

COMPARATIVE STUDY OF BASW AND MSW GRADUATES

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COMPARATIVE STUDY OF BASW AND MSW GRADUATES

A Project

by

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Division of Social Work

Abstract
of
COMPARATIVE STUDY OF BASW AND MSW GRADUATES
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This project attempts to uncover any differences that may exist between the bachelor's-level and master's-level social work graduates of California State University, Sacramento. Data was collected from graduates of 2006 and 2007 via surveys mailed by the Division of Social Work. Data was then analyzed, leading to the conclusion that no significant differences existed in the areas of overall satisfaction with the program, overall educational experience, and overall field experience. There were some significant demographic differences between the groups. There was also a significant difference in the overall preparation students felt they had been given by the program, with the master's-level students giving much higher ratings than the bachelor's-level students in this category.

_____, Committee Chair
Ronald Boltz

Date

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Chapter 1

THE PROBLEM

Introduction

Academic programs are frequently faced with the challenge of providing education to their students that is useful not only in the intellectual sense, but also with respect to practical applications in the workplace. Upon graduating from their bachelor's or master's programs, students are hurled, often unprepared, into the fields of their choosing to discover that many of the classes they were required to take are of little or no use in the real world. They may feel that some of their classes were redundant or unnecessary. Conversely, they may also wish that they had more training in the areas that they are being asked to perform in as supposed experts, areas which were glossed over in their academic programs or "covered" only by means of a single voluntary elective course.

This project is an evaluation of California State University, Sacramento's (CSUS) Bachelor of Social Work (BASW) and Master of Social Work (MSW) programs. That which it purports to uncover is the usefulness and importance of various aspects of CSUS's curriculum as perceived by the graduates once they have spent a year in the field. From this vantage point, each student's past year of work experience serves as a good comparative reference for use in judging the worth of his or her academic experience at CSUS. This project attempts to answer several basic research questions: Is CSUS's curriculum training social work students to meet agency and client needs? Which specific aspects of the program were most useful? In which academic areas do students

wish they had received more training? With respect to field placements, which field activities were valuable? There is also, of course, the blanket question: Was the program useful overall, and, if given the choice, would students stick with their original decision to pursue an academic career in social work at CSUS? Because of the different challenges faced by BASW and MSW students, it is useful to compare the two as separate sets to see where the responses differ. Change can then potentially be implemented to target each program specifically.

Background of the Problem

Matching course objectives to the experiences that students will encounter in the workplace is essential in successfully preparing students from an academic standpoint. Program evaluations are an effective means to determine if the challenges students face in the classroom complement the challenges they face in their post-graduate work experience.

Historically, there have been frequent indications that social workers require more training in certain areas. Research has found that social workers frequently feel inadequate or insufficiently trained for the services they are delivering in the post-graduate practice setting, particularly in the realms of mental illness and chemical dependency treatment. Hall, Amodeo, Shaffer, and Bilt (2000) found that social workers in substance abuse treatment settings lacked clinical supervision, training, and general knowledge of substance abuse treatment models. Stromwall et al. (2008) also concluded through their research that social workers need more training to accurately assess and

provide appropriate referrals to clients suffering from mental illness, and to recognize co-occurring conditions.

The prevalence of mental illness and chemical dependency in society is clear from the high volume of clients presenting these disorders even in service settings not specifically designed to treat these problems. And, despite educational and technological advances in medicine and therapy, the lack of assessment, diagnosis, and treatment knowledge by social workers and other mental health professionals is a continuous problem in our society. According to Hornbacher (2008), a self-proclaimed “addict”, an eating disorder survivor, and a sufferer of bipolar illness, finding mental health professionals who understand the various facets of the intersectionality of more than one illness, who is able to provide correct diagnoses, appropriate medications, appropriate referrals, while also being personable and agreeable to talk to at the same time, is near impossible. Through her memoirs, Hornbacher (2008) details her struggles with incompetent therapists, misdiagnoses, and medications that did more harm than good.

Both evidence and personal accounts, therefore, point to shortcomings in social work training that can often be traced back to university curriculums. CSUS has historically sought to identify and address these shortcomings, using program evaluations as a tool, and has succeeded in maintaining its accreditation by doing so. According to CSUS’s Division of Social Work website, the Division of Social Work at CSUS was established in 1964 and has maintained its accreditation for 45 years. It is fully accredited by the Council on Social Work Education (Carter, 2009). Because the BASW and the MSW programs are both accredited by the Council on Social Work Education

(CSWE), students graduating from either program should demonstrate similar levels of satisfaction. This study, therefore, assumes a null hypothesis: it is expected that the results obtained from the BASW graduates should match the results obtained from the MSW graduates. Any significant difference in results is a cause for concern, indicating a need for change in the program demonstrating the lower level of satisfaction. Because CSUS's Division of Social Work is considered to be a combined program, the results of the evaluation should not favor one or the other in terms of the quality of the resources. And, because the BASW program is designed to match the course content of first-year MSW practice, policy, and field courses, the second-year MSW practice, policy, and field courses should therefore be disregarded when making a comparative analysis between the two programs.

According to the CSWE, program content should be influenced by historical, political, economic, social, cultural, demographic, and global factors (CSWE, 2008). Within any practice environment, these factors are constantly changing. The logical result for environmental change, therefore, would be changes in CSUS's social work program in order to meet clients' new needs. The CSWE further claims that social workers have an obligation to engage in research-informed practice. It is the duty of social workers, as ethical practitioners, to evaluate their own practice, use evidence-based interventions, and to have an understanding of quantitative and qualitative research in order to better increase their knowledge and improve their practice (CSWE, 2008). According to the CWSE, program evaluations comprise a part of this overall research goal. In discussing assessment, the CWSE highlights the importance of data collection

and assessment in determining curriculum changes for enhancing student performance (CSWE, 2008).

A successful program evaluation should contain a needs assessment (Rubin & Babbie, 2005). CSUS's Division of Social Work seeks to identify the needs of students (which are often based on the needs of client populations) and to determine if the needs were met. Program evaluations are designed for many purposes: to determine program successes, to assess needs, to identify problems, and to obtain information necessary for program planning, modification, and development (Rubin & Babbie, 2005). Program evaluations are hardly a new concept; their origins trace back as far as 2200 B. C., where they were associated with personnel selection in China. Throughout the years, program evaluations have played a role in increasing the availability of mental health treatment and facilities (Rubin & Babbie, 2005). Program evaluations have been used to improve public education, increase the morale of soldiers, decrease the prevalence of social problems such as juvenile delinquency, and ensure that government funds are distributed to agencies and organizations that make the greatest difference in the areas they are attempting to address (Rubin & Babbie, 2005).

Surveying former students is the most commonly used method to determine if CSUS's social work program is effective (Ronald Boltz, personal communication, 2009). By completing a bachelor's or master's degree in social work at CSUS, and engaging in a year of post-graduate practice experience, the graduates essentially become "experts" who provide valuable feedback about their experiences. This feedback translates to

evaluation, assessment, and, ultimately, positive change for CSUS's Division of Social Work.

Statement of the Research Problem

This project attempts to answer the following question: Do BASW and MSW graduates view their respective programs as being equally helpful in preparing them for the practice of social work? The variables of interest in this study are as follows: demographics, the amount of preparation the CSUS students perceive they had, the overall level of satisfaction with the program as perceived by students, the students' educational experience, and the students' experience with field placement. By surveying former CSUS students, collecting data, and comparing the results obtained from the BASW students to the results obtained from the MSW students, this research problem is effectively addressed.

Purpose of the Study

The primary purpose of this study is to acquire knowledge as to whether or not CSUS's BASW program and MSW program are equally helpful. The secondary purpose is to demonstrate which areas of CSUS's social work programs are in need of adjustment or expansion. For example, it may be concluded that students could benefit from adding field placement settings to the program that better match the jobs students are likely to obtain post-graduation.

Theoretical Framework

The usefulness of this study can easily be understood from a systems perspective. Systems theory was first developed in 1950 by a biologist named Ludwig von Bertalanffy

(Kettner, 2002). The theory postulated that various systems, such as agencies, organizations, and society at large, functioned in a manner very similar to that of living organisms. That is, the individual parts of any system or organism are inherently interdependent on one another in order to comprise the whole. CSUS's Division of Social Work, therefore, can be easily assessed by applying systems theory. Much like any species, which thrives by the input of food and the output of offspring, and whose survival is directly affected by its environment, a system such as the Division of Social Work may flourish or flounder based on the input of inexperienced students, the output of students that are prepared to take on their work in the field, and the environment into which students are thrust after being released from the program. Is CSUS adequately preparing its students prior to their output? Once released from the program, will the students find that there is a high demand for social workers? In which specific areas are social workers most needed? And, finally, are social workers receiving adequate training in the areas for which they are most needed?

It is important here to distinguish between "open" and "closed" systems. The Division of Social Work at CSUS is an open system because it is maintained (as an overall organization) despite the constant changing of its individual parts. Students and professors come and go, the curriculum and its graduation requirements may change, the hierarchy may become restructured as professors enter and leave the numerous positions of power within the university, but the Division of Social Work will remain an entity which abides by the Code of Ethics of the National Association of Social Workers (NASW) and prepares students for practicum in the social work field. It is the

process of program evaluation that facilitates and expedites the change of the individual parts as aforementioned. In a closed system, this would not be possible.

Systems theory is rooted in the concepts of equilibrium, homeostasis, boundaries, change, and feedback (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2006). It purports that organizations operate using order, rationality, logic, and stability to maintain their homeostasis. Evaluating CSUS's social work program by surveying previous students is a logical and practical way to obtain feedback and lay a foundation for positive change. It is useful to return to the biological origin of systems theory in providing an example illustrating the importance of evaluation. Say, for instance, a female patient notices that her energy has been waning. (In this case, the woman is the system, and her equilibrium has been upset). She notices that she has been sleeping more, gaining weight, and feeling generally lethargic. She speculates as to the biological causes of her symptoms. She acknowledges that her symptoms may have arisen from a variety of causes: depression, low thyroid, vitamin deficiency, or other illness. Only by obtaining an evaluation in the form of blood work and a metabolic panel can the cause of her symptoms be accurately determined. Then, by implementing change with proper supplements and medication, her equilibrium and homeostasis can be restored. By evaluating CSUS's social work program, problems can be addressed in a similar fashion. Shortcomings can be identified, the root of their causes established, and positive change can be implemented in the form of curriculum adjustments.

Systems theory can be applied not only to biological individuals and CSUS's Division of Social Work, but can also be expanded to include CSUS as a whole. A

system is often comprised of various sub-systems and other systems within the sub-systems. CSUS is its own system, for example, and the Division of Social Work is a sub-system within that system. Each classroom can be considered a further sub-system of the Division of Social Work, with the individual students comprising the final sub-system of each classroom. Because of the various levels of systems and sub-systems within the university, program evaluations can be a very complex process. They need to address as many systems as possible in order to be most effective, useful, and informative. They should address the students as individuals, the effectiveness of specific subject matter presented in the classes, the effectiveness of CSUS's social work program, and the overall university experience.

Interdependency is a key factor in systems theory's assertion that the "whole" of the organization is greater than the sum of its parts. The people affiliated with CSUS take on various roles, comprising the "whole" of the university. Because the roles the individuals play complement and reciprocate each other, facilitating the functioning of the university, the individual roles would become obsolete if it were not for the university as a whole. Without the students, the professors' roles would become obsolete because there would be no one to teach. Without the professors, there would be no classes held, and the students would have no reason to come to school. If the campus were vacant of students, every other CSUS employee (food vendors, librarians, campus police, etc) would have no clients to serve, and their roles would become obsolete. And, without the governing university board, administration, and individuals in charge of maintaining CSUS's accreditation and compliance (and, of course, program evaluation!), a CSUS

degree would only be worth the paper it was printed on, thus diminishing the roles of the students and professors. It is through these examples that the usefulness of systems theory is clearly seen when applied to university functioning.

Major Questions

1. Is there a difference in the demographics between the BASW and the MSW graduates?
2. Is there a difference in the perceived level of preparation provided by CSUS's program between the BASW and the MSW graduates?
3. Is there a difference in the satisfaction experienced with respect to the education received at CSUS between the BASW and the MSW graduates?
4. Is there a difference in the students' overall educational experience between the BSW and the MSW graduates?
5. Is there a difference in the perceived usefulness of field placements between the BASW and MSW graduates?

Assumptions

A fundamental assumption with this program evaluation is that all the MSW instructors at CSUS, regardless of which classes or to which groups of students they teach, deliver their services to the students with equal knowledge and skill. Likewise, it is also assumed that all BASW instructors at CSUS, regardless of which classes or to which group of students they teach, deliver their services to the students with equal knowledge and skill. The focus will therefore be on the BASW and MSW programs as

wholes, rather than on the benefits or shortcomings of individual instructors within the programs.

Another fundamental assumption is that the graduates surveyed responded with honesty, desiring to share their perspectives rather than skew the results. This assumption is rooted in the high value placed on ethics in social work education, and in the understanding the students are expected to have of the importance of scientific research. Because of the emphasis on both ethics and evidence-based practice in CSUS's social work curriculum, it is assumed that the students responded to the survey with a high level of honesty.

Justification

I believe that the research conducted here is of high value to the profession of social work. Program evaluations are essential tools that aid in calibrating the knowledge and skills of service providers, thereby streamlining their practices to meet society's expectations. Every successful agency self-evaluates, and it is evaluations like these that have helped CSUS maintain its accredited status. Program evaluations are particularly important for social workers; in the field setting, social workers are consistently encouraged to evaluate their own practice. By ethical definition, social workers maintain their competence in the field by striving to increase their knowledge of the many facets of their profession (National Association of Social Workers, 1999). While social work has historically been a philanthropist's art, in recent years the shift has been towards the scientific, evidence-based practice. It is this shift that makes research in the area of social

work all the more important: so that we, as working professionals, can be respected by the scientific as well as the humanitarian sector.

Delimitations

While this project is designed to provide accurate feedback from students with respect to both their academic and post-graduate experiences with social work, it is not by any means a manual detailing how a school of social work should be run or how course work should be specifically prioritized and organized as students move through their undergraduate and graduate programs. It is to be considered, instead, a reflection on the strengths and potential weaknesses of the BASW and MSW programs at CSUS, and a discussion of any differences found in the strengths and weaknesses of the BASW program versus the MSW program. In the chapter that follows, the deficiencies and inadequacies that social workers experience in areas of training and coursework will be explored in greater depth, particularly with respect to the integration of mental illness and chemical dependency training.

Chapter 2

REVIEW OF THE LITERATURE

Introduction

For social workers, the knowledge of various treatments for mental illness and chemical dependency is vital to success in the field. In a variety of treatment settings, social workers are frequently the first service providers to have contact with substance users and individuals with mental illness (Hall, Amodeo, Shaffer, & Bilt, 2000).

Particularly in the realm of child welfare services, within which social workers are faced with the challenge of addressing many mental health and chemical dependency issues and are presented with the dilemma of separating the parents' needs from the children's best interests, effective linkage and inter-agency collaboration becomes extremely important (Darlington, Feeney, & Rixon, 2005). This review will explore several studies conducted regarding various forms of treatment for these illnesses and their related outcomes.

Comorbidity (the presence of substance use co-occurring with a mental illness diagnosis in the same individual) and the treatment of dually diagnosed individuals will be discussed in specific detail. The implications for social work practice will then be reviewed.

Mental Illness

For the purposes of this review, the term "mental illness" will refer to the official diagnosis of a major psychotic or depressive disorder that significantly interferes with one or more aspects of the diagnosed individual's life. As society's awareness of mental illness has increased in recent years and the DSM (Diagnostic and Statistical Manual) has

been modified to reflect appropriate labels for the disorders, the number of diagnosed individuals has increased at an alarming rate. In community health centers, the number of patients diagnosed with a mental health or substance abuse disorders nearly quadrupled in a five year period, rising from 210,000 in 1998 to 800,000 in 2003 (Druss et al., 2008). During this study period, Druss et al. (2008) found that visits related to mental health and substance abuse issues surpassed hypertension and became the most commonly reported reason for clinical encounters in community health centers.

In addition to co-occurring with substance use disorders, individuals with mental illness are also at high risk for HIV and other disease infection, domestic violence, sexual assault, and victimization. They frequently report having experienced early childhood trauma (Padgett, Hawkins, Abrams, & Davis, 2006). The intersection of biological, psychological, environmental, and social factors can often complicate diagnosis and treatment, especially in children. Romanelli et al. (2009) found that children involved with child welfare were nearly three times as likely as children in the general population to be diagnosed with depression. The authors also cite a recent study in which 37.9% of foster children in Texas were found to have been dispensed a psychotropic medication at some point before the age of 19 (Zito et al., 2008 as cited in Romanelli et al., 2009). The proportion of mentally ill parents involved in dependency cases is also notably high when compared to adults in the general population (Stromwall et al, 2008). The prevalence of mental illness in older adults is also increasing. Close to one million older adults are thought to suffer from severe mental illness, and that number is expected to double by 2030 (Cohen, 2003, as cited in Cummings & Cassie, 2008).

Substance Abuse

For the purposes of this review, the terms “substance abuse”, “chemical dependency”, and “substance use disorder” will refer to habitual use of alcohol and/or drugs that significantly interferes with one or more aspects of the diagnosed individual’s life. In a survey conducted of social workers affiliated with the National Association of Social Workers (NASW) working in a variety of service settings, it was reported that 25% of their clients had either a primary or secondary substance abuse disorder diagnosis (Smith, Whitaker, & Weismiller, 2006). Chemical dependency has a devastating impact on those who suffer the disease, leading to homelessness, disease infection, medical problems, and contributing to child abuse and neglect. In 40-80% of the families known to child welfare agencies, problems with alcohol and drug use are present (DHHS, 1999, as cited in Rockhill, Green, & Newton-Curtis, 2008). In the general population, one in four children in the United States is exposed to a family member’s alcohol abuse or dependence (Grant, 2000, as cited in VanDeMark et al., 2005). Substance abuse is also highly correlated with criminal activity, frequently leading to incarceration. In 1997 and 1998, 70% of all jail inmates had either committed a drug-related offense or used drugs regularly (Wilson, 2000, as cited in Tyuse & Lindhorst, 2005). The ultimate consequence of substance abuse, however, is death. In fact, 25% of all annual deaths in the United States are attributed to alcohol, tobacco, and illicit drugs (RWJF, 2001, as cited in Smith, Whitaker, & Weismiller, 2006).

In addition to the consequences that chemical dependency exerts on individuals and families, it also contributes to many of society’s medical and financial burdens.

According to Hall, Amodeo, Shaffer, and Bilt (2000), \$240 billion of the nation's health care costs are associated with substance abuse, and half of all hospitalized patient in urban areas have problems related to chemical dependency. Chemical dependency costs society 9 billion dollars a year in treatment and triple that amount when the costs for medical consequences are included (Harwood et al., 1998, as cited in French, Kaskutas, & Windbrodt, 2004). And, within the child welfare system, parental substance abuse and addiction is the reason for at least 70% of spending (CASA, 1999, as cited in Rockhill, Green, & Newton-Curtis, 2008).

Comorbidity

Unfortunately, mental illness and chemical dependency frequently go hand-in-hand, further contributing to the debilitating effects of the illness and treatment obstacles for the individual. In the United States it is estimated that up to 10 million individuals suffer from co-occurring substance abuse and mental health conditions (Sack, 2004, as cited in Stromwall et al., 2008). There is a 50% lifetime prevalence of substance abuse among those with serious mental illness (Drake & Wallach, 2000 as cited in Padgett, Hawkins, Abrams, & Davis, 2006). Within the child welfare system, Stromwall et al. (2008) found that 59% of parents with a substance use disorder also had a co-occurring mental health condition. In Australia it was found that 75% of the families involved in child welfare services experienced psychiatric problems, developmental or physical disability, family violence, or substance abuse, and 44% of families experienced two or more of the aforementioned difficulties (Australian Institute for Health and Welfare, 2003, as cited in Darlington, Feeney, & Rixon, 2005).

The devastating effects of dual diagnosis are described in a qualitative study conducted by Padgett, Hawkins, Abrams, and Davis (2006). In-depth interviews were conducted with formerly homeless, mentally ill women to ascertain their risk for substance abuse and to describe their previous traumas. The authors concluded that dually diagnosed individuals are more likely to have suffered serious trauma than those who suffer either disease in isolation. For the women studied, five themes emerged from their histories: the betrayal of trust, the graphic or gratuitous nature of traumatic events, the anxiety about leaving their immediate surroundings (even to attend treatment sessions), the desire for their own space, and gender-related status loss and stigmatization (Padgett, Hawkins, Abrams, & Davis, 2006). A common explanation for the high rates of substance use in mentally ill individuals is the self-medication hypothesis (the idea that untreated mentally ill people will turn to alcohol or illicit substances to quell the symptoms of their disease). Padgett, Hawkins, Abrams, & Davis (2006), in describing their study, purport that this is likely not the case; that factors such as poverty, family disorganization, trauma, and abuse appear instead to be major contributing factors, based on the sequencing of life events. The majority of the women in this study had suffered traumatic life experiences and reported a lifetime history of substance abuse. Over half had been raped, and nearly a third had suffered childhood sexual abuse by family members or foster parents (Padgett, Hawkins, Abrams, & Davis, 2006). The authors' sample size was small, however, and selected from women who had attended a single treatment facility on the east coast, so the results of the study should not be generalized to the larger population of homeless mentally ill women. VanDeMark et al. (2005), in

discussing dually diagnosed women within the child welfare system, also cite evidence corroborating the theory that women with comorbid mental illness and substance abuse disorders are likely to have suffered physical abuse, sexual abuse, or other traumas in early childhood.

Treatment

There are many forms of treatment used to address mental illness and substance abuse. Residential treatment is considered an intensive form of treatment, in which the clients or patients actually live at the treatment facility and receive services around the clock. Day treatment is slightly less intensive: it may be full or part-time, with patients coming and going for services on a set schedule. Treatment is often given at jails or mandated via court order through the child welfare system. Many studies have been conducted to assess the benefits and limitations of various forms of treatment. A predominant theme throughout the literature is the disturbingly high rates of people suffering from these illnesses who remain untreated: Only 40% of all people with severe psychiatric illness receive treatment, and only 15% of those receive treatment that is at least minimally adequate (Wang, Demler, & Kessler, 2002, as cited in Cummins & Cassie, 2008).

De Bower, Cameron, and Frensch (2007) discuss the benefits of residential treatment for children suffering from mental illness. The authors highlight the importance of parental involvement and frequent visitation, which exert a positive influence on the children's prognoses. Interviews indicated that parents felt very welcomed by staff at the residential facilities, and, as time elapsed, they developed highly

positive attitudes towards this form of treatment as they viewed their children's progress (DeBower, Cameron, & Frensch, 2007). Treatment is an issue that can become complicated when the person being treated is dependent on others for having his or her immediate needs met, as with children or older adults, because there is frequently a loss of autonomy for the individual being treated as treatment decisions are made by the family members caring for the individual. Cummings and Cassie (2008) illustrate the unmet needs of older adults with severe mental illness. The subjects in the study described having unmet needs in the areas of social contact, intimate relationships, health benefits, and treatment for sight and hearing difficulties. Evidence from other studies corroborates the notion that treatment is more effective when the patient is allowed active participation in the formation of a treatment plan (Eisen, Dickey, & Sederer, 2000 as cited in Klein, Rosenberg, & Rosenberg, 2007). Treatment for those with severe mental illness is also proven to have more positive outcomes when services are formalized and intense, as they are with residential treatment (Brekke & Long, 2000, as cited in Cummings & Cassie, 2008).

Day treatment is a less intensive option that individuals with mental illness or chemical dependency issues may elect to pursue. The benefit of day treatment is that it is less disruptive to the patients' lives, allowing them to maintain their current residences and continue to work if they should desire to do so. Day treatment can be community-based, religious in nature, or medical in orientation. French, Kaskutas, and Witbrodt (2004) sought to compare a day hospital treatment program with a community-based day treatment program by randomly assigning 271 chemically dependent individuals to either

program and measuring the outcomes. While a common assumption is that hospital treatment programs will produce more positive outcomes with respect to day treatment, French, Kaskutus, and Witbrodt (2004) discovered that this is not always the case. Fifty-three percent of the day hospital patients reported no drinking after 30 days, compared to 60% of the community-based treatment patients. At six months and twelve months post-treatment, abstinence rates from alcohol or drugs did not differ between the groups. Overall, the average dollar cost per patient was lower at the community-based program. The authors did note, however, that medical outcomes seemed better with the day hospital treatment program. They also discovered, in investigating various community-based programs, that some of the programs provided inadequate services or had questionable ethical practices (French, Kaskutus, & Witbrodt, 2004).

With respect to treatment, intervention is crucial, as those suffering from mental illness or substance use disorders frequently don't seek help on their own or deny that they have a problem. Giamotti (2004) discusses the benefits of early intervention in producing more positive outcomes for individuals suffering from substance use disorders. Many treatment facilities are designed specifically to target individuals in the early stages of their disorder for this very reason. The difficulty with early intervention, however, is that the friends and family members of the targeted individual are frequently met with great resistance; in the early stages of addiction, when the substance using individual is continuing to work and function at a relatively normal level, he or she is less likely to admit that there is a problem with the substance use (Giamotti, 2004). VanDeMark et al. (2005) also corroborates on the importance of early intervention, especially with children,

because treatment given early can often have profound preventative effects, staving off the more dire consequences of illness progression.

Another common form of intervention is BI, or brief intervention. Brief intervention is discussed by Grothues et al. (2008). In this study, a brief intervention was attempted on 374 alcohol-dependent general practice patients, 88 of whom had comorbid anxiety or depressive disorders. Grothues et al. (2008) sought to identify differences, if any, in the help-seeking rates between the comorbid individuals and those who suffered from alcohol abuse alone. The brief intervention consisted of four 30 minute counseling sessions for one intervention group and three 30-45 minute counseling sessions for another intervention group. Follow-up was conducted 12 months later. The authors discovered that the history of previous help-seeking behavior (or lack thereof) in the patients was a good predictor of whether or not the patient would seek help in the future. The brief intervention had a significant correlation with the help-seeking behavior of non-comorbid individuals and apparently no effect on the comorbid individuals, causing the authors to conclude that comorbid individuals may need specialized support exceeding the low level of that provided by brief intervention (Grothues et al., 2008).

For comorbid individuals, the literature supports the integration of mental illness and substance abuse treatments into a single, cohesive package. Drake, Mueser, Brunette, and McHugo (2004) analyze 26 controlled studies of psychosocial interventions for dually diagnosed patients. Data on patient outcomes and remission rates suggest that it is the individualization of the treatment (the tendency of treatment for dually diagnosed patients to be personalized and specialized to meet each patient's needs) that leads to

greater rates of success (Drake, Mueser, Brunette, & McHugo, 2004). Klein, Rosenberg, and Rosenberg (2007) concur that individualized treatment leads to higher rates of positive outcomes, and cite several examples of treatment failure that occurred because therapists frequently do not have the same goals for their patients that the patients have for themselves (for example, the therapist may minimize the consequences of mental illness in attempt to address the substance abuse, or vice versa). Individualized treatments have a greater rate of success because they coincide with specific motivations of the patient. Drake, Mueser, Brunette, and McHugo (2004) further discovered that integrated residential treatment is helpful for individuals who do not respond to outpatient dual diagnosis interventions, and claim that over 50% of dually diagnosed individuals need treatment more intensive than outpatient counseling. The duration of residential treatment also seems to be of importance for treatment success: For comorbid patients who participated in residential treatment for 13 months, there was a 38% abstinence rate from alcohol or drugs found at a six month follow-up, as compared to the 8% rate of abstinence found after six months for comorbid individuals who spent only two months in residential treatment (Brunette et al., 2001, as cited in Drake, Mueser, Brunette, & McHugo, 2004). The authors also note that motivational counseling (in which the client is encouraged to take an active leadership role in his/her treatment) seems to have a large positive impact on the success of dually diagnosed individuals (Drake, Mueser, Brunette, & McHugo, 2004).

It appears that even when treatment is initially effective, the chances of relapse are still extremely high, particularly in dually diagnosed individuals. Perhaps a larger

problem than relapse, however, is the overall scarcity of effective, affordable, appropriate, easily accessible treatment. A quantitative study conducted by Druss et al. (2008) sought to examine trends in the delivery of mental health and substance abuse services at the nation's community health centers by comparing data from different national and county sources over a five-year period. Three indicators were used: the presence of on-site services, the number of mental health and substance abuse treatment providers, and the number of patients seeking mental health and substance abuse services. The authors concluded that the need for mental health and substance abuse services, particularly for uninsured individuals, vastly exceeds the breadth of services currently available at community health centers. As the number of patients diagnosed with mental illness and substance abuse disorders climbed, the number of qualified clinicians specializing in treatment for these disorders did not likewise increase to match the demand for services. At the beginning of the study period, there were 178 patients per properly qualified clinician; after five years, there were 499. As would be expected, this correlated with a dilution of the services provided to mentally ill and chemically dependent patients: the mean number of visits per patient declined from 7.3 to 3.5 over the study period. And, despite the high demand for services, 26% of United States health centers still did not offer services on-site for mental illness and chemical dependency by the conclusion of the study period (Druss et al., 2008).

Wang, Demler, and Kessler (2002) demonstrate, through data derived from the National Comorbidity Survey, the shockingly high number of mentally ill individuals in the United States that do not receive treatment. In the 12 months preceding the

administration of the survey, only 40% of the 8,098 severely mentally ill respondents had received treatment, and only 15.3% had received treatment that was minimally adequate, translating to 8.5 million individuals with serious mental illness in the United States who do not receive adequate treatment each year (Wang, Demler, & Kessler, 2002). The authors further note trends correlating specific demographic characteristics to lack of treatment; these included: residing in the South, being a young adult, being African American, having a psychotic disorder (as opposed to a depressive disorder), and being treated in the general medical sector (as opposed to being treated in a mental health setting). The authors advocate for public policies and cost-effective interventions to address the issue of treatment, claiming that serious mental illness is an enormous public health problem, and changes need be made to improve both access to treatment and the quality of treatment.

The scarcity and inadequacy of treatment for mental illness and substance use disorders is also easily seen from a global perspective. Saxena, Thornicroft, Knapp, and Whitford (2007) discuss the worldwide availability, distribution, and use of mental health resources. Through their research, they concluded that it is actually the poorest countries that spend the lowest percentages of their overall health budgets on mental illness treatment and resources. They noted that for low-income and middle-income countries, there appeared to be three main obstacles to mental health treatment. These obstacles were: the scarcity of available resources, the inefficiencies in their use, and the inequities of their distribution. Currently, approximately 1/3 of all countries worldwide have no mental health policy or plan. In the African region, the proportion is nearly half (World

Health Organization, 2005, as cited in Saxena, Thornicroft, Knapp, & Whiteford, 2007). Saxena, Thornicroft, Knapp, and Whiteford (2007) also note that approximately 25% of low-income countries do not provide basic antidepressant medications in primary-care settings. In a domino effect, the unavailability of medications affects the quality of mental health services available. Private health insurance is also not available in most low-income and middle-income countries. Furthermore, for people living in rural areas in these impoverished countries, access to care is nearly impossible because most of the mental health professionals tend to live in and around the largest cities (Saxena, Thornicroft, Knapp, & Whiteford, 2007). The authors explain that the lack of funding for mental health programs in some countries can be attributed to taxation systems, particularly if employment is largely informal or if tax compliance and collection is poor. Social stigmas related to mental illness also play a large role in people's desire to seek treatment, particularly in India. Fear is a factor as well, because the human rights of people with mental disorders are not protected by legislation in most of these countries. The authors view the main consequences of the lack of treatment for mental illness to be economic loss, disability, and human suffering (Saxena, Thornicroft, Knapp, & Whiteford, 2007).

Implications for Social Work

Social workers come in contact with mental illness and substance abuse disorders on a day-to-day basis and in a variety of settings, even in those not designed for treatment specifically. It is important, therefore, for social workers to be well-schooled in the assessment and treatment of these disorders, specifically in the child welfare setting, in

which the safety of children is paramount, as they often suffer the consequences of their parents' mental illness or substance abuse. The literature indicates that while social workers have a lot of experience working with mentally ill and chemically dependent individuals, they feel as though they lack the necessary training in these particular areas.

Harrison and Harrison (2009) discuss social worker strengths within the school setting. According to the authors, social workers in schools play a large role in the assessment process with respect to mental illness in children. The importance of functional assessment (data-based decisions made to discover the functions of unwanted behaviors and replace them with appropriate behaviors that address the same functions) is discussed, as is the effectiveness of Positive Behavioral Support (a reinforcement system) for addressing a wide variety of problematic behaviors in children. Harrison and Harrison (2009) purport that the training social workers are given in evidence-based practice, systems theory, family therapy, wraparound services, and interviewing skills are well-tailored to the needs of children and their families within the school setting. They further state that social workers' ability to connect home, school, and community, their ability to recognize the impact of large social problems on human behavior, and their tendency to use a strengths-based perspective in formulating new positive behaviors for children to utilize, are of great help in treating mental illness in children (Harrison & Harrison, 2009).

Within the legal system, social workers also frequently encounter mental illness and chemical dependency. Tyuse and Lindhorst (2005) discuss drug courts and mental health courts and review the implications for social work within these systems.

According to the authors, drug courts were established as a means of avoiding incarceration and thereby alleviating the negative consequences of extended jail stay, which include the exacerbation of psychiatric symptoms, the increased risk of suicide, and the increased risk of assault. Mental health courts were established shortly thereafter, due to the popularity and success of drug courts, and because drug courts frequently tended to exclude dually diagnosed individuals. Both during and after court supervision, participation in drug courts was found to reduce substance abuse and re-offenses. They also were cost-effective when compared to the costs of incarceration. Tyuse and Lindhorst (2005) claim that it is imperative for social workers to have knowledge not only of substance abuse and mental illness, but also of the criminal justice system and the availability of treatment services at local levels.

For social workers, effective inter-agency collaboration and the integration of services become key in addressing both substance abuse and mental illness, particularly within the child welfare setting. Darlington, Feeney, and Rixon (2005) discuss the concerns of child protection workers, adult mental health workers, and child mental health workers in Queensland, Australia with respect to service delivery. (It is useful here to note that in Australia, child protection and adult mental health services are the responsibility of separate state government departments). Collaboration and practice challenges were deeply explored in the interviews. Inter-agency collaboration was perceived as effective when there was strong communication between the service departments, when there was a good knowledge of the assessment and process conducted by the other agency, and when the role of each agency was clearly established and agreed

upon. The authors note that child welfare services are not just about addressing the abuse and neglect of the children, but also about addressing the variety of difficulties faced by the parents, such as substance abuse and mental illness. Because of the complexity of the issues faced by families in the child welfare system, uncoordinated crisis intervention by mental health and child protection services can result in significant distress and potential harm to the children. Where services and workers are compartmentalized in such a fashion, they often will each oppose or disregard the importance of the services provided by the other (for example, a child protection services worker may minimize the parent's need for treatment, focusing instead on the child, while an adult mental health worker may minimize the child's best interests, focusing instead on the parent's mental state). Collaboration is needed, therefore, to balance the needs of both parents and children (Darlington, Feeney, & Rixon, 2005).

VanDeMark et al. (2005) also address the issues of mental health and substance abuse within the child welfare system. In this study, children of dually diagnosed women involved in the child welfare system were formally assessed to determine resiliency. A limitation of the study, however, was that it relied on mothers' reports of their children, so they may have been biased to give more positive scores of their children's functioning. Risk factors for the children of these mothers included: emotional and behavioral problems, substance abuse, victimization, conduct disorder, physical and sexual abuse, delinquency, neglect, and poor developmental outcomes. While the majority of the children scored average or above average on the resiliency scale, they were three times as likely as children in the general population to score in the clinical range (indicating a high

potential need for treatment) on a measure of emotional and behavioral problems. The consequences for these children were quantified: 98% of the children had a parent who had been treated for a substance abuse problem, 95% of the children whose parents engaged in domestic violence had witnessed the violence firsthand, 80% of the children had a parent who had been convicted of a crime, 72% of the families had experienced domestic violence, 68% of the children were experiencing emotional or behavioral problems, 35% of the children had a parent who had been hospitalized for a psychiatric problem, 31% of the children were facing recurring health problems, 10% had experienced physical abuse, 6.5% had experienced sexual abuse, and 6.6% were taking prescription medicines for emotional and behavioral problems. With respect to academics, 2.4% of the children were failing school, 19.3% were below average, 49% were average students, and 29.3% were above average, indicating high levels of resiliency in these children (VanDeMark et al., 2005). The authors stress the importance of integrated, strengths-based treatment for children in the child welfare system, and encourage treatment providers to intervene early and conduct assessments for children as soon as they enter the system, because these children are frequently at high risk for problems that have both individual and social consequences (VanDeMark et al., 2005).

Romanelli et al. (2009) discuss the best practices for screening, assessment, and treatment of children within the child welfare system. They recommend various stages of screening: it should begin at the point of entry into foster care to determine immediate risk (Stage 1), should be repeated after 30 days to assess ongoing mental health service needs (Stage 2), and should be expanded to include a more comprehensive assessment

within 60 days if a positive result from the previous screening is obtained (Stage 3). Also, because children's mental health is affected by changes in the environment, they should be re-evaluated any time a new placement is made. The mental health risks for children in foster care are reviewed, and the ethical implications of psychotropic medication for children are discussed. Romanelli et al. (2009) suggest that there is a possible overuse of medication on foster youth and urge child welfare workers to periodically review the patterns of psychotropic medication use among their clients. Of upmost importance overall is that child mental health training for social workers in this setting be obtained, because there is a high prevalence of children in need of mental health services that are not being identified and offered help (Romanelli et al., 2009).

Stromwall et al. (2008) also claim that social workers need more training to accurately assess and provide appropriate referrals to clients suffering from mental illness, and to recognize co-occurring conditions. They conducted a file review study of 71 parents with substance abuse conditions who were involved in child dependency court to determine the prevalence of and characteristics associated with co-occurring conditions, to determine whether or not parents with co-occurring conditions reported that they needed treatment for mental health conditions, and to determine whether or not the case managers' assessments of the parents' need for mental health treatment matched the assessments of the parents. They discovered that dual diagnosis patients were more likely than their case managers to report a need for mental health treatment, and that dual diagnosis patients were overall considerably or extremely troubled by their mental health conditions and rated their own needs for mental health treatment as extremely high.

Stromwall et al. (2008) also concluded that unrecognized, underlying mental illness was frequently a barrier to parents seeking out and completing substance abuse treatment. The authors express concern about the unavailability of integrated treatment due to funding limitations and eligibility requirements.

Rockhill, Green, and Newton-Curtis (2008) also discuss barriers to accessing substance abuse treatment. In their qualitative longitudinal study, 15 substance-abusing parents whose children had been removed were tracked to determine the issues they faced. The parents, their family members, and their service providers were interviewed every three months over an 18-month period. Issues identified were: social stigmatization, spousal discouragement (husbands frequently would be unsupportive of their wives entering treatment, though the reverse situation was unsubstantiated), cultural implications, loss of income due to time in treatment, long wait lists, lack of treatment availability, lack of information about treatment options, and ambivalent feelings about whether or not to enter treatment. While the majority of parents in this study were able to successfully access treatment, they would frequently drop out and fail to complete the treatment due to hopelessness, as many of them did not believe that their children would ever be returned to them. There was also a noted sense of hopelessness in the parents' belief systems surrounding their perceived ability to recover; many did not feel that timely recovery was possible. Many challenges were faced by the parents in dealing with their extended families and romantic partners, causing a high level of anxiety for the parents. Their romantic relationships frequently served as barriers to treatment because they would often be forced to choose between maintaining custody of their children and

staying with their romantic partners. The authors also discuss an additional treatment barrier for substance-abusing parents outside of the child welfare system, claiming that parents frequently avoid entering treatment because they worry about who will care for their children in their absence (Rockhill, Green, & Newton-Curtis, 2008).

The literature indicates that the prevalence of mental illness and substance use disorders among social service clients in a variety of settings is perhaps the largest implication for social work. Smith, Whitaker, and Weismiller (2006) conducted a survey of 2,000 social workers who were members of the National Association of Social Workers (NASW) to determine their knowledge of and involvement in substance abuse services. The authors concluded that there is a need to identify training opportunities for social workers and to further assess social workers' role in substance abuse and mental health services. Because the distribution of clients having substance use disorders crosses all practice settings, Smith, Whitaker, and Weismiller (2006) claim that substance abuse training needs to occur regardless of whether students and practitioners work primarily in the substance abuse field. The authors urge schools of social work to offer more coursework in the area of substance abuse so that students will be better prepared when they enter the field. The experiences of the social workers surveyed was quantified: In the previous 12 months, 71% reported having taken some action related to substance abuse diagnosis and treatment, a period during which 53% reported receiving no training in substance abuse. Only 2% reported addiction treatment as their primary practice area, and only 1% reported having completed a substance abuse certification program (Smith, Whitaker, & Weismiller, 2006).

Hall, Amodeo, Shaffer, and Bilt (2000) also discuss the training needs of social workers. In this study, social workers and other service providers from randomly selected state-licensed substance abuse treatment facilities on the east coast were surveyed to assess their knowledge pertaining to substance abuse. Over 200 facilities were included in the survey, producing a total of 1,590 respondents. The authors discovered that the other service providers reported having lower levels of skill and expertise than did the social workers. A potential weakness of this finding, however, is that skill level was determined by self-reporting rather than by a formalized assessment, and therefore may be influenced by perception. Among all those surveyed, 4% reported never having participated in training for substance abuse treatment, 14.2% reported having no training in the previous year, 44.2% reported having no clinical supervision related to substance abuse treatment, and 52.5% reported having no clinical supervision in the preceding year. 71% of those surveyed reported having a moderate, significant, or maximum need for substance abuse training. Only 1.7% reported having no need for training, and 19.3% felt that they were not competent to deliver substance abuse treatment services (Hall, Amodeo, Shaffer, & Bilt, 2000). In conclusion, social workers appear to have a very high need for training in the service area of substance abuse.

Conclusion

I believe that this review contributes to the emerging evidence that there is a pressing need for the continued development of services related to mental illness and substance abuse, particularly with respect to the integration of treatment for dually diagnosed individuals. As our knowledge of these disorders increases, their prevalence

and the negative consequences they have on the lives of individuals and their families become more apparent. For social workers, more training is needed to help uncover the specific needs of these vulnerable populations. Social workers themselves are frequently the professionals that administer treatment for these disorders, either directly or indirectly, and should therefore have an educational background that reflects their role as mental health professionals and substance abuse counselors.

Chapter 3

METHODOLOGY

Design

This research design is a summative evaluation. Summative evaluations are concerned with evaluating the ultimate success of a program (Rubin & Babbie, 2005). This evaluation is descriptive in nature, concerned with percentages and proportions of the students' responses. It is considered to be a one-shot descriptive study, because it is the only survey the students were given (Rubin & Babbie, 2005). The students were not administered a pre-test prior to entering the CSUS social work program.

Another feature of this design is the correlation feature, which compares BASW and MSW graduates on a number of variables, measuring their demographics, perceived helpfulness in preparing them for practice, satisfaction with the program, educational experience, and field experience. In addition to being a useful method for examining student satisfaction and perceptions, this study design also meets the standards of CWSE for program accreditation.

Variables

The variables being measured in this study are: how CSUS's program prepared the students for professional practice, how satisfied the students were with the education they received at CSUS, what their overall educational experience was like, and how the field placements complemented the educational experience and how adequately they prepared the students for their post-graduate work in the field. On the survey, preparation is measured in question 15, satisfaction is measured in question 17, educational

experience is measured in question 18, and field experience is measured in questions 19 and 20. These are the dependent variables (DVs) in the study. The independent variable (IV) is the social work program at CSUS. Students were grouped based on their BASW or the MSW graduate status, and comparisons were made based on these statuses.

Demographic information was also analyzed. Demographics are the independent variables in this analysis. The dependent variables are the undergraduate or graduate social work program at CSUS. On the survey, gender is measured by question 1, age is measured by question 2, marital status is measured by question 3, ethnic background is measured by question 4, degree and year graduated is measured by question 5, whether or not students would study social work again is measured in question 6, employment and education status is measured in question 7, whether or not respondents are employed in a social work setting is measured in question 8, type of agency worked is measured in question 9, salary is measured in question 10, length of employment is measured in question 11, level of employment based on training and experience is measured in question 12, field of practice is measured in question 13, primary activities is measured in question 14, grade point average (GPA) is measured in question 16, and post-graduate activities is measured in question 21.

Participants

The population being studied is the CSUS graduates, both BASW and MSW, who graduated in either 2006 or 2007. Every graduate was mailed a survey. There was a response rate of approximately 30%, yielding a total sample size of 140 respondents. This selection method is called simple non-random sampling (Rubin & Babbie, 2005). It

is non-random because every student that graduates from the social work program is sent a survey and invited to participate in the evaluation process, but not everyone chooses to respond to the survey.

The non-random sampling method is used here in the interest of obtaining the largest sample possible, thereby yielding more accurate results. Because there are only a few hundred social work graduates each year, it makes sense to survey every student. To conduct personal interviews would be too costly, so students instead receive the surveys in the mail. A problem with obtaining the large sample desired, however, arises from the mailing method used. Historically, mailed surveys have a low rate of return (Ruben & Babbie, 2005). In the interests of cost and efficiency, there is no follow-up request mailed out to students who fail to complete the survey.

Instrumentation

The measurement instrument used is a questionnaire generated by the Division of Social Work at CSUS. This instrument is used on social work graduates every year, one year after their graduation, as a follow-up study. The questionnaire is occasionally modified as changes are made to the program. It meets CSWE standards for program accreditation and is considered to be reliable and valid. It contains both open-ended and closed questions; however, only the closed questions (qualitative data) were used in this study. A copy of the questionnaire items that were analyzed can be found in Appendix A. The items analyzed were demographic information, including gender, age, marital status, minority status, degree and year graduated, whether or not students would study social work again, employment and education status, whether or not respondents are

employed in a social work setting, type of agency worked, salary, duration of employment, level of employment as it relates to training and experience, field of practice, primary activities in the practice setting, GPA, and post-graduate activities. The other items analyzed were the graduates' satisfaction with the CSUS program, their educational experience, their field work experience, and how they perceive CSUS prepared them for their post-graduate work experience. These items were analyzed using Likert scales. Because the MSW program's first year policy, field, and practice work matches the course content of the BASW field, policy, and practice work in its entirety, comparisons were made using only the first year MSW experience with respect to policy, field, and practice.

Data Gathering Procedures

The data was gathered through the mail by the Division of Social Work. The survey was mailed to BASW and MSW students one year after their graduation. Included with the surveys were self-addressed, stamped envelopes. These were included in the interests of increasing the rate of response. Data was then collected, organized, and analyzed. Numbers were assigned to represent demographic responses, helping to quantify the data. The Likert scale scores of the closed-ended responses were then input into SPSS to generate the comparisons between the BASW and the MSW students. The Division of Social Work provided me with the data that had already been collected and that had been used to study each program's graduates separately. It was not used to compare the two programs as this study is doing.

Protection of Human Subjects

Because this project consisted of a secondary data analysis and no names were attached to the data, there was no risk posed to human subjects. The “Request for Review by the Committee for the Protection of Human Subjects” was submitted and approved by the University as “exempt” research. The approval number 09-10-015 was granted. When the surveys were originally administered, they were accompanied by a cover letter, written by Dr. Robin Carter, informing the participants that their participation was voluntary and that their identities would remain anonymous.

Chapter 4

ANALYSIS OF DATA

Descriptive Findings

General Demographics

The measurement instrument was mailed to all BASW and MSW students who graduated in 2006 and 2007. There was approximately a 30% response rate, yielding a total sample size of 140 former students. Of the 140 students, 54 were undergraduates and 86 were graduates. One hundred twenty-nine of the respondents were female. Only 11 of the respondents were male, which did not yield a large enough sample size to make meaningful comparisons between genders. Seventy-seven of the respondents were under the age of 30, 34 respondents were aged 30-39, and 29 of the respondents were over the age of 39. Sixty of the respondents were single, 68 were married or had a domestic partner, 8 were separated or divorced, and 4 participants did not respond to the question on marital status. Sixty-nine of the respondents were members of an ethnic minority, 70 were not members of an ethnic minority, and one did not respond to the question on minority status. Seventy-five of the respondents graduated in 2006 and 65 of the respondents graduated in 2007. Twenty-one of the respondents answered that they would not enroll in the social work program again, 116 of the respondents answered that they would enroll in the program again, and 3 respondents did not answer the enrollment question. Of the respondents, 40 reported a GPA of under 3.50 and 91 reported a GPA of 3.50 or greater. Nine respondents did not report their GPA.

Employment

Of the respondents, 81 were employed in full-time, permanent positions, 5 were employed in full-time, temporary positions, 3 were employed in part-time positions while seeking full-time employment, 4 were employed in part-time positions and were not seeking full-time employment, 4 were unemployed and seeking a job, 12 were attending school and working a full time job, 2 were attending school and receiving a stipend, 10 were attending school and working part-time, 11 were attending school and unemployed, 1 was never employed while receiving a degree, 6 responded “Other”, and 1 did not respond to the employment question. Of the 140 respondents, 47 were employed in a public agency, 46 were employed in a private non-profit agency, 12 were employed in a private for-profit agency, 2 were employed in private practice, 11 were employed in other agencies, and 22 did not report their employment agency. With respect to gross salary, 19 respondents reported making under 2100 per month, 13 respondents reported making 2100 – 2999 per month, 46 respondents reported making 3000 – 3900 per month, 34 respondents reported making over 3900 per month, and 28 respondents did not report their gross monthly salary. Of the 140 respondents, 51 had been at their job for less than 1 year, 62 had been at their job for 1 year or more, and 27 did not report their duration of employment. Of the respondents, 79 reported that their job level was appropriate, 24 reported that their job level was somewhat lower than appropriate, 12 reported that their job level was much lower than appropriate, and 25 did not respond. Reported fields of practice in the respondents’ jobs included: school social work, family focused practice, CPS, adoption, other child welfare, adult corrections, juvenile justice, aging and

gerontology, chemical dependency, mental health, employment services, medical social work, community services, disabilities, and other fields. Job activities reported were administration, advocacy, case management, community organizing, crisis intervention, fundraising, grant or proposal writing, information and referral, policy analysis, social work with families, social work with groups, social work with individuals, supervision, teaching and training, and other job activities.

Specific Findings

Demographics

There was a higher percentage of males in the MSW sample (9.3%) versus the BASW sample (5.6%). There was a lower percentage of persons who reported their marital status as “single” (36.1%) in the MSW sample than in the BASW sample (56.6%). There was a lower percentage of persons in the MSW sample claiming “ethnic minority” status (44.2%) than in the BASW sample (58.5%). There was a higher percentage of BASW graduates who graduated in 2007 than in 2006. For the MSWs, there was a higher percentage that graduated in 2006 than in 2007. For the MSWs, 92.8% claimed that they would enroll in the program again, as compared to 72.2% of the BASWs. For present job status, 76.5% of MSWs reported being in full-time, permanent positions, as compared to 29.6% of the BASWs. Ninety-five percent of MSWs reported having a job in the field of social work, as compared to 75% of the BASWs. Despite the aforementioned distributions, no significant differences were found for these variables. For type of agency worked, the BASWs and MSWs reported similarly, with the majority of each sample working either in a public agency or in a private non-profit agency. For

the amount of time employed at current job, the majority of each sample reported having worked at their present agency for 1 year or more. For job activities, results were similar among the two samples with respect to their field of practice, administration, advocacy, case management, community organizing, crisis intervention, fundraising, grant and proposal writing, information and referral, policy analysis, social work with families, social work with groups, social work with individuals, supervision, teaching and training, and “other”.

Significant differences were found between the two samples with respect to age, salary, level of current job, and GPA. The MSWs were significantly older than the BASWs ($t = 2.585$, $df = 138$, $p = .011$), with only 44.2% reporting to be under the age of 30, as compared to 72.2% of the BASWs. The MSWs were significantly higher paid than the BASWs ($t = 5.382$, $df = 50.662$, $p = .000$), with 41% reporting to earn in the highest bracket, as compared to 5.9% of the BASWs. The MSWs were significantly more likely to report working in an appropriate-level job, as opposed to a “lower” or “much lower” level job ($t = 4.146$, $df = 43.757$, $p = .000$). Eighty percent of the MSWs reported working at an appropriate-level job, as compared to 42.9% of the BASWs. The MSWs also reported significantly higher GPAs ($t = 5.058$, $df = 83.681$, $p = .000$), with 86.4% reporting to have a GPA of 3.50 or higher, as compared to 42% of the BASWs.

Preparation for Professional Practice

Preparation was scored on a 5 point Likert scale, with scores ranging from “Unprepared” (1) to “Excellent Prepared” (5). The MSWs reported slightly higher levels of preparation with the respect to the ability to recognize and resolve ethical

dilemmas, the ability to utilize computer technology, the ability to advocate for social change to benefit client systems, the ability to use a strengths perspective at all levels of practice, and the ability to be responsible for their own learning and professional development. The BASWs reported a slightly higher level of preparation with respect to the ability to be culturally sensitive. None of the aforementioned differences were statistically significant, however.

Significant differences were found with respect to the use of social work values, the use of research methods, the use of an ecological perspective, the ability to work effectively with persons who are oppressed, marginalized, or disenfranchised, the knowledge of the history of social work, and the ability to understand the impact of policies on clients. The MSWs reported a higher level of preparation for the use of social work values ($t = 3.558$, $df = 134$, $p = .001$), with a mean of 4.238, as compared to 3.750 for BASWs. The MSWs reported a higher level of preparation for the use of research methods ($t = 2.130$, $df = 134$, $p = .035$), with a mean of 3.405, as compared to 3.077 for the BASWs. The MSWs reported a higher level of preparation for the use of an ecological perspective ($t = 3.084$, $df = 94.894$, $p = .003$), with a mean of 4.119, as compared to 3.654 for BASWs. The MSWs reported a higher level of preparation for the ability to work with oppressed persons ($t = 2.657$, $df = 134$, $p = .009$), with a mean of 4.226, as compared to 3.808 for the BASWs. The MSWs reported a higher level of preparation for the knowledge of the history of social work ($t = 2.113$, $df = 134$, $p = .009$), with a mean of 3.665, as compared to 3.308 for the BASWs. The MSWs also reported a higher level of preparation for the ability to understand the impact of policies

on clients ($t = 2.653$, $df = 134$, $p = .009$), with a mean of 4.012, as compared to 3.557 for the BASWs.

Satisfaction

Satisfaction was scored on a 10 point Likert scale, with the scores ranging from “Highly Dissatisfied” (1) to “Highly Satisfied” (10). The MSWs reported slightly higher levels of satisfaction with their multicultural class, human behavior and social environment (HBSE) class, electives, overall coursework, advising, administration, office staff, and overall program. The BASWs reported a slightly higher level of satisfaction with their research class. None of the aforementioned differences were statistically significant, however.

Significant differences were found in satisfaction with respect to practice class, policy class, and field practicum. The MSWs reported a significantly higher level of satisfaction with their policy class ($t = 2.783$, $df = 135$, $p = .006$), with a mean of 7.649, as compared to 6.575 for the BASWs. The MSWs also reported a significantly higher level of satisfaction with their field practicum ($t = 2.107$, $df = 86.662$, $p = .038$), with a mean of 8.476, as compared to 7.642 for the BASWs. The BASWs reported a significantly higher level of satisfaction with their practice class ($t = 2.509$, $df = 128.980$, $p = .013$), with a mean of 7.774, as compared to 6.625 for the MSWs.

Educational Experience

No significant differences were found in the area of educational experience. Educational experience was scored on a 7 point Likert scale, ranging from positive (7) to negative (1). The subjects were asked to rate the degree to which they found their

educational experience rewarding, professional, stimulating, valuable, challenging, fair, organized, flexible, and supportive. The MSWs reported slightly higher scores in all areas of educational experience.

Field Experience

Field experience was scored on a 5 point Likert scale, ranging from “Very Poor” or “Strongly Disagree” (1) to “Very Good” or “Strongly Agree” (5). The MSWs reported slightly higher scores in the category of transcultural practice. This difference was not statistically significant, however.

Significant differences were found with respect to the quality of field placement, the contribution of field to social work development, the preparation field gave for current job, and varied practice experiences. The MSWs reported significantly higher scores on the contribution of field to social work development ($t = 2.643$, $df = 138$, $p = .009$), with a mean of 4.523, as compared to 4.130 for the BASWs. The MSWs reported significantly higher scores on the preparation field gave for current job ($t = 3.473$, $df = 138$, $p = .001$), with a mean of 4.223, as compared to 3.630 for the BASWs. The MSWs also reported significantly higher scores on varied practice experience ($t = 2.714$, $df = 94.445$, $p = .008$), with a mean of 4.244, as compared to 3.744 for the BASWs. The BASWs reported significantly higher scores on the quality of field placement ($t = 2.277$, $df = 138$, $p = .009$), with a mean of 4.000, as compared to 3.552 for the MSWs.

Additional Findings

Interesting results were observed when the results obtained within four major variables (preparation, satisfaction, educational experience, field experience) were

combined and analyzed collectively. Within the domains of satisfaction, educational experience, and field experience, there was no significant difference between the MSWs and the BASWs. Thus, for overall satisfaction, overall educational experience, and overall field experience, the research null hypothesis was accepted. However, within the domain of preparation, a significant difference was found ($t = 2.824$, $df = 134$, $p = .005$), demonstrating a significantly higher level of reported scores for preparation overall by the MSWs. Thus, for overall preparation, the research null hypothesis was not accepted.

Question 21 on the survey asked if the graduates had participated in a variety of professional social work activities since graduating. The MSWs reported slightly higher participation rates than the BASWs in advocacy for oppressed and disadvantaged groups, political activity, being a member of NASW, being active in NASW, having a leadership role in NASW, having a leadership role in other organizations, being a member of an advisory board, being a member of a board of directors, providing consultation services, and being a field instructor. The BASWs reported slightly higher participation rates than the MSWs for being active in other organizations. The participation rates for all of these activities were surprisingly low; within each item listed, fewer than 50% of both the BASWs and the MSWs answered “yes”. The most common activity participated in for both groups was in the category of advocacy for oppressed and disadvantaged groups. In this category, 46.5% of the MSWs and 46.3% of the BASWs answered “yes”. The least common activity participated in for both groups was teaching a college level course; none of the MSWs or BASWs indicated that they had participated in this activity.

Another pattern of interest was the overwhelming number of MSW graduates who reported “mental health” as their field of practice. Of the 80 who responded, 19 indicated mental health to be their primary field of practice (23.75%). Among the MSWs, this was the highest reported rate of any single field of practice.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The program evaluation conducted by CSUS's Division of Social Work is effective at identifying program strengths and weaknesses in the interests of implementing positive changes to improve the program. Utilizing data provided by the Division of Social Work, this project used a secondary data analysis and answered the following major questions: (1) Is there a difference in the demographics between the BASW and the MSW graduates? (2) Is there a difference in the perceived level of preparation provided by CSUS's program between the BASW and the MSW graduates? (3) Is there a difference in the satisfaction experienced with respect to the education received at CSUS between the BASW and the MSW graduates? (4) Is there a difference in the students' overall educational experience between the BSW and the MSW graduates? (5) Is there a difference in the perceived usefulness of field placements between the BASW and MSW graduates?

The data analysis shows that significant demographic differences exist between the MSWs and the BSWs with respect to age, salary, level of current job, and GPA. These findings are not surprising for several reasons. Because the MSWs are required to possess a bachelor's degree before entering their program, whereas the BASWs only need a high school diploma, it makes sense that they are chronologically older. Because employers frequently grant higher payment to employees based on level of education, it makes sense that the MSWs report significantly higher salaries. Because the coveted

higher-level jobs frequently require master's degrees to obtain, it makes sense that the MSWs report significantly higher levels of job status. And, because the MSW program at CSUS requires a minimum 3.0 GPA to remain enrolled, it makes sense that the MSWs would have significantly higher GPAs.

Although there were no significant differences found between the MSWs and BASWs for ethnic background and gender, I believe it is still important to note that there were higher rates of males and Caucasians in the MSW program than in the BASW program. Although social work is traditionally a female-dominated field, it is worth noting that very few bachelor's-level college graduates enroll in graduate school at all. I believe that the higher rates of males and Caucasians in the MSW program is attributable to the general wealth and privilege that is afforded to these groups by virtue of socioeconomic status.

Regarding the BASW and MSW students' responses to the level of preparation provided by CSUS, level of satisfaction with the program, educational experience, and field experience, it is worth noting the lack of significant difference in the areas of satisfaction, educational experience, and field experience indicates that the program is doing a very good job at keeping its resources equitably distributed in these areas. The fact that the CSUS has maintained its accredited status for the BASW program is highly laudable, as many institutions do not maintain accreditation for a bachelor's-level social work program. Given that both the BASW and MSW programs at CSUS are accredited, however, the significant difference found between the two groups regarding perceived levels of preparation is of cause for concern. If CSUS's Division of Social Work is

meeting its own criteria, then there should not be a significant difference noted between the BASWs and the MSWs with respect to preparation.

The significant difference found between the BASWs and the MSWs in regard to preparation can perhaps be attributed to resource distribution. The undergraduate program uses more part-time lecturers than tenured professors. These part-time lecturers may consist of social workers from the community or graduate student teacher's assistants, whereas the MSW program uses full-time, PhD-level social workers. It is possible that this inequitable distribution of teaching resources between the MSWs and the BASWs is having a negative impact on the program. This could also possibly account for the nearly consistent higher reported means by the MSWs than the BASWs in the individual categories within preparation, satisfaction, educational experience, and field experience.

The high number of MSW graduates reporting that they work in a mental health setting (23.75%), corroborates the findings of the literature review with respect to the prevalence of social workers in mental health settings. Even in settings not explicitly defined as mental health settings, social workers are frequently confronted with a high volume of clients having mental health needs. Stromwall et al. (2008) found that within the studied child welfare setting, 59% of the substance-abusing parents had a co-occurring mental health condition. This illustrates the importance of chemical dependency training and mental illness training for social workers.

Recommendations

Although no significant differences were found between the BASWs and the MSWs in the overall groups of satisfaction, educational experience, and field experience, it is worthy to note that the MSWs had higher mean scores in nearly every individual category within these groups. One of the few areas in which the BASWs reported higher satisfaction was the area of practice class. It is possible, however, that because a high number of MSWs at CSUS were formerly BASWs at CSUS, they may dislike their first year of practice class because it covers exactly the same material that they studied previously as BASWs.

The higher means exhibited by the MSWs is extremely important. Despite the lack of significant differences in many of the cases, it is important to note that these results may indicate that a MSW is highly recommended in the social work profession, and a BASW may be of less use. I personally believe that, within the field of social work, a master's degree is essential to ensure a higher salary, stability of employment, and breadth of practice. There are jobs in many branches of social work for which a BASW would not qualify. This being the case, I pose this question: Is it truly necessary to have a BASW program that is accredited? Could CSUS possibly save a lot of money, and perhaps produce more successful social workers overall, by redirecting the BASW accreditation funds into an MSW scholarship fund?

The high number of MSW graduates reporting their field of practice as "mental health" illustrates the ever-changing forum of social work. Throughout the years, social workers have transitioned from "friendly visitors" to educated, licensed professionals

working in mental health settings. The predominance of substance use disorders and mental illnesses in society has been evidenced by the literature, indicating that this aforementioned shift in practice for social workers is absolutely necessary. The transition will not be complete, however, until social workers are not merely offered, but required to complete at least some of the same courses as their colleagues in the mental health profession who do not have a background in social work. It is therefore my recommendation that the “Chemical Dependency” and “DSM-IV” classes, currently offered as electives for MSWs, be changed to core requirements.

Appendix A
QUESTIONNAIRE

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
Division of Social Work

Questionnaire for Extracting Common Variables from Basw & Msw Alumni Surveys of 2006-2007

1. Gender: Male Female 2. Age _____
3. Marital Status While in the Program
- 1 Married and living with spouse
 - 2 Separated
 - 3 Divorced
 - 4 Single (never married)
 - 5 Widow(er)
 - 6 Domestic partnership (e.g., living with someone)
 - 7 Other _____
4. Do you consider yourself an ethnic minority person? No Yes
5. Degree and year graduated: Basw 2006 __ Basw 2007 __ Msw 2006 __ Msw 2007 __
6. If you had to do it again, would you study social work as a major? No Yes
7. What best describes your employment and/or education at the present time?
- 1 Employed full-time in a permanent position
 - 2 Employed full-time in a temporary position
 - 3 Employed part-time, seeking full-time employment
 - 4 Employed part-time, not seeking fulltime employment
 - 5 Unemployed, seeking employment
 - 6 Unemployed, not seeking employment
 - 7 Attending school and employed full-time
 - 8 Attending school and employed part-time
 - 9 Attending school and not employed
 - 10 Never employed since receiving my BASW
 - 11 Attending school and receiving a stipend
 - 12 Other (Please describe) _____
- (If **never** employed since receiving your BASW degree, please skip to question #15)
- Check here __ if you are not currently employed and the information below is for your past job
8. Is/was your employment in the social work profession? No Yes
If no, please answers questions 9 & 10 and then skip to question 18
9. Please check the type of agency where you work(ed) **and** the percent of time that you work(ed) there:

- h _____ Use an ecological perspective that integrates micro-meso-macro levels of practice
- i _____ Work effectively with persons who are oppressed, marginalized, or disenfranchised
- j _____ Knowledge of the history of the social work profession
- k _____ Understand the impact of social policies on client and client-serving systems
- l _____ Be responsible for my own learning and professional development

16. What was your Grade Point Average while in the Basw/Msw program? _____

Overall Satisfaction

17. Overall, how satisfied were you with the following components of the social work program. Please circle the number on the continuum that best indicates your degree of satisfaction with each component.

	Highly Satisfied					Highly Dissatisfied				
Practice Classes	10	9	8	7	6	5	4	3	2	1
Multicultural Class	10	9	8	7	6	5	4	3	2	1
Policy Classes	10	9	8	7	6	5	4	3	2	1
HBSE Classes	10	9	8	7	6	5	4	3	2	1
Research Classes	10	9	8	7	6	5	4	3	2	1
Electives	10	9	8	7	6	5	4	3	2	1
Overall Coursework	10	9	8	7	6	5	4	3	2	1
Advising	10	9	8	7	6	5	4	3	2	1
Administration	10	9	8	7	6	5	4	3	2	1
Office Staff	10	9	8	7	6	5	4	3	2	1
Field Practicum	10	9	8	7	6	5	4	3	2	1
Overall Program	10	9	8	7	6	5	4	3	2	1

Educational Experience

18. Think about your overall educational experience in the Basw/Msw program and these paired adjectives. Mark a spot on the continuum that best reflects your perception of your experience while in the program.

	7	6	5	4	3	2	1	
Rewarding	_____	_____	_____	_____	_____	_____	_____	Unrewarding
Professional	_____	_____	_____	_____	_____	_____	_____	Unprofessional
Stimulating	_____	_____	_____	_____	_____	_____	_____	Boring
Valuable	_____	_____	_____	_____	_____	_____	_____	Worthless
Challenging	_____	_____	_____	_____	_____	_____	_____	Simplistic
Fair	_____	_____	_____	_____	_____	_____	_____	Unfair
Organized	_____	_____	_____	_____	_____	_____	_____	Disorganized
Flexible	_____	_____	_____	_____	_____	_____	_____	Rigid
Supportive	_____	_____	_____	_____	_____	_____	_____	Unsupportive

Field Work

	Very Good	Good	Fair	Poor	Very Poor
19. The quality of my Senior or Msw I Field Placement was	_____	_____	_____	_____	_____
	(5)	(4)	(3)	(2)	(1)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
20. Overall my field work:					
Contributed to my development as a social worker	_____	_____	_____	_____	_____
Prepared me for my current job	_____	_____	_____	_____	_____
Prepared me for transcultural practice	_____	_____	_____	_____	_____
Gave me experiences in various practice methods	_____	_____	_____	_____	_____
	(5)	(4)	(3)	(2)	(1)

21. Since graduating have you done any of the following? (Check all that apply)

- a. Advocacy for oppressed/disadvantaged groups
- b. Political activity for oppressed/disadvantaged groups
- c. Member of NASW
- d. Active in NASW
- e. Leadership in NASW
- f. Active in other professional organization _____
- g. Leadership in other professional organization _____
- h. Member of advisory boards of community agencies
- i. Member of board of directors of community agencies
- j. Consultation services to community organizations
- k. Been a field instructor
- l. Taught a college level course

Appendix B

FREQUENCY TABLES

Table 1
Gender

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Male	3	5.6	5.6	5.6
		Female	51	94.4	94.4	100.0
		Total	54	100.0	100.0	
Msw	Valid	Male	8	9.3	9.3	9.3
		Female	78	90.7	90.7	100.0
		Total	86	100.0	100.0	

Table 2
Age Grouped

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Under 30	39	72.2	72.2	72.2
		30 - 39	7	13.0	13.0	85.2
		Over 39	8	14.8	14.8	100.0
		Total	54	100.0	100.0	
Msw	Valid	Under 30	38	44.2	44.2	44.2
		30 - 39	27	31.4	31.4	75.6
		Over 39	21	24.4	24.4	100.0
		Total	86	100.0	100.0	

Table 3
Marital Status into 3 Groups

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Single	30	55.6	56.6	56.6
		Married or Domestic Partner	21	38.9	39.6	96.2
		Separated or Divorced	2	3.7	3.8	100.0
		Total	53	98.1	100.0	
	Missing	System	1	1.9		
	Total	54	100.0			
Msw	Valid	Single	30	34.9	36.1	36.1
		Married or Domestic Partner	47	54.7	56.6	92.8
		Separated or Divorced	6	7.0	7.2	100.0
		Total	83	96.5	100.0	
	Missing	System	3	3.5		
	Total	86	100.0			

Table 4
Ethnic/Racial Origin

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Not Ethnic Minority	22	40.7	41.5	41.5
		Ethnic Minority	31	57.4	58.5	100.0
		Total	53	98.1	100.0	
	Missing	System	1	1.9		
		Total	54	100.0		
Msw	Valid	Not Ethnic Minority	48	55.8	55.8	55.8
		Ethnic Minority	38	44.2	44.2	100.0
		Total	86	100.0	100.0	

Table 5
Year Graduated

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Basw2006	20	37.0	37.0	37.0
		Basw2007	34	63.0	63.0	100.0
		Total	54	100.0	100.0	
Msw	Valid	Msw2006	55	64.0	64.0	64.0
		Msw2007	31	36.0	36.0	100.0
		Total	86	100.0	100.0	

Table 6
Would Enroll in the Program Again

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	15	27.8	27.8	27.8
		Yes	39	72.2	72.2	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	6	7.0	7.2	7.2
		Yes	77	89.5	92.8	100.0
		Total	83	96.5	100.0	
	Missing	System	3	3.5		
	Total		86	100.0		

Table 7
Present Job Status

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	full-time permanent	16	29.6	29.6	29.6
		full-time temporary	1	1.9	1.9	31.5
		part-time seeking full-time	1	1.9	1.9	33.3
		part-time not seeking full-time	2	3.7	3.7	37.0
		unemployed seeking job	2	3.7	3.7	40.7
		school + full-time job	6	11.1	11.1	51.9
		school + part-time job	10	18.5	18.5	70.4
		school + unemployed	11	20.4	20.4	90.7
		never employed since receiving degree	1	1.9	1.9	92.6
		school + receiving a stipend	1	1.9	1.9	94.4
		Other	3	5.6	5.6	100.0
		Total	54	100.0	100.0	
		Msw	Valid	full-time permanent	65	75.6
full-time temporary	4			4.7	4.7	81.2
part-time seeking full-time	2			2.3	2.4	83.5
part-time not seeking full-time	2			2.3	2.4	85.9
unemployed seeking job	2			2.3	2.4	88.2
school + full-time job	6			7.0	7.1	95.3
school + receiving a stipend	1			1.2	1.2	96.5
Other	3			3.5	3.5	100.0
Total	85			98.8	100.0	
Missing	System			1	1.2	
Total		86	100.0			

Table 8
Job is in Social Work

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	10	18.5	25.0	25.0
		Yes	30	55.6	75.0	100.0
		Total	40	74.1	100.0	
	Missing	System	14	25.9		
	Total		54	100.0		
Msw	Valid	No	4	4.7	4.9	4.9
		Yes	77	89.5	95.1	100.0
		Total	81	94.2	100.0	
	Missing	System	5	5.8		
	Total		86	100.0		

Table 9
Employment Auspices

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	public agency	13	24.1	35.1	35.1
		private non-profit agency	16	29.6	43.2	78.4
		private for-profit agency	1	1.9	2.7	81.1
		private practice	1	1.9	2.7	83.8
		Other	6	11.1	16.2	100.0
		Total	37	68.5	100.0	
	Missing	System	17	31.5		
Total		54	100.0			
Msw	Valid	public agency	34	39.5	42.0	42.0
		private non-profit agency	30	34.9	37.0	79.0
		private for-profit agency	11	12.8	13.6	92.6
		private practice	1	1.2	1.2	93.8
		Other	5	5.8	6.2	100.0
		Total	81	94.2	100.0	
	Missing	System	5	5.8		
Total		86	100.0			

Table 10
Monthly Salary Grouped

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Under 2100	13	24.1	38.2	38.2
		2100 - 2999	7	13.0	20.6	58.8
		3000 - 3900	12	22.2	35.3	94.1
		Over 3900	2	3.7	5.9	100.0
		Total	34	63.0	100.0	
	Missing	System	20	37.0		
Total			54	100.0		
Msw	Valid	Under 2100	6	7.0	7.7	7.7
		2100 - 2999	6	7.0	7.7	15.4
		3000 - 3900	34	39.5	43.6	59.0
		Over 3900	32	37.2	41.0	100.0
		Total	78	90.7	100.0	
	Missing	System	8	9.3		
Total			86	100.0		

Table 11
Years at Current Job Grouped

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Under 1 year	14	25.9	41.2	41.2
		1 year or more	20	37.0	58.8	100.0
		Total	34	63.0	100.0	
	Missing	System	20	37.0		
Total			54	100.0		
Msw	Valid	Under 1 year	37	43.0	46.8	46.8
		1 year or more	42	48.8	53.2	100.0
		Total	79	91.9	100.0	
	Missing	System	7	8.1		
Total			86	100.0		

Table 12
Level of Current Job

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Appropriate	15	27.8	42.9	42.9
		Somewhat Lower	10	18.5	28.6	71.4
		Much Lower	10	18.5	28.6	100.0
		Total	35	64.8	100.0	
	Missing	System	19	35.2		
Total			54	100.0		
Msw	Valid	Appropriate	64	74.4	80.0	80.0
		Somewhat Lower	14	16.3	17.5	97.5
		Much Lower	2	2.3	2.5	100.0
		Total	80	93.0	100.0	
	Missing	System	6	7.0		
Total			86	100.0		

Table 13
Field of Practice in Current Job

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent	
Basw	Valid	School social work	2	3.7	5.7	5.7	
		Family focused practice	4	7.4	11.4	17.1	
		CPS	2	3.7	5.7	22.9	
		Adoption	1	1.9	2.9	25.7	
		Other Child Welfare	3	5.6	8.6	34.3	
		Aging-Gerontology	2	3.7	5.7	40.0	
		Chemical dependency	1	1.9	2.9	42.9	
		Mental Health	1	1.9	2.9	45.7	
		Employment Services	1	1.9	2.9	48.6	
		Medical social work	1	1.9	2.9	51.4	
		Disabilities	1	1.9	2.9	54.3	
		Other	16	29.6	45.7	100.0	
		Total	35	64.8	100.0		
		Missing	System	19	35.2		
		Total		54	100.0		
Msw	Valid	School social work	4	4.7	5.0	5.0	
		Family focused practice	7	8.1	8.8	13.8	
		CPS	12	14.0	15.0	28.8	
		Adoption	5	5.8	6.3	35.0	
		Other Child Welfare	2	2.3	2.5	37.5	
		Adult Corrections	2	2.3	2.5	40.0	
		Juvenile Justice	3	3.5	3.8	43.8	
		Aging-Gerontology	2	2.3	2.5	46.3	
		Chemical dependency	1	1.2	1.3	47.5	
		Mental Health	19	22.1	23.8	71.3	
		Employment Services	1	1.2	1.3	72.5	
		Medical social work	11	12.8	13.8	86.3	
		Community services	1	1.2	1.3	87.5	
		Disabilities	3	3.5	3.8	91.3	
		Other	7	8.1	8.8	100.0	
		Total	80	93.0	100.0		
		Missing	System	6	7.0		
Total		86	100.0				

Table 14
Administration

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	41	75.9	95.3	95.3
		Yes	2	3.7	4.7	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	54	62.8	83.1	83.1
		Yes	11	12.8	16.9	100.0
		Total	65	75.6	100.0	
	Missing	System	21	24.4		
	Total		86	100.0		

Table 15
Advocacy

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	35	64.8	81.4	81.4
		Yes	8	14.8	18.6	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	33	38.4	47.8	47.8
		Yes	36	41.9	52.2	100.0
		Total	69	80.2	100.0	
	Missing	System	17	19.8		
	Total		86	100.0		

Table 16
Case Management

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	23	42.6	53.5	53.5
		Yes	20	37.0	46.5	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	22	25.6	28.9	28.9
		Yes	54	62.8	71.1	100.0
		Total	76	88.4	100.0	
	Missing	System	10	11.6		
	Total		86	100.0		

Table 17
Community Organizing

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	38	70.4	88.4	88.4
		Yes	5	9.3	11.6	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	56	65.1	88.9	88.9
		Yes	7	8.1	11.1	100.0
		Total	63	73.3	100.0	
	Missing	System	23	26.7		
	Total		86	100.0		

Table 18
Crisis Intervention

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	29	53.7	67.4	67.4
		Yes	14	25.9	32.6	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	23	26.7	31.5	31.5
		Yes	50	58.1	68.5	100.0
		Total	73	84.9	100.0	
	Missing	System	13	15.1		
	Total		86	100.0		

Table 19
Fundraising

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	40	74.1	93.0	93.0
		Yes	3	5.6	7.0	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	58	67.4	93.5	93.5
		Yes	4	4.7	6.5	100.0
		Total	62	72.1	100.0	
	Missing	System	24	27.9		
	Total		86	100.0		

Table 20
Grant/Proposal Writing

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	43	79.6	100.0	100.0
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	57	66.3	91.9	91.9
		Yes	5	5.8	8.1	100.0
		Total	62	72.1	100.0	
	Missing	System	24	27.9		
	Total		86	100.0		

Table 21
Information and Referral

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	33	61.1	76.7	76.7
		Yes	10	18.5	23.3	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	31	36.0	45.6	45.6
		Yes	37	43.0	54.4	100.0
		Total	68	79.1	100.0	
	Missing	System	18	20.9		
	Total		86	100.0		

Table 22
Policy Analysis

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	42	77.8	97.7	97.7
		Yes	1	1.9	2.3	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	56	65.1	86.2	86.2
		Yes	9	10.5	13.8	100.0
		Total	65	75.6	100.0	
	Missing	System	21	24.4		
	Total		86	100.0		

Table 23
Social Work with Families

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	30	55.6	69.8	69.8
		Yes	13	24.1	30.2	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	21	24.4	28.8	28.8
		Yes	52	60.5	71.2	100.0
		Total	73	84.9	100.0	
	Missing	System	13	15.1		
	Total		86	100.0		

Table 24
Social Work with Groups

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	36	66.7	83.7	83.7
		Yes	7	13.0	16.3	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	47	54.7	70.1	70.1
		Yes	20	23.3	29.9	100.0
		Total	67	77.9	100.0	
	Missing	System	19	22.1		
	Total		86	100.0		

Table 25
Social Work with Individuals

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	28	51.9	65.1	65.1
		Yes	15	27.8	34.9	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	25	29.1	35.7	35.7
		Yes	45	52.3	64.3	100.0
		Total	70	81.4	100.0	
	Missing	System	16	18.6		
	Total		86	100.0		

Table 26
Supervision

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	37	68.5	86.0	86.0
		Yes	6	11.1	14.0	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	51	59.3	81.0	81.0
		Yes	12	14.0	19.0	100.0
		Total	63	73.3	100.0	
	Missing	System	23	26.7		
	Total		86	100.0		

Table 27
Teaching/Training

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	34	63.0	79.1	79.1
		Yes	9	16.7	20.9	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	49	57.0	75.4	75.4
		Yes	16	18.6	24.6	100.0
		Total	65	75.6	100.0	
	Missing	System	21	24.4		
	Total		86	100.0		

Table 28
Other Job Activities

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	37	68.5	86.0	86.0
		Yes	6	11.1	14.0	100.0
		Total	43	79.6	100.0	
	Missing	System	11	20.4		
	Total		54	100.0		
Msw	Valid	No	47	54.7	72.3	72.3
		Yes	18	20.9	27.7	100.0
		Total	65	75.6	100.0	
	Missing	System	21	24.4		
	Total		86	100.0		

Table 29
Grade Point Average Grouped

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Under 3.50	29	53.7	58.0	58.0
		3.50 or greater	21	38.9	42.0	100.0
		Total	50	92.6	100.0	
	Missing	System	4	7.4		
	Total		54	100.0		
Msw	Valid	Under 3.50	11	12.8	13.6	13.6
		3.50 or greater	70	81.4	86.4	100.0
		Total	81	94.2	100.0	
	Missing	System	5	5.8		
	Total		86	100.0		

Table 30
Use of Social Work Values

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Unprepared	1	1.9	1.9	1.9
		Poorly prepared	1	1.9	1.9	3.8
		Adequately prepared	19	35.2	36.5	40.4
		Well prepared	20	37.0	38.5	78.8
		Excellently prepared	11	20.4	21.2	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
	Total	54	100.0			
Msw	Valid	Adequately prepared	13	15.1	15.5	15.5
		Well prepared	38	44.2	45.2	60.7
		Excellently prepared	33	38.4	39.3	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
	Total	86	100.0			

Table 31
Ethical Practice

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Unprepared	1	1.9	1.9	1.9
		Poorly prepared	4	7.4	7.7	9.6
		Adequately prepared	16	29.6	30.8	40.4
		Well prepared	25	46.3	48.1	88.5
		Excellently prepared	6	11.1	11.5	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
	Total	54	100.0			
Msw	Valid	Poorly prepared	7	8.1	8.3	8.3
		Adequately prepared	21	24.4	25.0	33.3
		Well prepared	34	39.5	40.5	73.8
		Excellently prepared	22	25.6	26.2	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
	Total	86	100.0			

Table 32
Use Research Methods

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Unprepared	2	3.7	3.8	3.8
		Poorly prepared	12	22.2	23.1	26.9
		Adequately prepared	22	40.7	42.3	69.2
		Well prepared	12	22.2	23.1	92.3
		Excellently prepared	4	7.4	7.7	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
	Total	54	100.0			
Msw	Valid	Poorly prepared	9	10.5	10.7	10.7
		Adequately prepared	40	46.5	47.6	58.3
		Well prepared	27	31.4	32.1	90.5
		Excellently prepared	8	9.3	9.5	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
	Total	86	100.0			

Table 33
Use Computer Technology

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Unprepared	2	3.7	3.8	3.8
		Poorly prepared	5	9.3	9.6	13.5
		Adequately prepared	15	27.8	28.8	42.3
		Well prepared	19	35.2	36.5	78.8
		Excellently prepared	11	20.4	21.2	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
	Total	54	100.0			
Msw	Valid	Unprepared	1	1.2	1.2	1.2
		Poorly prepared	4	4.7	4.8	6.0
		Adequately prepared	35	40.7	41.7	47.6
		Well prepared	23	26.7	27.4	75.0
		Excellently prepared	21	24.4	25.0	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
	Total	86	100.0			

Table 34
Be Culturally Sensitive

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	1	1.9	1.9	1.9
		Adequately prepared	7	13.0	13.5	15.4
		Well prepared	18	33.3	34.6	50.0
		Excellently prepared	26	48.1	50.0	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Poorly prepared	4	4.7	4.8	4.8
		Adequately prepared	5	5.8	6.0	10.7
		Well prepared	36	41.9	42.9	53.6
		Excellently prepared	39	45.3	46.4	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total			86	100.0		

Table 35
Advocate for Social Change

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	6	11.1	11.5	11.5
		Adequately prepared	11	20.4	21.2	32.7
		Well prepared	24	44.4	46.2	78.8
		Excellently prepared	11	20.4	21.2	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Unprepared	1	1.2	1.2	1.2
		Poorly prepared	3	3.5	3.6	4.8
		Adequately prepared	19	22.1	22.6	27.4
		Well prepared	28	32.6	33.3	60.7
		Excellently prepared	33	38.4	39.3	100.0
	Total	84	97.7	100.0		
Missing	System	2	2.3			
Total			86	100.0		

Table 36
Use a Strength Perspective

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	1	1.9	1.9	1.9
		Adequately prepared	10	18.5	19.2	21.2
		Well prepared	20	37.0	38.5	59.6
		Excellently prepared	21	38.9	40.4	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Adequately prepared	10	11.6	11.9	11.9
		Well prepared	35	40.7	41.7	53.6
		Excellently prepared	39	45.3	46.4	100.0
		Total	84	97.7	100.0	
		Missing	System	2	2.3	
	Total			86	100.0	

Table 37
Use an Ecological Perspective

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	3	5.6	5.8	5.8
		Adequately prepared	24	44.4	46.2	51.9
		Well prepared	13	24.1	25.0	76.9
		Excellently prepared	12	22.2	23.1	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Poorly prepared	2	2.3	2.4	2.4
		Adequately prepared	14	16.3	16.7	19.0
		Well prepared	40	46.5	47.6	66.7
		Excellently prepared	28	32.6	33.3	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total			86	100.0		

Table 38
Work with Oppressed Persons

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	6	11.1	11.5	11.5
		Adequately prepared	13	24.1	25.0	36.5
		Well prepared	18	33.3	34.6	71.2
		Excellently prepared	15	27.8	28.8	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Unprepared	1	1.2	1.2	1.2
		Adequately prepared	15	17.4	17.9	19.0
		Well prepared	31	36.0	36.9	56.0
		Excellently prepared	37	43.0	44.0	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total			86	100.0		

Table 39
Know History of Social Work

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	10	18.5	19.2	19.2
		Adequately prepared	24	44.4	46.2	65.4
		Well prepared	10	18.5	19.2	84.6
		Excellently prepared	8	14.8	15.4	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Poorly prepared	8	9.3	9.5	9.5
		Adequately prepared	30	34.9	35.7	45.2
		Well prepared	29	33.7	34.5	79.8
		Excellently prepared	17	19.8	20.2	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total			86	100.0		

Table 40
Impact of Policies on Clients

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	11	20.4	21.2	21.2
		Adequately prepared	12	22.2	23.1	44.2
		Well prepared	17	31.5	32.7	76.9
		Excellently prepared	12	22.2	23.1	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Poorly prepared	2	2.3	2.4	2.4
		Adequately prepared	22	25.6	26.2	28.6
		Well prepared	33	38.4	39.3	67.9
		Excellently prepared	27	31.4	32.1	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total			86	100.0		

Table 41
Responsible for Own Learning

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly prepared	2	3.7	3.8	3.8
		Adequately prepared	12	22.2	23.1	26.9
		Well prepared	18	33.3	34.6	61.5
		Excellently prepared	20	37.0	38.5	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
Total			54	100.0		
Msw	Valid	Poorly prepared	2	2.3	2.4	2.4
		Adequately prepared	11	12.8	13.1	15.5
		Well prepared	30	34.9	35.7	51.2
		Excellently prepared	41	47.7	48.8	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total			86	100.0		

Table 41
Satisfaction w/ Practice Classes

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	3	5.6	5.7	5.7
		4.0	1	1.9	1.9	7.5
		5.0	6	11.1	11.3	18.9
		6.0	2	3.7	3.8	22.6
		7.0	3	5.6	5.7	28.3
		8.0	10	18.5	18.9	47.2
		9.0	18	33.3	34.0	81.1
		Highly Satisfied	10	18.5	18.9	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
Total		54	100.0			
Msw	Valid	Highly Dissatisfied	10	11.6	11.9	11.9
		2.0	2	2.3	2.4	14.3
		3.0	6	7.0	7.1	21.4
		4.0	1	1.2	1.2	22.6
		5.0	3	3.5	3.6	26.2
		5.5	7	8.1	8.3	34.5
		6.0	5	5.8	6.0	40.5
		7.0	9	10.5	10.7	51.2
		8.0	10	11.6	11.9	63.1
		9.0	16	18.6	19.0	82.1
		Highly Satisfied	15	17.4	17.9	100.0
		Total	84	97.7	100.0	
		Missing	System	2	2.3	
Total		86	100.0			

Table 43
Satisfaction w/ Multicultural Class

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	1	1.9	1.9	1.9
		2.0	1	1.9	1.9	3.8
		3.0	2	3.7	3.8	7.5
		4.0	2	3.7	3.8	11.3
		5.0	9	16.7	17.0	28.3
		5.5	1	1.9	1.9	30.2
		6.0	1	1.9	1.9	32.1
		7.0	7	13.0	13.2	45.3
		8.0	8	14.8	15.1	60.4
		9.0	12	22.2	22.6	83.0
		Highly Satisfied	9	16.7	17.0	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	3	3.5	3.6	3.6
		3.0	6	7.0	7.1	10.7
		4.0	2	2.3	2.4	13.1
		5.0	7	8.1	8.3	21.4
		5.5	9	10.5	10.7	32.1
		6.0	3	3.5	3.6	35.7
		7.0	3	3.5	3.6	39.3
		8.0	15	17.4	17.9	57.1
		9.0	16	18.6	19.0	76.2
		Highly Satisfied	20	23.3	23.8	100.0
		Total	84	97.7	100.0	
		Missing	System	2	2.3	
	Total		86	100.0		

Table 44
Satisfaction w/ Policy Class

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	1	1.9	1.9	1.9
		2.0	1	1.9	1.9	3.8
		3.0	4	7.4	7.5	11.3
		4.0	6	11.1	11.3	22.6
		5.0	6	11.1	11.3	34.0
		5.5	1	1.9	1.9	35.8
		6.0	6	11.1	11.3	47.2
		7.0	5	9.3	9.4	56.6
		8.0	9	16.7	17.0	73.6
		9.0	9	16.7	17.0	90.6
		Highly Satisfied	5	9.3	9.4	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	1	1.2	1.2	1.2
		3.0	2	2.3	2.4	3.6
		4.0	3	3.5	3.6	7.1
		5.0	5	5.8	6.0	13.1
		5.5	9	10.5	10.7	23.8
		6.0	4	4.7	4.8	28.6
		7.0	12	14.0	14.3	42.9
		8.0	10	11.6	11.9	54.8
		9.0	19	22.1	22.6	77.4
		Highly Satisfied	19	22.1	22.6	100.0
	Total	84	97.7	100.0		
Missing	System	2	2.3			
Total		86	100.0			

Table 45
Satisfaction w/ HBSE Classes

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	1	1.9	1.9	1.9
		3.0	2	3.7	3.8	5.7
		4.0	3	5.6	5.7	11.3
		5.0	4	7.4	7.5	18.9
		5.5	6	11.1	11.3	30.2
		6.0	3	5.6	5.7	35.8
		7.0	7	13.0	13.2	49.1
		8.0	10	18.5	18.9	67.9
		9.0	7	13.0	13.2	81.1
		Highly Satisfied	10	18.5	18.9	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	3	3.5	3.6	3.6
		2.0	3	3.5	3.6	7.1
		3.0	3	3.5	3.6	10.7
		4.0	1	1.2	1.2	11.9
		5.0	4	4.7	4.8	16.7
		5.5	7	8.1	8.3	25.0
		6.0	5	5.8	6.0	31.0
		7.0	13	15.1	15.5	46.4
		8.0	15	17.4	17.9	64.3
		9.0	12	14.0	14.3	78.6
		Highly Satisfied	18	20.9	21.4	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total		86	100.0			

Table 46
Satisfaction w/ Research Class

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	3.0	2	3.7	3.8	3.8
		4.0	2	3.7	3.8	7.5
		5.0	5	9.3	9.4	17.0
		6.0	8	14.8	15.1	32.1
		7.0	7	13.0	13.2	45.3
		8.0	9	16.7	17.0	62.3
		9.0	10	18.5	18.9	81.1
		Highly Satisfied	10	18.5	18.9	100.0
		Total	53	98.1	100.0	
	Missing	System	1	1.9		
Total		54	100.0			
Msw	Valid	2.0	2	2.3	2.4	2.4
		4.0	4	4.7	4.8	7.1
		5.0	8	9.3	9.5	16.7
		5.5	6	7.0	7.1	23.8
		6.0	4	4.7	4.8	28.6
		7.0	15	17.4	17.9	46.4
		7.5	1	1.2	1.2	47.6
		8.0	19	22.1	22.6	70.2
		9.0	14	16.3	16.7	86.9
		Highly Satisfied	11	12.8	13.1	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total		86	100.0			

Table 47
Satisfaction w/ Electives

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	3.0	1	1.9	1.9	1.9
		4.0	1	1.9	1.9	3.8
		5.0	3	5.6	5.7	9.4
		6.0	3	5.6	5.7	15.1
		7.0	6	11.1	11.3	26.4
		8.0	10	18.5	18.9	45.3
		9.0	16	29.6	30.2	75.5
		Highly Satisfied	13	24.1	24.5	100.0
		Total	53	98.1	100.0	
	Missing	System	1	1.9		
Total		54	100.0			
Msw	Valid	Highly Dissatisfied	1	1.2	1.2	1.2
		3.0	2	2.3	2.4	3.6
		5.0	5	5.8	6.0	9.5
		6.0	4	4.7	4.8	14.3
		7.0	9	10.5	10.7	25.0
		8.0	15	17.4	17.9	42.9
		8.5	1	1.2	1.2	44.0
		9.0	17	19.8	20.2	64.3
		Highly Satisfied	30	34.9	35.7	100.0
	Total	84	97.7	100.0		
Missing	System	2	2.3			
Total		86	100.0			

Table 48
Overall Coursework Satisfaction

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	1	1.9	1.9	1.9
		3.0	1	1.9	1.9	3.8
		4.0	2	3.7	3.8	7.5
		5.0	4	7.4	7.5	15.1
		6.0	4	7.4	7.5	22.6
		7.0	9	16.7	17.0	39.6
		8.0	11	20.4	20.8	60.4
		9.0	13	24.1	24.5	84.9
		Highly Satisfied	8	14.8	15.1	100.0
		Total	53	98.1	100.0	
	Missing	System	1	1.9		
Total		54	100.0			
Msw	Valid	3.0	1	1.2	1.2	1.2
		4.0	1	1.2	1.2	2.4
		5.0	3	3.5	3.6	6.0
		5.5	1	1.2	1.2	7.1
		6.0	4	4.7	4.8	11.9
		7.0	15	17.4	17.9	29.8
		8.0	16	18.6	19.0	48.8
		8.5	1	1.2	1.2	50.0
		9.0	25	29.1	29.8	79.8
		Highly Satisfied	17	19.8	20.2	100.0
	Total	84	97.7	100.0		
Missing	System	2	2.3			
Total		86	100.0			

Table 49
Advising Satisfaction

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	3	5.6	5.7	5.7
		2.0	1	1.9	1.9	7.5
		3.0	2	3.7	3.8	11.3
		4.0	5	9.3	9.4	20.8
		5.0	3	5.6	5.7	26.4
		5.5	2	3.7	3.8	30.2
		6.0	8	14.8	15.1	45.3
		7.0	9	16.7	17.0	62.3
		8.0	6	11.1	11.3	73.6
		9.0	7	13.0	13.2	86.8
		Highly Satisfied	7	13.0	13.2	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	4	4.7	4.8	4.8
		2.0	1	1.2	1.2	6.0
		3.0	3	3.5	3.6	9.5
		4.0	4	4.7	4.8	14.3
		5.0	7	8.1	8.3	22.6
		6.0	7	8.1	8.3	31.0
		7.0	13	15.1	15.5	46.4
		8.0	12	14.0	14.3	60.7
		9.0	10	11.6	11.9	72.6
		Highly Satisfied	23	26.7	27.4	100.0
		Total	84	97.7	100.0	
		Missing	System	2	2.3	
	Total		86	100.0		

Table 50
Administration Satisfaction

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	3	5.6	5.7	5.7
		3.0	1	1.9	1.9	7.5
		4.0	7	13.0	13.2	20.8
		5.0	2	3.7	3.8	24.5
		5.5	1	1.9	1.9	26.4
		6.0	7	13.0	13.2	39.6
		7.0	10	18.5	18.9	58.5
		8.0	6	11.1	11.3	69.8
		9.0	8	14.8	15.1	84.9
		Highly Satisfied	8	14.8	15.1	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	2	2.3	2.4	2.4
		2.0	2	2.3	2.4	4.8
		3.0	3	3.5	3.6	8.3
		4.0	6	7.0	7.1	15.5
		5.0	8	9.3	9.5	25.0
		5.5	1	1.2	1.2	26.2
		6.0	7	8.1	8.3	34.5
		7.0	10	11.6	11.9	46.4
		8.0	21	24.4	25.0	71.4
		9.0	11	12.8	13.1	84.5
		Highly Satisfied	13	15.1	15.5	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total		86	100.0			

Table 51
Office Staff Satisfaction

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	4	7.4	7.5	7.5
		2.0	2	3.7	3.8	11.3
		3.0	2	3.7	3.8	15.1
		4.0	1	1.9	1.9	17.0
		5.0	4	7.4	7.5	24.5
		6.0	3	5.6	5.7	30.2
		7.0	8	14.8	15.1	45.3
		8.0	12	22.2	22.6	67.9
		9.0	8	14.8	15.1	83.0
		Highly Satisfied	9	16.7	17.0	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	3	3.5	3.6	3.6
		2.0	1	1.2	1.2	4.8
		4.0	2	2.3	2.4	7.1
		5.0	9	10.5	10.7	17.9
		5.5	1	1.2	1.2	19.0
		6.0	5	5.8	6.0	25.0
		7.0	14	16.3	16.7	41.7
		8.0	22	25.6	26.2	67.9
		9.0	13	15.1	15.5	83.3
		Highly Satisfied	14	16.3	16.7	100.0
		Total	84	97.7	100.0	
		Missing	System	2	2.3	
	Total		86	100.0		

Table 52
Field Practicum Satisfaction

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	2	3.7	3.8	3.8
		3.0	3	5.6	5.7	9.4
		4.0	3	5.6	5.7	15.1
		5.0	1	1.9	1.9	17.0
		5.5	2	3.7	3.8	20.8
		6.0	4	7.4	7.5	28.3
		7.0	3	5.6	5.7	34.0
		8.0	8	14.8	15.1	49.1
		9.0	13	24.1	24.5	73.6
		Highly Satisfied	14	25.9	26.4	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	2	2.3	2.4	2.4
		5.0	3	3.5	3.6	6.0
		6.0	4	4.7	4.8	10.7
		7.0	8	9.3	9.5	20.2
		8.0	21	24.4	25.0	45.2
		9.0	13	15.1	15.5	60.7
		Highly Satisfied	33	38.4	39.3	100.0
	Total	84	97.7	100.0		
Missing	System	2	2.3			
Total		86	100.0			

Table 53
Overall Program Satisfaction

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Highly Dissatisfied	1	1.9	1.9	1.9
		2.0	1	1.9	1.9	3.8
		3.0	1	1.9	1.9	5.7
		4.0	1	1.9	1.9	7.5
		5.0	4	7.4	7.5	15.1
		6.0	8	14.8	15.1	30.2
		7.0	8	14.8	15.1	45.3
		8.0	8	14.8	15.1	60.4
		9.0	14	25.9	26.4	86.8
		Highly Satisfied	7	13.0	13.2	100.0
		Total	53	98.1	100.0	
		Missing	System	1	1.9	
	Total		54	100.0		
Msw	Valid	Highly Dissatisfied	2	2.3	2.4	2.4
		4.0	1	1.2	1.2	3.6
		5.0	2	2.3	2.4	6.0
		5.5	1	1.2	1.2	7.1
		6.0	7	8.1	8.3	15.5
		7.0	12	14.0	14.3	29.8
		8.0	19	22.1	22.6	52.4
		9.0	23	26.7	27.4	79.8
		Highly Satisfied	17	19.8	20.2	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
Total		86	100.0			

Table 54
Rewarding

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	2.0	2	3.7	3.7	3.7
		4.0	7	13.0	13.0	16.7
		5.0	11	20.4	20.4	37.0
		6.0	17	31.5	31.5	68.5
		Most Positive	17	31.5	31.5	100.0
		Total	54	100.0	100.0	
Msw	Valid	2.0	2	2.3	2.3	2.3
		4.0	5	5.8	5.8	8.1
		5.0	17	19.8	19.8	27.9
		6.0	20	23.3	23.3	51.2
		Most Positive	42	48.8	48.8	100.0
		Total	86	100.0	100.0	

Table 55
Professional

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	2.0	2	3.7	3.7	3.7
		3.0	4	7.4	7.4	11.1
		4.0	6	11.1	11.1	22.2
		5.0	16	29.6	29.6	51.9
		6.0	15	27.8	27.8	79.6
		Most Positive	11	20.4	20.4	100.0
		Total	54	100.0	100.0	
Msw	Valid	2.0	2	2.3	2.3	2.3
		3.0	2	2.3	2.3	4.7
		4.0	13	15.1	15.1	19.8
		5.0	17	19.8	19.8	39.5
		6.0	24	27.9	27.9	67.4
		Most Positive	28	32.6	32.6	100.0
		Total	86	100.0	100.0	

Table 56
Stimulating

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	2.0	1	1.9	1.9	1.9
		3.0	4	7.4	7.4	9.3
		4.0	3	5.6	5.6	14.8
		5.0	16	29.6	29.6	44.4
		6.0	19	35.2	35.2	79.6
		Most Positive	11	20.4	20.4	100.0
		Total	54	100.0	100.0	
Msw	Valid	Most Negative	1	1.2	1.2	1.2
		2.0	1	1.2	1.2	2.3
		3.0	2	2.3	2.3	4.7
		4.0	5	5.8	5.8	10.5
		5.0	21	24.4	24.4	34.9
		6.0	31	36.0	36.0	70.9
		Most Positive	25	29.1	29.1	100.0
		Total	86	100.0	100.0	

Table 57
Valuable

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	2.0	1	1.9	1.9	1.9
		3.0	2	3.7	3.7	5.6
		4.0	5	9.3	9.3	14.8
		5.0	9	16.7	16.7	31.5
		6.0	19	35.2	35.2	66.7
		Most Positive	18	33.3	33.3	100.0
		Total	54	100.0	100.0	
Msw	Valid	2.0	2	2.3	2.3	2.3
		3.0	1	1.2	1.2	3.5
		4.0	6	7.0	7.0	10.5
		5.0	12	14.0	14.0	24.4
		6.0	28	32.6	32.6	57.0
		Most Positive	37	43.0	43.0	100.0
		Total	86	100.0	100.0	

Table 58
Challenging

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	2.0	1	1.9	1.9	1.9
		3.0	4	7.4	7.4	9.3
		4.0	7	13.0	13.0	22.2
		5.0	12	22.2	22.2	44.4
		6.0	18	33.3	33.3	77.8
		Most Positive	12	22.2	22.2	100.0
		Total	54	100.0	100.0	
Msw	Valid	Most Negative	1	1.2	1.2	1.2
		2.0	2	2.3	2.3	3.5
		3.0	3	3.5	3.5	7.0
		4.0	10	11.6	11.6	18.6
		5.0	18	20.9	20.9	39.5
		6.0	21	24.4	24.4	64.0
		Most Positive	31	36.0	36.0	100.0
		Total	86	100.0	100.0	

Table 59
Fair

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	2.0	1	1.9	1.9	1.9
		3.0	6	11.1	11.1	13.0
		4.0	6	11.1	11.1	24.1
		5.0	16	29.6	29.6	53.7
		6.0	14	25.9	25.9	79.6
		Most Positive	11	20.4	20.4	100.0
		Total	54	100.0	100.0	
Msw	Valid	Most Negative	2	2.3	2.3	2.3
		2.0	1	1.2	1.2	3.5
		3.0	4	4.7	4.7	8.1
		4.0	9	10.5	10.5	18.6
		5.0	17	19.8	19.8	38.4
		6.0	33	38.4	38.4	76.7
		Most Positive	20	23.3	23.3	100.0
		Total	86	100.0	100.0	

Table 60
Organized

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Most Negative	1	1.9	1.9	1.9
		2.0	6	11.1	11.1	13.0
		3.0	5	9.3	9.3	22.2
		4.0	10	18.5	18.5	40.7
		5.0	8	14.8	14.8	55.6
		6.0	13	24.1	24.1	79.6
		Most Positive	11	20.4	20.4	100.0
		Total	54	100.0	100.0	
Msw	Valid	Most Negative	2	2.3	2.3	2.3
		2.0	4	4.7	4.7	7.0
		3.0	6	7.0	7.0	14.0
		4.0	12	14.0	14.0	27.9
		5.0	21	24.4	24.4	52.3
		6.0	28	32.6	32.6	84.9
		Most Positive	13	15.1	15.1	100.0
		Total	86	100.0	100.0	

Table 61
Flexible

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Most Negative	2	3.7	3.7	3.7
		2.0	4	7.4	7.4	11.1
		3.0	2	3.7	3.7	14.8
		4.0	8	14.8	14.8	29.6
		5.0	12	22.2	22.2	51.9
		6.0	15	27.8	27.8	79.6
		Most Positive	11	20.4	20.4	100.0
		Total	54	100.0	100.0	
Msw	Valid	Most Negative	3	3.5	3.5	3.5
		2.0	5	5.8	5.8	9.3
		3.0	3	3.5	3.5	12.8
		4.0	14	16.3	16.3	29.1
		5.0	16	18.6	18.6	47.7
		5.5	1	1.2	1.2	48.8
		6.0	27	31.4	31.4	80.2
		Most Positive	17	19.8	19.8	100.0
		Total	86	100.0	100.0	

Table 62
Supportive

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Most Negative	3	5.6	5.6	5.6
		2.0	1	1.9	1.9	7.4
		3.0	4	7.4	7.4	14.8
		4.0	9	16.7	16.7	31.5
		5.0	12	22.2	22.2	53.7
		6.0	15	27.8	27.8	81.5
		Most Positive	10	18.5	18.5	100.0
		Total	54	100.0	100.0	
Msw	Valid	Most Negative	2	2.3	2.3	2.3
		2.0	5	5.8	5.8	8.1
		3.0	2	2.3	2.3	10.5
		4.0	7	8.1	8.1	18.6
		5.0	18	20.9	20.9	39.5
		6.0	19	22.1	22.1	61.6
		Most Positive	33	38.4	38.4	100.0
		Total	86	100.0	100.0	

Table 63
Quality of Field Placement 1 variable

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Very Poor	2	3.7	3.7	3.7
		Poor	2	3.7	3.7	7.4
		Fair	12	22.2	22.2	29.6
		Good	16	29.6	29.6	59.3
		Very Good	22	40.7	40.7	100.0
		Total	54	100.0	100.0	
Msw	Valid	Very Poor	6	7.0	7.0	7.0
		Poor	8	9.3	9.3	16.3
		Fair	26	30.2	30.2	46.5
		3.5	1	1.2	1.2	47.7
		Good	23	26.7	26.7	74.4
		Very Good	22	25.6	25.6	100.0
		Total	86	100.0	100.0	

Table 64
FW Contributed to Development as SW

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Strongly Disagree	2	3.7	3.7	3.7
		Disagree	1	1.9	1.9	5.6
		Neutral	8	14.8	14.8	20.4
		Agree	20	37.0	37.0	57.4
		Strongly Agree	23	42.6	42.6	100.0
		Total	54	100.0	100.0	
Msw	Valid	Strongly Disagree	1	1.2	1.2	1.2
		Neutral	8	9.3	9.3	10.5
		Agree	21	24.4	24.4	34.9
		Strongly Agree	56	65.1	65.1	100.0
		Total	86	100.0	100.0	

Table 65
FW Prepared Me for Current Job

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Strongly Disagree	3	5.6	5.6	5.6
		Disagree	5	9.3	9.3	14.8
		Neutral	13	24.1	24.1	38.9
		Agree	21	38.9	38.9	77.8
		Strongly Agree	12	22.2	22.2	100.0
		Total	54	100.0	100.0	
Msw	Valid	Strongly Disagree	1	1.2	1.2	1.2
		Disagree	4	4.7	4.7	5.8
		Neutral	11	12.8	12.8	18.6
		Agree	28	32.6	32.6	51.2
		Strongly Agree	42	48.8	48.8	100.0
		Total	86	100.0	100.0	

Table 66
FW Prepared Me for Transcultural Practice

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Disagree	4	7.4	7.4	7.4
		Neutral	11	20.4	20.4	27.8
		Agree	26	48.1	48.1	75.9
		Strongly Agree	13	24.1	24.1	100.0
		Total	54	100.0	100.0	
Msw	Valid	Disagree	2	2.3	2.3	2.3
		Neutral	17	19.8	19.8	22.1
		Agree	33	38.4	38.4	60.5
		Strongly Agree	34	39.5	39.5	100.0
		Total	86	100.0	100.0	

Table 67
FW Gave Me Varied Practice Experiences

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Strongly Disagree	2	3.7	3.7	3.7
		Disagree	7	13.0	13.0	16.7
		Neutral	11	20.4	20.4	37.0
		Agree	17	31.5	31.5	68.5
		Strongly Agree	17	31.5	31.5	100.0
		Total	54	100.0	100.0	
Msw	Valid	Strongly Disagree	2	2.3	2.3	2.3
		Disagree	2	2.3	2.3	4.7
		Neutral	10	11.6	11.6	16.3
		Agree	31	36.0	36.0	52.3
		Strongly Agree	41	47.7	47.7	100.0
		Total	86	100.0	100.0	

Table 68
Overall Field Work Score (Scale 1-5) all 5 variables

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	1.60	2	3.7	3.7	3.7
		2.40	2	3.7	3.7	7.4
		2.60	1	1.9	1.9	9.3
		2.80	1	1.9	1.9	11.1
		3.00	4	7.4	7.4	18.5
		3.20	5	9.3	9.3	27.8
		3.40	3	5.6	5.6	33.3
		3.60	2	3.7	3.7	37.0
		3.80	2	3.7	3.7	40.7
		4.00	6	11.1	11.1	51.9
		4.20	7	13.0	13.0	64.8
		4.40	5	9.3	9.3	74.1
		4.60	5	9.3	9.3	83.3
		4.80	2	3.7	3.7	87.0
		5.00	7	13.0	13.0	100.0
		Total	54	100.0	100.0	
Msw	Valid	1.60	1	1.2	1.2	1.2
		2.40	1	1.2	1.2	2.3
		2.60	2	2.3	2.3	4.7
		2.80	2	2.3	2.3	7.0
		3.00	2	2.3	2.3	9.3
		3.20	2	2.3	2.3	11.6
		3.40	4	4.7	4.7	16.3
		3.60	6	7.0	7.0	23.3
		3.80	3	3.5	3.5	26.7
		4.00	9	10.5	10.5	37.2
		4.20	12	14.0	14.0	51.2
		4.40	12	14.0	14.0	65.1
		4.60	13	15.1	15.1	80.2
		4.70	1	1.2	1.2	81.4
		4.80	7	8.1	8.1	89.5
		5.00	9	10.5	10.5	100.0
Total	86	100.0	100.0			

Table 69
Overall Field Work Score (Scale 1-5) last 4 variables

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	1.75	2	3.7	3.7	3.7
		2.25	2	3.7	3.7	7.4
		2.50	1	1.9	1.9	9.3
		2.75	2	3.7	3.7	13.0
		3.00	3	5.6	5.6	18.5
		3.25	6	11.1	11.1	29.6
		3.50	3	5.6	5.6	35.2
		3.75	2	3.7	3.7	38.9
		4.00	11	20.4	20.4	59.3
		4.25	7	13.0	13.0	72.2
		4.50	6	11.1	11.1	83.3
		4.75	2	3.7	3.7	87.0
		5.00	7	13.0	13.0	100.0
		Total	54	100.0	100.0	
		Msw	Valid	1.75	1	1.2
2.25	1			1.2	1.2	2.3
2.50	1			1.2	1.2	3.5
2.75	1			1.2	1.2	4.7
3.00	3			3.5	3.5	8.1
3.25	2			2.3	2.3	10.5
3.50	2			2.3	2.3	12.8
3.75	9			10.5	10.5	23.3
4.00	14			16.3	16.3	39.5
4.25	10			11.6	11.6	51.2
4.50	5			5.8	5.8	57.0
4.75	11			12.8	12.8	69.8
5.00	26			30.2	30.2	100.0
Total	86			100.0	100.0	

Table 70
Advocacy for Oppressed Groups

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	29	53.7	53.7	53.7
		Yes	25	46.3	46.3	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	46	53.5	53.5	53.5
		Yes	40	46.5	46.5	100.0
		Total	86	100.0	100.0	

Table 71
Political Activity

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	47	87.0	87.0	87.0
		Yes	7	13.0	13.0	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	71	82.6	82.6	82.6
		Yes	15	17.4	17.4	100.0
		Total	86	100.0	100.0	

Table 72
Member of NASW

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	46	85.2	85.2	85.2
		Yes	8	14.8	14.8	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	50	58.1	58.1	58.1
		Yes	36	41.9	41.9	100.0
		Total	86	100.0	100.0	

Table 73
Active in NASW

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	53	98.1	98.1	98.1
		Yes	1	1.9	1.9	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	80	93.0	93.0	93.0
		Yes	6	7.0	7.0	100.0
		Total	86	100.0	100.0	

Table 74
Leadership in NASW

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	53	98.1	98.1	98.1
		Yes	1	1.9	1.9	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	83	96.5	96.5	96.5
		Yes	3	3.5	3.5	100.0
		Total	86	100.0	100.0	

Table 75
Active in Other Organizations

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	48	88.9	88.9	88.9
		Yes	6	11.1	11.1	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	80	93.0	93.0	93.0
		Yes	6	7.0	7.0	100.0
		Total	86	100.0	100.0	

Table 76
Leadership in Other Organizations

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	50	92.6	92.6	92.6
		Yes	4	7.4	7.4	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	76	88.4	88.4	88.4
		Yes	10	11.6	11.6	100.0
		Total	86	100.0	100.0	

Table 77
Member of Advisory Board

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	51	94.4	94.4	94.4
		Yes	3	5.6	5.6	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	79	91.9	91.9	91.9
		Yes	7	8.1	8.1	100.0
		Total	86	100.0	100.0	

Table 78
Member of Board of Directors

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	52	96.3	96.3	96.3
		Yes	2	3.7	3.7	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	79	91.9	91.9	91.9
		Yes	7	8.1	8.1	100.0
		Total	86	100.0	100.0	

Table 79
Provide Consultation Services

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	52	96.3	96.3	96.3
		Yes	2	3.7	3.7	100.0
		Total	54	100.0	100.0	
Msw	Valid	No	74	86.0	86.0	86.0
		Yes	12	14.0	14.0	100.0
		Total	86	100.0	100.0	

Table 80
Been a Field Instructor

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	54	100.0	100.0	100.0
Msw	Valid	No	83	96.5	96.5	96.5
		Yes	3	3.5	3.5	100.0
		Total	86	100.0	100.0	

Table 81
Taught a College Level Course

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	No	54	100.0	100.0	100.0
Msw	Valid	No	86	100.0	100.0	100.0

Table 82
Overall Preparation for Practice Score Grouped

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Poorly or unprepared	7	13.0	13.5	13.5
		Adequately prepared	24	44.4	46.2	59.6
		Well or excellently prepared	21	38.9	40.4	100.0
		Total	52	96.3	100.0	
	Missing	System	2	3.7		
	Total	54	100.0			
Msw	Valid	Poorly or unprepared	3	3.5	3.6	3.6
		Adequately prepared	35	40.7	41.7	45.2
		Well or excellently prepared	46	53.5	54.8	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
	Total	86	100.0			

Table 83
Overall Satisfaction Score Grouped

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Less than satisfied (1 - 4.99)	5	9.3	9.4	9.4
		Adequately satisfied (5 - 7.99)	27	50.0	50.9	60.4
		Highly satisfied (8 - 10)	21	38.9	39.6	100.0
		Total	53	98.1	100.0	
	Missing	System	1	1.9		
	Total	54	100.0			
Msw	Valid	Less than satisfied (1 - 4.99)	2	2.3	2.4	2.4
		Adequately satisfied (5 - 7.99)	44	51.2	52.4	54.8
		Highly satisfied (8 - 10)	38	44.2	45.2	100.0
		Total	84	97.7	100.0	
	Missing	System	2	2.3		
	Total	86	100.0			

Table 84
Overall Education Experience Score Grouped

Graduate or Undergraduate Program			Frequency	Percent	Valid Percent	Cumulative Percent
Basw	Valid	Negative experience (1 - 3.99)	5	9.3	9.3	9.3
		Neutral experience (4.00 - 4.99)	16	29.6	29.6	38.9
		Positive experience (5.00 - 7)	33	61.1	61.1	100.0
		Total	54	100.0	100.0	
Msw	Valid	Negative experience (1 - 3.99)	6	7.0	7.0	7.0
		Neutral experience (4.00 - 4.99)	14	16.3	16.3	23.3
		Positive experience (5.00 - 7)	66	76.7	76.7	100.0
		Total	86	100.0	100.0	

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