (*Examples of research where it would be appropriate include projects involving physical exertion, invasive procedures or ingestion of substances. Note that there are obvious categories of research, e.g. use of a questionnaire only, where it would not be appropriate. If in doubt, ask for advice from the Human Ethics Committee approving the application*).

Compensation for Injury

If physical injury results from your participation in this study, you should visit a treatment provider to make a claim to ACC as soon as possible. ACC cover and entitlements are not automatic and your claim will be assessed by ACC in accordance with the Accident Compensation Act 2001. If your claim is accepted, ACC must inform you of your entitlements, and must help you access those entitlements. Entitlements may include, but not be limited to, treatment costs, travel costs for rehabilitation, loss of earnings, and/or lump sum for permanent impairment. Compensation for mental trauma may also be included, but only if this is incurred as a result of physical injury.

If your ACC claim is not accepted you should immediately contact the researcher. The researcher will initiate processes to ensure you receive compensation equivalent to that to which you would have been entitled had ACC accepted your claim.

What skills, knowledge, and competencies do social workers need to practice in the substance misuse field?

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read and I understand the Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded. (if applicable include this statement)
2. I agree/do not agree to the interview being image recorded. (if applicable include this statement)
3. I wish/do not wish to have my recordings returned to me. (if applicable include this statement)
4. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ [print full name] _____ hereby consent to take part in this study.

Signature: _____

Date: _____

Appendix E: Interview Schedule

What skills, knowledge, and competencies do social workers need to practice in the substance misuse field?

Interview Guide

Welcome participant

- Ask if they have read the information sheet
- Ask if they have any questions about the study
- Ask them to sign the consent prior to starting

Participants background information

What qualifications do you have in social work ?

What qualifications and training in do you have in the addictions field

How many years of experience do you have in social work?

How many years of experience do you have in working with addictions clients?

Foundational qualifications

1. To what extent did your foundational social work qualifications (i.e., BSW and Applied or Professional master's degrees) help you develop the skills needed to work in the addictions field?
 - a) How did your BSW and MSW programmes prepare you with the theoretical knowledge needed for working in the addiction field?
 - b) In what ways did your field placements during your social work education help you develop practical skills for addiction work?
 - c) How did your training in ethical and legal issues during your social work education influence your approach to handling addiction-related cases?
 - d) Can you provide specific examples of theories or models learned in your social work programs that you have found particularly useful in addiction work?
 - e) Can you give examples of social work frameworks and theories that do not transfer well into substance misuse practices?

- f) How did your field experiences challenge or enhance your understanding of addiction, and what skills did you develop through those challenges?
- g) What ethical dilemmas or legal issues related to addiction work did you encounter, and how did your social work education help you navigate them?
- h) What made you realise there may be gaps in your education regarding substance misuse practice?

Transferable knowledge and skills from social work to addictions work

- 2. What skills, knowledge, and competencies are transferable from your professional education (e.g., BSW and Applied or Professional master's degrees) to practice in addictions and substance misuse?
 - a) How do you understand the difference between skills, knowledge, and competencies?
 - b) What core skills acquired during your BSW and MSW programs do you find most applicable to working in addictions and substance misuse?
 - c) How has the knowledge you gained about human behaviour and mental health during your social work education helped address addiction and substance misuse issues?
 - d) What skills, knowledge, and competencies did you identify that your AOD-qualified colleagues had that you feel you did not get from your education?
 - e) What specific competencies from your social work training do you rely on when working with clients dealing with addiction and substance misuse?
 - f) Did you identify any skills, knowledge, and competencies you have that colleagues with an AOD qualification did not have?

- g) Can you provide examples of how skills such as assessment, intervention, and case management have been applied in your work with clients struggling with substance misuse?
- h) In what ways have your understanding of various theoretical models (e.g., motivational interviewing, cognitive-behavioural therapy) influenced your approach to addiction treatment?
- i) Do you believe that social workers are naturally well-placed to work within the field of substance misuse?
- j) If you answered yes to the previous question, could you explain why?
- k) Could you develop your skills, knowledge, and competencies in your role with the support of your colleagues and without further education?

Further education in addictions field

- 3. What further education would you need as a qualified social worker to specialise and safely practice in the addiction or substance misuse field?
 - a) What additional certifications or training would you consider necessary for a social worker to specialise in addiction and substance misuse?
 - b) How might advanced coursework or continuing education in addiction studies enhance a social worker's ability to treat substance misuse issues effectively?
 - c) What areas of knowledge or skills do you believe are crucial for a social worker to develop through additional education so that they can safely practice in the field of addiction?
 - d) Can you provide examples of specialized training programs or workshops highly recommended for social workers aiming to work in addiction treatment?
 - e) How do advanced certifications or degrees in addiction counselling impact the quality of care social workers provide in this field?

- f) What are some common gaps or limitations in social workers' knowledge of addiction practice, and how can additional education address these gaps?
- g) Could that education have been delivered as part of your foundational social work qualifications? (i.e., BSW and Applied or Professional master's degrees)
- h) If you chose not to complete further education specialising in AOD, can you explain your reason for not doing so?
- i) Can you briefly outline what support you got in your role to fill any identified education gaps?
- j) Would you want specialised education added to foundational social work qualifications? (i.e., BSW and Applied or Professional master's degrees)

Interview conclusion

Thank you for your responses to my interview questions.

Before we finish, I am wondering if you have any general comments you would like to make about the topic of skills, knowledge, and competencies social workers need to practice in the addictions field?

Do you have any questions?

Advise about the review of the transcript

Thank you for participation in the interview



3/10/2024

Dear: Niki Garbe

Re: Low Risk Notification - 4000029849 - What skills, knowledge, and competencies do social workers need to practice in the substance misuse field?

Thank you for submitting a low risk notification for your research/teaching/evaluation.

This email is to acknowledge receipt of the low risk notification and to inform you that the details of your project have been recorded in our database for inclusion in the annual reports to the Health Research Council Ethics Committee (HRCEC) and the Massey University Research Committee (URC).

You may proceed with your research, though it is advisable to provide a couple of weeks before commencing, as all low risk notifications are checked for completeness and clarity by a Research Ethics Advisor. You may be contacted if your application is incomplete and/or further clarification is required.

The low risk notification for this project is valid for a maximum of three years.

Please notify me if situations subsequently occur which cause you to reconsider your initial ethical analysis.

If a sponsoring organisation, funding authority (e.g., the Health Research Council) or a journal require evidence of ethical approval from a Human Ethics Committee (with an approval number), you need to complete a full Massey University Human Ethics application to be reviewed and approved by one of our Human Ethics Committees. Applications must be submitted and approved prior to the commencement of the research.

Please note that travel undertaken by students must be approved by the supervisor and the relevant Pro ViceChancellor and be in accordance with the Policy and Procedures for Course-Related Student Travel Overseas. In addition, the supervisor must advise the University's Insurance Officer.

If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact the Research Ethics Office, email humanethics@massey.ac.nz.

Please include the following statement on all public documents (e.g., information sheet, consent form) related to your project:

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the ethical conduct of this research that you want to raise with someone other than the researcher(s), please contact Massey University Human Ethics by email: humanethics@massey.ac.nz.

I wish you all the best in your research, teaching or evaluation activities and appreciate your thoughtful consideration of ethics principles and practices.

Ngā mihi nui,

A handwritten signature in blue ink, appearing to read 'Tracy Riley'.

Professor Tracy Riley
Acting Chair, Research Ethics Chair's Committee

Research Ethics Office, Research and Enterprise
Massey University, Private Bag 11 222, Palmerston North, 4442, New Zealand T 06 951 6841; 06
951 6840
E humanethics@massey.ac.nz; animalethics@massey.ac.nz; gtc@massey.ac.nz