Content Analysis of CE Participant Evaluation Responses: NASW-NYS

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Abstract

Every licensed social worker in New York State must complete continuing education (CE) credits to maintain their license. The National Association of Social Workers' New York State Chapter (NASW-NYS) provides CEs for social workers at all levels of their careers. This report will demonstrate how the NASW-NYS chapter evaluates and values member suggestions in regards to continuing education offerings to ensure members are represented and served by the organization. For 2022, all responses on member evaluation surveys regarding what members would like to learn about in CE programs were recorded and have been put into a report to inform 2023 offerings and make member voices heard. This report will detail how the evaluator qualified this research and how the chapter will utilize the information.

Content Analysis of CE Participant Evaluation Responses: NASW-NYS

Continuing education (CE) allows professionals in various fields to maintain licensure in accordance with state education department standards and allows for lifelong learning within various professions. Continuing education in social work is an essential part of preparing professionals for an ever-changing society, where social workers are agents for change and support clients and communities affected by social injustices. Continuing education has ethical significance, as it drives social workers to improve their competence on many levels to best support and serve clients and communities. The practice of continuing education promotes the ethical standards of competence set by the National Association of Social Workers (NASW), an organization that serves the social work professional population and sets ethical values and standards for the profession. The NASW Code of Ethics (2022) details the importance of competence, social workers' responsibility to clients, and responsibility as representatives of the profession. In addition, the Code of Ethics competency 3.08 outlines the importance of continuing education and training as it relates to social workers' ethical responsibilities in practice settings. Continuing education training is important to the profession in order to help maintain competence of practicing social workers and allows social workers to keep current with emerging knowledge of the profession to best serve clients and communities and contribute knowledge to the profession when appropriate.

The New York State chapter of the National Association of Social Workers

(NASW-NYS) is a New York State Department of Education (NYSED)-approved provider of

CEs for social workers, LMFTs, LMHCs, and licensed psychologists. NASW-NYS offers several

CE trainings a month, covering a variety of topic areas such as supervision, clinical

interventions, school social work, social work with groups and organizations, and anti-oppressive

practice. Members of the chapter are guaranteed to receive all 36 CEs for license renewal within the three-year registration period through participation in the monthly free anti-racist webinar series (National Association of Social Workers [NASW], 2023). CE programs and presenters are supported and evaluated by staff members and interns. NASW-NYS staff recruit and interview possible presenters, evaluate program proposals, advertise for scheduled programs, and evaluate program termination surveys for each presentation and presenter. The following report focuses on results of evaluations from the year 2022 that inform subsequent programs for 2023 and future years. This study asks the question: "What content would NASW-NYS CE attendees like the organization to provide through its professional development/continuing education services?". The purpose of this research is to continue to improve the quality of CE programs at the chapter by representing and highlighting the voices of NASW-NYS members to inform decision-making on topics for future CE programming.

Literature Review

Continuing education not only has relevant ethical significance, but it is a requirement of the New York State Education Department (NYSED) for licensed social workers to complete continuing education training to maintain their license. There are two primary licensure levels recognized by NYSED: Licensed master social worker (LMSW), and licensed clinical social worker (LCSW). Licensed social work professionals, including both LMSWs and LCSWs, are required to obtain 36 credit hours of CEs every three years following their first licensure renewal period. CE credits are not transferable through periods and must be completed during the three-year term. Licensed social workers are required to complete three of the 36 CEs in the topic area of professional boundaries with clients. Additionally, NYSED Office of Professions, Rules and Regulations, Part 74.10 subparagraph c.2.i outlines the various other topic areas that

qualify as acceptable formal continuing education, including subject areas such as social work practice, clinical interventions, and social policies. Not only are licensed social workers required to engage in continuing education, but there are strict regulations regarding relevant subject matter for social work continuing education (NYSED, 2023).

The Council on Social Work Education (CSWE)(2022) released the 2022 Educational Policy and Accreditation Standards (EPAs), which "[strengthen] the enduring commitment of social work education to principles of antiracism, equity, diversity, and inclusion" ("Center for Diversity" section). The EPAs for 2022 are driven by competency and the integration of antiracist principles in all aspects of practice. The CSWE (2022) states that "social, racial, economic, environmental justice, human rights, and elimination of poverty are key to achieving social work's purpose to promote human and community wellbeing" ("Center for Diversity" section). The CSWE is aligned with antiracist practices and the principles of diversity, equity, and inclusion that are important to the core of social work practice and ethical values.

It is important that we continue to explore an antiracist approach to social work practice and give professionals the opportunity to be trained in anti-oppressive practice. This approach demonstrates that social work operates within understanding and recognition of the link between race and power in society, that problems faced by individuals are results of an unjust society, and that race is a social construct introduced by those in power to justify their exploitation of communities and people without power ("Why", 2022). The goals of antiracist social work are to deconstruct systems that rely on racial divisions for power and function and reconstruct these systems in a way that distributes power and supersedes social constructs. Anti-racist social work practices help social workers understand how individuals' experiences and the impacts of racism affect individual care and their relationships with broader systems of power.

Organizational Background: Members and Participants

Demographic information may inform the organization of the representative demographics of its membership and help its leaders to better understand accessibility of current, past, and future professional development programming. Table 1 demonstrates respondent professions and their respective representation as participants and is collected when members complete CE program evaluations. Social workers account for 95.4% of respondents, or 3,310 individuals (NASW-NYS, 2023). The remaining 4.6% were shared among individuals identifying as social work students, licensed psychologists, licensed mental health counselors, or licensed marriage and therapy therapists. In addition, a majority (52.3%) of participants have experience in the field for more than 20 years.

Demographic data is collected through information provided by members when they sign up for or renew a membership. This data includes member professions, ethnicity, gender, educational background, work settings, practice areas, and major functions of members' professions, and is detailed in tables 9, 10, 11, 12, 13, and 14. As demonstrated in table 10, the population of individuals that are white is the highest with 4,288 members, or 66% of the membership population, followed by 1,475 individuals who chose not to disclose their ethnicity. The third highest is Black/African American members at 4%, or 289 members, and the next is Hispanic/Latino, with 137 members and 2% of the membership. Women make up a majority of the membership, with 4,144 members and 64% of the membership population, and 13% (851 individuals) who identify as men. There are 1,473 individuals who do not have a specified gender on file, and 17 (0.26%) who identify as nonbinary, trans man, other, or trans woman.

Work settings for members are demonstrated by Table 13. The top three represented work settings for members of NASW-NYS were: private practice at 27.6%, or 1,237 individuals;

outpatient behavioral health, 445 individuals or 9.9%; and school social work, with 418 individuals, making up 9.3% of the member population. The rest of the work setting demographics can be found in Table 13. Practice areas for members are represented in Table 14. The three most common practice areas include: mental health, with 2,290 individuals, or 49% of members, school social work, with 383 individuals and 8.2% of the member population, and child welfare practice, with 362 individuals making up 7.7% of the population. In addition to work settings and practice areas, data was collected on professionals' major functions in their work settings and is demonstrated in Table 15. The top three functions included: direct practice, with 1,287 individuals or 53.3% of members, administration and supervision, with 483 individuals and 20% of the member population and clinical services, with 6.2% of the member population, or 149 individual respondents.

Methods

The data analyzed in this study was collected from survey data sent to all registrants of CE programs hosted by NASW-NYS from January 1, 2022 to December 31, 2022. Participants in CE programs are required to fill out an evaluation form following attendance of the program in order to receive CE credit. The link to the survey is posted in the chat during live sessions on the Zoom platform, as well as sent via email to the participants after the program is completed. These forms are electronically filed by month and stored in folders in a shared DropBox account for NASW-NYS staff. In 2022, 68 CE programs were offered, with an average program length of three hours. Programs ranged from single, one-hour programs to presentations that were spread out over a few days, with programs up to 16 hours. The attendance rate was 66%, with 5,098 total registrants and 3,366 total attendees. Individuals were marked as being an attendee if they are recorded as attending at least 50 of every 60 minutes of the program and completed the

evaluation. If a registrant did not meet both of these requirements, they were marked as a no-show. The response rate of post-program evaluations was 108%, with 3468 total responses. This ratio is likely due to individuals who only attended a portion of the program and still completed an evaluation, despite being recorded as a no-show. The survey software used prevents multiple responses from the same IP address to prevent repeat responses from an individual attendee.

Qualified data coding was utilized to analyze the open-ended participant responses to the following question within the post-CE program evaluation sent to registrants: "Please provide recommendations for additional programming content you would like NASW-NYS to provide through its professional development/continuing education services" (NASW-NYS, 2023).

An individual evaluator, in this case an intern at the chapter, classifies individual responses into categories that represent possible CE program topics and reflect respondent recommendations. It is the evaluator's and staff's responsibility to take these subjective responses and interpret them as the most likely response relevant to the social environment. For example, if a response says "CBT," the evaluator determines this response as relating to the topic "therapeutic interventions & theories." This distinction is possible because the evaluator is aware that "CBT" stands for cognitive behavioral therapy in the field of social work and is a therapeutic intervention used in social work. These determinations are made based on knowledge of the social work profession and its bounds as well as ethical standards for the profession. Requested topics will likely fall into categories that are social work-relevant and are ethically valuable. For the chapter, these responses provide insight about programs that members are interested in as well as provide direction for the progression of the profession as a whole. Participant responses may help to inform which topics are important over time for social workers to develop their

professional skills in. For respondents and participants, these evaluations allow for critical, anonymous self-reflection of their own knowledge and biases and represent the multiple facets of an ever-changing profession while presenting an opportunity for critical self-assessment of individual respondents' own strengths, needs, and challenges as social work professionals.

Knowledge of the social work profession and standards set by the NASW may drive an evaluator's interpretation of responses. Some responses required the evaluator to research online what certain abbreviations or layman terms for therapeutic interventions or theories stood for prior to deciding how to classify, or to collaborate with supervisory staff before making a classification. Responses were evaluated by month, starting with January 2022. Responses were color coded with the highlighting tool in the Google Sheets spreadsheet so that the evaluator could count the number of responses that would fall into different categories. To ensure quality and eliminate possible errors, the evaluator counted each response multiple times. As an example of this method, "evaluation," "DBT [dialectical behavioral therapy]", and "solution-focused brief therapy" were highlighted with a light blue to indicate they would be classified as "therapeutic interventions and theories" in the Level 2 of coding during January 2022. The Level 2 code represents a collection of Level 1 codes that the evaluator classified as falling within topic categories shown on Table 3.

The evaluator and supervisor overseeing this research decided to numerically categorize the qualitative data. The process began with data from January using inductive coding to allow member responses to drive which topics would be the final code, and deductive coding was used as the process continued due to repetitive responses. The staff members decided this categorization would be easiest to read and digest for the audience, as the sample size was large and data proved to be extremely repetitive month to month. Semantics played a role as some

responses given may have been written slightly differently due to the nature of open-ended responses, but were still categorized with other responses that the evaluator classified as representative of a topic. One benefit to numerically categorizing qualitative data is that interpretation of large samples of data gives the opportunity for a wide range of readers to see the results of the study. One drawback is that data interpretation is subjective, and some individuals may interpret responses differently.

Results

The top requested topic in 2022 was "therapeutic interventions and theories" with 410 total votes accounting for 23.5% of participant responses, and coding is shown in Table 4. This was the number one requested topic in all months of 2022 with the exception of May, where the topic "therapeutic interventions and theories" fell behind "diversity, equity, and inclusion" by 20 votes, accounting for 20.9% and 11.2% of responses in May. Some responses in Level 1 coding that were classified as "therapeutic interventions and theories" were "therapeutic relationship," "brief therapy," "DBT," "ACT [acceptance and commitment therapy]," CBT," "positive psychology," "exposure therapy," "EMDR [Eye Movement Desensitization and Reprocessing Therapy]," "trauma-focused CBT," "treatment," "psychopharmacology," "neurology," "play therapy," and "polyvagal therapy".

The second top requested topic for future CE programs was "mental health and diagnoses," with classifications demonstrated in Table 5. The evaluator categorized these responses as separate from the "therapeutic interventions and theories" responses due to the specificity of gaining knowledge on diagnoses encountered in the social work profession.

Monthly placement of "mental health and diagnoses" was less consistent than "therapeutic interventions and theories." "Mental health and diagnoses" was the number two response seven

months out of the year, placed number three in March and December, and was fifth, six, and seventh in May, June, and July respectively. Responses that qualified as "mental health and diagnoses" were but are not limited to "sociopathy," "schizophrenia," "eating disorders," "autism," "personality disorders," "obsessive compulsive disorders," "grief," "trauma," "individuals with intellectual disabilities," "anxiety," "substance use," "addictions," "mental health," and "post-traumatic stress disorder."

"Diversity, equity, and inclusion" was requested 211 times, with an overall 12.1% in 2022, and categorizations are listed in Table 6. As previously stated, the NASW-NYS is hosting one free CE per month in an anti-racist series. Some responses from participants that qualified as "diversity, equity, and inclusion" were "diversity, equity, and inclusion," "white supremacy," "Tulsa riots," "microaggressions," "presenters of color," "intersectionality," "intersectional identities in supervision," "anti-racism," "cultural diversity," "cultural competency," "Black practitioners," "Native American clients," "antisemitism," and "systemic racism."

"Families and children" was the fourth most requested topic in 2022, which accounted for 137 suggestions and made up 7.8% of individual responses, which was coded from the following responses but not limited to "children," "adoption," "Bowen Family Systems," "parent-adult child relationships," "parenting strategies," "malnutrition children," "difficult parents," "early childhood development," "social skills for children," "transgender youth," "infant mental health," and "elementary aged children." Table 7 demonstrates how the three levels of coding were performed by the evaluator of the 2022 content for the months of January, February, and March.

The fifth most requested topic was "administration and supervision", with 107 votes and 6.1% of responses. As demonstrated by Table 8, some responses that qualified as votes for this

topic were "quality improvement," "administration," "supervision," "private practice," "client complaints," "coding," "billing," "insurance," "utilization," "workplace conflict," "documentation," "termination," and "interstate licensing."

Discussion: Continuing Education Topics and Relevant Policies and Practices

The placement of "therapeutic interventions and theories" and "mental health and diagnoses" at the top of the list of 2022 recommendations is relevant to the audience of participants and could be expected to be most requested in the field of social work. Most participants, as described above, are licensed professionals who work in the mental health field, and it is reasonable that these topics would be highly requested. The patterns among remaining participant responses may help to inform the direction of the offerings of continuing education and professional development at the organization and commitments to actively practicing anti-racism. The NASW-NYS strives to go beyond anti-racism statements and apply principles of diversity, equity, and inclusion to practice. Unfortunately, many organizations and educational institutions have anti-racism statements, yet their work, culture, and structures remain unchanged.

The high placement of "diversity, equity, and inclusion" shows that participants are looking for more diversity, equity, and inclusion and anti-racist practices in their workplaces, educational institutions, and within society. Anti-racist practices and policies are represented by social work values of dignity and worth of the person, social justice, and cultural humility and competence. The Council on Social Work Education added antiracism as a core competency for schools of social work in 2022, and the national office of the NASW added cultural competency to its Code of Ethics in 2021. The profession is charging social workers with being more culturally competent, and the results of this study support the idea that social workers are

interested in integrating diversity, equity, and inclusion in their practices. The social work profession may be recognizing the importance of antiracist practice and policies, but some social workers are unable to apply it to systems they are employed in or work within. The need for social workers to have the space to practice diversity, equity, and inclusion supports the question as to why antiracism is not a required topic area in New York State Department of Education programming (NYSED). Recently, NYSED made an amendment stating that professionals are required to take at least three CEs in professional boundaries in response to boundary violations becoming more prevalent and harm to clients across the profession. The state education department Diversity and Inclusion Team claim to include diversity training with the following statements: "integrates diversity and inclusion into trainings and services for state agencies, local governments, and non-government collecting organizations" and "offers staff development opportunities that focus on diversity and inclusion in the archival profession" (NYSED, 2023, "Diversity Statement" section of New York State Archives). However, there is no requirement for DEI or antiracism training in the form of continuing education or professional development for social workers (NYSED, 2023). There is an opportunity for NYSED's Diversity and Inclusion team to take their statement to action and require licensed professionals, whether licensed clinical social workers or licensed master social workers, to continue their education in cultural competency and humility and practical applications of diversity, equity, and inclusion.

There is only so far that DEI training can influence professionals to participate in antiracist practice. Organizations and agencies have the responsibility of deconstructing systems that oppress clients and communities as well as supporting their staff to act with cultural competence and inclusivity. Further research on agencies that engage in antiracist practice in the

next few years may help determine the effectiveness of antiracist practices and present opportunities for further reconstruction of policies.

There is an opportunity for presenters to host programs highlighting the intersectionality of topics. For example, clinical continuing education programs could be offered focusing on therapeutic interventions with diverse populations. Responses that were collected that would represent a need for intersectionality of topics include but are not limited to "Hispanic children," "intersectional identities in supervision," "transgender youth," "psychotropic medications children," "play therapy for black children/families," "children with intersecting identities," "hispanic families," "pandemic impacts on children," and "immigrant children and families."

Discussion: Continuing Education Topic Suggestions Compared to Offered CE Programs

One way to analyze the responses on this report is to compare topics that members requested to topics that were offered by the NASW-NYS in the past year and to program proposals from presenters. This analysis may inform the organization of accessibility of programs, gaps in programs offered, and the extent to which the organization is supporting its members' requests in regards to continuing education.

Presenters are required to submit a proposal before their program is accepted and hosted by the organization. On the program proposals, the individual must select which topic(s) their program represents from New York State Identified Topic Areas. This data helps the association determine which topic areas were explored in continuing education in a set period of time. For 2022, topics are illustrated in Table 9. At the NASW-NYS, 68 programs were offered for the year and programs may represent multiple identified topic areas. There were 61 programs that fell under the topic of "social work practice, knowledge, and skills". The second most presented topic was "theories and concepts of human behavior in the social environment" with 43

programs, followed by 34 programs that qualified as "clinical interventions, evidence-based models, and principles of clinical social work practice, psychotherapy, and clinical social work diagnosis". 25 programs represented "Pedagogical methodologies or other topics that contribute to the professional practice of licensed master social work and licensed clinical social work." The next NYS identified topic areas were "social work ethics" and "social work management, administration, or policy," represented in 18 and 15 programs, respectively. "Social work research, programs, or practice evaluations" were represented in 12 programs, and 11 programs hosted "client communications and record keeping". Lastly, 9 programs represented "Administrative supervision of licensed master social work and clinical supervision of licensed clinical social work practice". The presence of intersectional topics of programs offered during 2022 demonstrates the presenters' ability to implement requested topic areas in future programs. There is an opportunity for continuing education to focus on specific topics while addressing social work skills and demonstrating intersectional collaboration.

For future programming, the chapter can use data collected from proposals to monitor the frequency of practice areas of programs from previous years to determine accessibility of educational information and relativity to what members of the association are requesting in terms of upcoming CE programs. Demonstrated by table 8, "mental health" and "clinical" were the top practice areas as recorded by presenter proposals of accepted programs, with 39 and 25 programs, respectively.

Limitations

There are a few notable limitations to this study and evaluation. The first limitation is nonresponses, where respondents filled out the multiple choice questions in the survey but opted out of answering the open-ended question that was addressed in this report. This doesn't

necessarily affect the outcome of the survey but limits the sample size from its full potential of responses from all participants. Secondly, the evaluator is unable to ask respondents for clarification or to elaborate on responses, leaving the responsibility of interpretation to the evaluator and supervisor to make decisions based on the social environment. Finally, social desirability bias may play a part. The respondents are mostly social workers who are members of the organization who may subconsciously want to appear desirable to the evaluators, even though it is anonymously evaluated for the report. The organization holds the ethical standards for the profession, and this may prompt members to answer the posed questions in a way that presents them positively as professionals.

While this study had several limitations, it was supported by a large sample size of participants, and the evaluator had generous resources such as diversity surveys of program presenters and demographic surveys of participants. In addition, the available data was relevant to the study and the evaluation can be referenced in the future at the organization.

Conclusion

This research may serve as a model for future research on CE program evaluations within the NASW and other organizations that offer CEs and additional professional development programming to incorporate professionals' suggestions and experiences. This particular study at the NASW-NYS is useful to demonstrate what members of the chapter find important for CE programming and the opportunity for intersectional programming to promote diversity, equity, and inclusion in professional development. This study may provide the basis for other organizations to evaluate their programs and consider membership interests.

CE programs are important to any profession to promote competency and ethical compliance. Actively practicing diversity, equity, and inclusion, as well as acquiring new

knowledge relevant to the profession, is important to the core of social work practice and ethical values. Available data such as member and presenter demographics help the chapter to better understand the accessibility of programs. The data directly evaluated from member responses shows that there is an opportunity for intersectional programming to promote diversity, equity, and inclusion within social work practices such as therapeutic interventions, diagnoses, working with families and children, administration and supervision, and research.

Tables and Figures

Table 1.

Respondent Profession	Percentage	Count
Social Worker	95.40%	3310
Social Work Student	0.90%	30
Licensed Psychologist	0.10%	4
Licensed Mental Health Counselor	1.40%	49
Licensed Marriage and Family		
Therapist	0.20%	6
Other	2.00%	69
Total		3468

Table 2. Years in Field

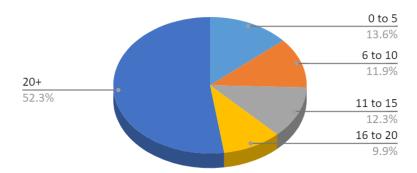


Table 3. Year of 2022 Top 20 Requested CE Program Topics.

Торіс	Frequency	ency Percentage	
Therapeutic Interventions & Theories	410	23.5%	
Mental Health & Diagnoses	229	13.1%	
Diversity, Equity, & Inclusion	211	12.1%	
Families & Children	137	7.8%	
Administration & Supervision	107	6.1%	
Aging	95	5.4%	
Macro and Mezzo	69	4.0%	
Social Justice & Advocacy	52	3.0%	
Scheduling Suggestions	48	2.7%	
School Social Work	46	2.6%	
International Social Work & Immigration	45	2.6%	
Medical Social Work & Healthcare	43	2.5%	
Trauma	42	2.4%	
Grief	42	2.4%	
Pandemic Impacts	41	2.3%	
Self-care & Burnout	32	1.8%	
Ethics	28	1.6%	
Couples & Relationships	24	1.4%	
Telehealth	24	1.4%	
Mindfulness	21	1.2%	

Table 4.

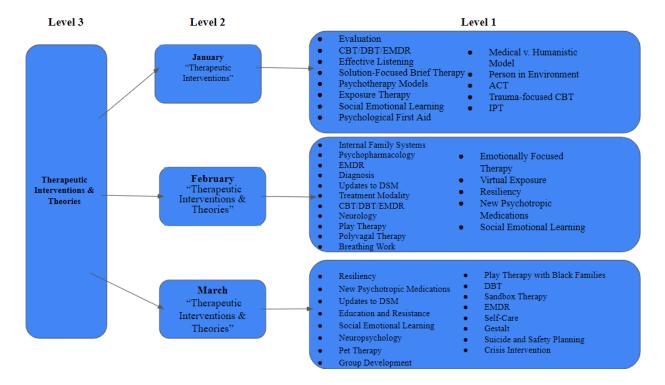


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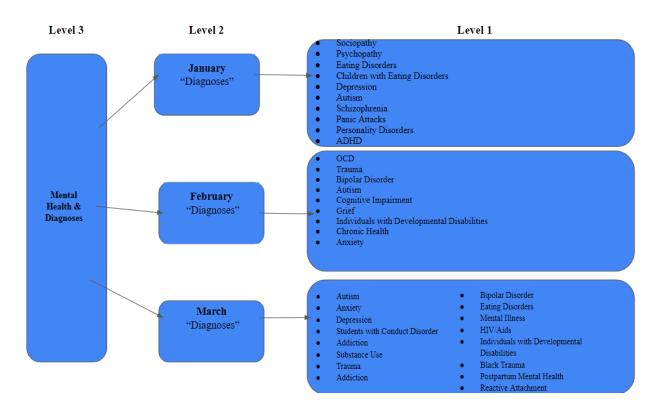


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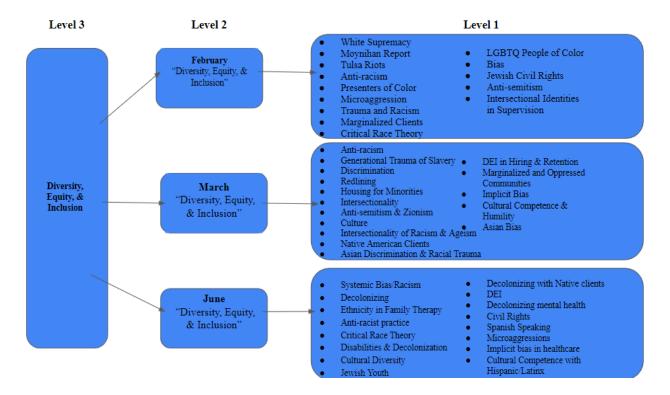


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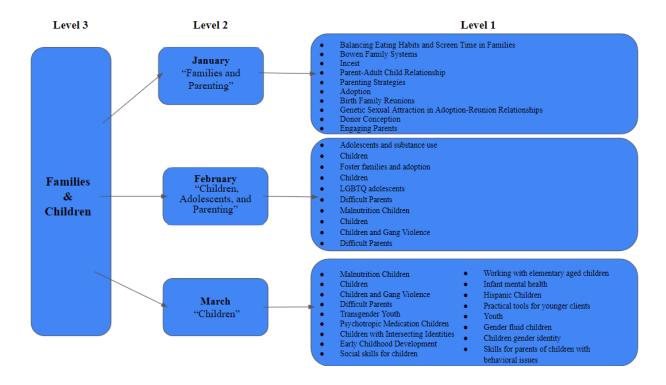


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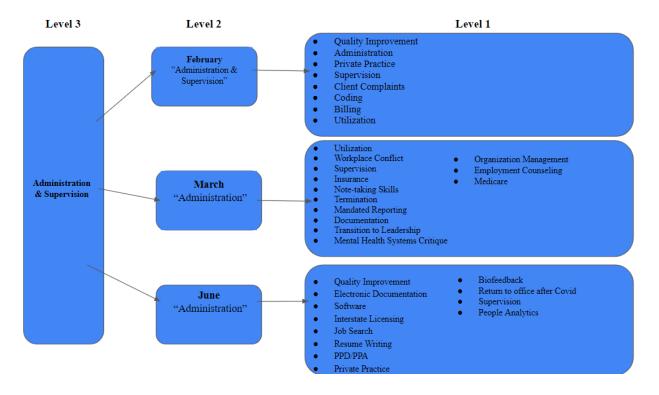


Table 9.

NYS Topic Areas	Frequency
Social work practice, knowledge, and skills	61
Theories and concepts of human behavior in the social environment	43
Clinical interventions, evidence-based models, and principles of clinical social work practice, psychotherapy, and clinical social work diagnosis	34
Pedagogical methodologies or other topics that contribute to the professional practice of licensed master social work and licensed clinical social work.	25
Social work ethics	18
Social work management, administration or social policy	15
Social work research, programs, or practice evaluations	12
Client communications and recordkeeping	11

Administrative supervision of licensed master	
social work and clinical supervision of	
licensed clinical social work practice	9

Table 10.

	Ethnicity
4,288	White
1,475	[blank - no selection made]
289	Black/African American
137	Other Hispanic/Latino
98	Puerto Rican
92	Another Race or Ethnicity
72	Asian
15	Chicano/Mexican
14	Native American or Alaska Native
3	Native Hawaiian or Other Pacific Islander

Table 11.

	Gender
4,144	Woman
1,473	[blank- no selection made]
851	Man
17	Nonbinary, other, trans man, or trans woman

Table 12.

	Member Type
4,453	MSW
501	MSW Student
386	Retired

323	Gold
241	MSW
241	Transitional
205	DSW/PhD
99	Associate
94	BSW Student
43	3rd Year MSW
43	Trans
42	BSW
35	BSW
33	Transitional
22	Reduced Income
17	Doctoral Student
10	Gold Waiver
8	Associate
	Student
6	Foreign

Table 13.

	Work Setting
Number	Category
1237	Private Practice-Solo
445	Behavioral Health-Outpatient
418	School - Elementary/ Middle/ High
400	Health-Outpatient/Community Setting
332	Social Service Agency
304	Private Practice-Group
276	Other
234	Health-Inpatient/Hospitals
232	College/University
76	Military
68	Child Welfare Family Agency
65	Behavioral Health-Inpatient
58	Hospice

49	Nursing Home/Long-Term Care
44	Criminal Justice System - Adults
44	Criminal Justice System - Adults
43	Mental Health-Outpatient
27	Residential Care Facility - Adults
24	Managed Care Organization
23	Residential Care Facility - Children
22	Government Agency
17	Business or Industry
16	Employee Assistance Program
12	Juvenile Justice System/Youth
12	Substance Use-Outpatient
11	Assisted Living Residence
9	Foundation
9	Home Health
8	Veterans Services
7	Professional Association
4	Mental Health-Inpatient
4	Substance Use-Inpatient
2	Independent Living/Elder Housing

Table 14.

	Practice
Number	Category
2290	Mental Health
383	School Social Work
362	Child Welfare
332	Health Care
289	Other
207	Aging
172	Addictions/Substance Use
146	Psychotherapy Services

139	Adolescent Services
71	Disabilities
49	Criminal Justice
39	Trauma and Violence
33	Community Organizing
28	Employee Assistance Programs
23	Advocacy and Public Policy
19	Public Health
17	Immigrant and Displaced Persons Services
13	Case Management
13	Grief/Bereavement
11	Social Work Education
8	Housing and Homeless Services
8	Military and Veterans
7	International
5	Palliative Care
3	Equity and Human Rights
3	Philanthropy
2	Chronic Diseases
2	Juvenile Justice

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