

MEETING NOTICE

LCSW Education Committee

June 8, 2009
10:00 a.m. to 3:30 p.m.

Loma Linda University
1898 Business Center Drive, Room 101
San Bernardino, CA 92408
(909) 379-7571

- I. Introductions
- II. Purpose of the Committee
- III. Review and Approve Minutes of October 27, 2008
- IV. Review and Approve Minutes of December 8, 2008
- V. Presentation by Consumers and Family Members Regarding Therapy Experiences, with:
 - Jimmie Garcia
 - Jefferson Transitional Programs
- VI. Discussion and Presentation Regarding Field Education in MSW Programs by:
 - Terry Forester, Director of Field Education, Loma Linda University
 - Patsy Andrada, Director of Field Education, CSU San Bernardino
 - Pam Davis, Director of Field Education, CSU Los Angeles
 - Marlene Wong, Director of Field Education, University of Southern California
 - Christine Ford, Director of Field Education, CSU Fullerton
 - Willie Vallegas, MSW Student, Loma Linda University
 - Arelis John Martinez, Mental Health Intern Program Supervisor, San Bernardino County Department of Behavioral Health
- VII. Presentation on Social Work Practice in Correctional Facilities, Schools, and Medical Settings by:
 - Priscilla Sobremonte, Division of Correctional Health Care Services, Department of Corrections and Rehabilitation
 - Patsy Andrada and Rachel Strydom, CSU San Bernardino, Advanced Social Work Internship Program at Patton State Hospital
 - Amy Cho, Department of Supportive Care Medicine, City of Hope



Arnold Schwarzenegger
Governor

State of California

State and Consumer
Services Agency

Department of
Consumer Affairs

- Stephanie Stidham, Director of Case Management, Country Villa Laguna Hills Geriatric Facility
- Christina Lynch, Counselor, Glen View High School, Beaumont Unified School District
- Clara D'Agostino, Project Director, Safe Schools Healthy Students, East Whittier School District

VIII. Discussion of Additional Social Work License Category

IX. Future Meeting Dates

X. Suggestions for Future Agenda Items

XI. Public Comment for Items Not on the Agenda

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES' WEBSITE AT www.bbs.ca.gov

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.

DRAFT MEETING MINUTES

LCSW Education Committee October 27, 2008

Embassy Suites
150 Anza Boulevard
Burlingame, CA

By Teleconference
12 Clear Creek
Irvine, CA 92620

Committee Members Present:

Renee Lonner, LCSW Member, Chair
Joan Walmsley, LCSW Member

Staff Present:

Paul Riches, Executive Officer
Kim Madsen, Assistant Executive Officer
Christy Berger, MHSA Coordinator

Committee Members Absent:

Gordonna DiGiorgio, Public Member

Guest List:

On File

Renee Lonner, Chair, called the meeting to order at 9:45 a.m. Paul Riches called roll. A quorum was established.

I. Introductions

The Committee, staff and audience members introduced themselves.

II. Purpose of the Committee

Ms. Lonner explained that Board Chair Ian Russ appointed the LCSW Education Committee (Committee) to look at the landscape in terms of how Licensed Clinical Social Workers (LCSWs) are prepared to face today's workplace. The Committee's purpose is to look at the core competencies required in today's workplace and how MSW education and LCSW preparation fit those core competencies.

The workplaces vary and include public service, private practice, hospitals, schools, community mental health centers funded under the Mental Health Services Act (MHSA), jails, and child guidance clinics. LCSWs must be ready to practice independently in all of these settings and in different models such as the recovery model, social justice model, a hospice or private practice.

In terms of education, the Committee is focused on MSWs who want to pursue a clinical license to practice independently. As a board, this is the group it has jurisdiction over. The Committee's

role is information gathering and data collecting, and the Committee hopes for a great deal of feedback from stakeholders. The Committee's work is an open-ended inquiry and expects the work to take about 18 months.

III. Review and Approval of the May 5, 2008 Meeting Minutes

Joan Walmsley moved to approve the May 5, 2008 meeting minutes. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

IV. Review and Approval of the June 23, 2008 Meeting Minutes

Joan Walmsley moved to approve the May 5, 2008 meeting minutes. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

V. Statistics Related to Outcomes in the LCSW Licensing Process

Christy Berger reported that board staff recently became able to run ad hoc statistics from two of the systems used to track applicants through the licensing process. Provided in the meeting materials were a summary report, tables, and graphs provide analysis of a large dataset of individuals from the 2002-2004 graduating classes who registered with the Board of Behavioral Sciences (BBS) after earning a qualifying degree. The data showed how graduates have moved through the licensing process and indicates where graduates have "fallen out" of the process.

Ms. Berger briefly explained the information illustrated in the tables and graphs. Of 2002-2004 graduates, 3,391 registered as Associate Clinical Social Workers (ASW). Figure 1 provided a current snapshot of where 2002-2004 graduates are in the licensing process as of August 21, 2008. Only 18% of that population is now licensed, 24% are in the exam process, 45% are registrants and have not yet applied to take the exam or obtained a license, and 13% fell out of the process. Figures 2-4 provided a breakdown by year of the same information.

Table 1 provided a breakdown by year graduated. Of the 2002 graduates, 28% received their license, and 54% made it to the exam process. Of the 2003 graduates, 17% received their license, and 41% made it to the exam process. Of the 2004 graduates, the percentage decreases.

Table 2 is a look at length of time from graduation to registration application. Staff found that 93% of those who registered within one year of graduation obtained their license. For those who registered over a year from graduation, only 7% obtained their license. Tables 2-5 showed a trend over time where people are falling out of the licensing process. The trend shows that people tend to get their licenses in years 3-4 and 4-5. Figures 5-7 showed the same data in a graph.

Table 6 showed the average exam attempts, which are generally 2-3 attempts to get licensed. The table also showed the average time from exam application to licensure, which is less than a year to a little over a year.

Janlee Wong, National Association of Social Workers (NASW), asked if there is any case where a person received a license in two years or less. Mr. Riches responded that the statutory requirement is 104 weeks of supervision; therefore, to get licensed after two years is the shortest time frame possible. There are some who complete their hours before that point, but they cannot become eligible until they have 104 weeks of supervision.

Ms. Berger presented a chart showing a side-by-side comparison of all schools. This chart showed the actual number of graduates. It showed the numbers of those who graduated in the years of 2002-2004 that obtained registration, made it to the exam process, received their license, registered but yet to apply for the exam, and fell out of the process.

Mr. Riches stated that staff expected to see more people getting through the process faster. When speaking to people in the community, they were not surprised by this information.

Ms. Walmsley stated that in her experience, part of the problem is not the candidate's motivation; it's more so that supervision is not always available particularly for people who work for the county.

Mr. Riches agreed, stating that is consistent with the feedback staff has received over the last few years. There are a lot of issues around supervision. The board is doing some follow up work to find out why people are not succeeding in this process. There are a lot of hypotheses on why people are not succeeding. The plan in the spring is to put surveys in the field to get some data back. Staff did the same review process for MFT licensure that had broadly the same but different results. All of the data sets will be available on the website.

Mr. Wong suggested asking the individuals in the survey if they intended to get a license when they enrolled in MSW programs. That response may be very different than if MFT students were polled.

Charlene Gonzalez, Department of Children and Family Services, agreed with Ms. Walmsley regarding the access to supervision. The problem she has experienced is that there has been a bigger need than the availability to provide supervision. She notices that typically people get their group hours then must wait so that the agency can find somebody to provide supervision for their individual hours. Her experience is that those who are committed to their professional goal of getting the license get it done despite the barriers. Ms. Gonzalez noticed recently that new hires are coming to the agency from the MSW programs already registered. New MSWs are being prompted by the educational institutions to get licensed, and that licensure is being pushed. Ms. Gonzalez stated that this is a very individual choice to make, and agrees with Mr. Wong's comment. Ms. Gonzalez stated that the board's actions to educate the populous under the strategic plan can also be considered as recruitment. The schools and the board are recruiting people who may or may not want to get licensed. Agencies are struggling to find supervision and dealing with people who are not committed. All of these factors come into the worksite, and it plays out to the detriment of getting licensed people to the table who want to partake in the process.

Christine Ford, California State University Fullerton, had a different perspective on licensure and students. Staff at Fullerton is seeing students coming into the program with the primary desire to become licensed. One thing that Ms. Ford tries to emphasize in her field education program is that unfortunately licensure in California has become a credentialing process predicated by the agencies that hire social workers. The LCSW license is really for public protection and for the ability to bill third party payers. That is something they struggle to help students understand. Any of the jobs that social workers perform do not require a license, and it's going to take everybody involved to help educate everyone to understand the reasons to be licensed and where the license is appropriate.

Ms. Walmsley agreed with Ms. Ford. The jobs that are pushing for the license are not suited for the license because they are not practicing independently. Regarding supervision, the board

formed a supervision workgroup to enhance the quality of supervision, and there was a lot of outrage when the workgroup came up with a report of its work. People were upset because they felt that the board was mandating supervisors on how to supervise, when actually this was a response to feedback regarding the quality of supervision.

Geri Esposito, California Society for Clinical Social Work (CSCSW), agreed with Ms. Ford's statement. In the public sector, you must have the highest level of licensure in order to bill insurances and get reimbursements from Medi-Cal and Medicare. It has become pathway to a lot of latitude for career choices and for leadership positions in agencies. To not introduce the idea of licensure to MSW students is to be remiss on opportunities they are going to have.

Heather Halperin, University of Southern California (USC), stated that students at USC created a LCSW caucus because they felt that the school was not promoting licensure enough to help them understand the importance of getting the license regardless of where they ended up. The students generated their own discussion.

Ms. Lonner stated that in regards to hospitals, they are using social workers for triage in the emergency rooms, to train residents, independent practice within the hospital, and this requires a license. Mr. Riches added that there is a growing trend towards integrating mental health services with primary care and secondary care.

Mr. Wong asked Ms. Gonzalez to give an estimate of the number of new MSWs coming into the county that are registered or intending to get registered. Ms. Gonzalez responded that she can speak to the academies that come out of the IUC CalSWEC programs. She stated that about 99%-100% are serious about entering the licensure process. This is not just the ASWs, but also the MFT interns. Ms. Gonzalez clarified that her comments were not intended to say do not educate people. She expressed that people want licensure without having a true understanding of what it is.

Mr. Wong stated that Ms. Gonzalez's answer leads to areas that can be explored in further research: 1) people's knowledge of licensure can be tested at the beginning to see if it can be correlated to outcomes; 2) determining whether gaining knowledge along the line can also be linked to outcomes, and when and where did they get that knowledge to be successful; and 3) determining if the workplace has some correlation to outcomes.

Mr. Riches stated that amongst the variables that have already been identified, there are life situations, time commitment to become licensed, workplace issues, and statutory requirements.

Peter Manoleas, UC Berkeley, asked what the average time frame is for the process from beginning to end. Mr. Riches responded that it's around four years for most people. That data for both professions will be presented at the November board meeting.

Mr. Manoleas was interested in the average time versus the legal limit. Mr. Riches stated that most tend to become registered within the first 6 months from graduation.

Ms. Halperin inquired about the increasing numbers of graduates that were registered but have not taken the exam each year from 2002-2004. More people are registering but not taking exams. Mr. Riches responded that most people take 4-5 years, and 2002 it's the oldest cohort staff looked at, so it is expected that the highest numbers of folks haven't made it through the process in that cohort. The folks 2003-2004 have had 1-2 years fewer to satisfy the requirements. Big effects

will be seen especially around the 4-5 year post-grad period, which is right where 2003 folks were at when staff looked at this.

Mr. Wong stated that telling new social workers that it takes about two years to get their license is wrong. They should be told that it's an average four years or whatever the results of the statistics show. Mr. Wong asked if the six-year limit is an arbitrary number or is there data supporting the six year requirement. Mr. Riches did not know how the six-year requirement was determined.

Ms. Esposito responded that she believes at the time the six-year requirement was created, the length of time actually took folks six years from graduation to complete the requirements.

Mr. Wong asked that if life circumstances or personal freedom dictates when a graduate begins the licensure process, is the current situation a setup for failure. If it is a setup for failure, is there some educational component that would be helpful to those who delay?

Mr. Riches stated that student and aspiring students need to know these realities. This data will continue to be updated so that this information is available.

Mr. Manoleas stated that UC Berkeley's program is about training people to work with the most disadvantaged, primarily public sector. They have folks who to go into private practice and desire to do so from the beginning. Mr. Manoleas suspects that those folks with the most determination who register and get through the process quickly are those who see the most linearity between what they're doing at what's at the end, and that's probably the private sector. For the others, what explains the variance is the change in the job market; folks start something then the job market changes, and the way in which it has changed requires changes in which folks prepared themselves.

Ms. Esposito suggested capturing data in subsequent surveys on how many were able to quickly access jobs and how many were stipend students, and how many suffer with loan repayment and financial pressures. Stipend programs are impacted as counties are cutting back, and they are moving more experienced people into the positions that are usually filled by stipend students.

Mr. Manoleas stated that with those folks coming out of school facing all of those things, this impinges on the supervision as well. He suspects that a lot of the new jobs created are in CBOs, the most thinly funded agencies, least likely to have that supervision; and folks have to buy their supervision.

VI. Minnesota Report on Baseline Competencies for Mental Health Professionals

Ms. Berger introduced a report titled "Baseline of Competency: Common Licensing Standards for Mental Health Professionals" which was ordered by the 2006 Minnesota legislature to evaluate the qualifications of licensed mental health professionals as related to requirements for reimbursement from Medical Assistance, the largest of Minnesota's three publicly funded health care programs. The study included the occupations of psychiatric nursing, clinical social work, psychology, psychiatry, and marriage and family therapy. The study was conducted by a task force comprising a variety of mental health stakeholders.

This report is a resource that may be helpful to the Committee in its review as it contains recommendations related to educational requirements for mental health licensure. Ms. Berger emphasized that this report is only intended informational use.

Page 16 has specific educational requirements for licensure. The first recommendation is a Masters or doctoral degree that includes field experience. The second recommendation is 360 clock hours or 24 semester units in specified clinical knowledge areas distributed amongst a variety of areas. These requirements can be satisfied through an accredited Masters-level coursework, post-graduate coursework, and continuing education units or a combination of all three.

Mr. Wong asked if the Minnesota report discussed or described their mental health system and the characteristics of their mental health system. Many professionals think that California is unique and very different than the rest of the country when it comes to clinical social work; and therefore, any other state experience is not transferrable to California. That is the basis for the argument for keeping the California exam.

Mr. Riches responded that staff has not looked at Minnesota's demographics. Staff discovered this report and thought it was an interesting perspective of basic mental health competencies and similar levels of practice. In looking at this, the percentages are a little different, but largely mapped out to what the BBS's content outline looks like in examinations in terms of the top level areas that BBS evaluates. It was consistent of practice at that level.

Ms. Esposito stated that the clinical knowledge areas are uniform elements for any mental health concentration area. She didn't notice any difference between Minnesota's requirements or what California ought to be requiring or what California tests for.

Mr. Wong stated that the educational requirements in MSW schools in Minnesota are the same in California. Ms. Ford stated that it's all the same; all schools of social work have prescribed by the Council of Social Work Education. Ms. Halperin stated that there are schools give minimalist experience versus a more expansive experience. The education does differ. Ms. Lonner stated that it probably does not differ in a systematic way state-by-state in terms of the general area of independent mental health practice.

Mr. Wong asked the educators if their programs require 24 units education in specified clinical knowledge areas distributed in the manner outlined. Ms. Ford responded that there's more than that in her program. There are pieces not mentioned such as research and policy that are included in her program, and all 60 units are involved in this core area.

Ms. Esposito stated that her only problem is that it is not quantifiable on paper because as with a number of other components of social work education it's filtered through a number of different courses.

Ms. McAllister, CSU San Bernardino, stated that CSU is having to quantify a lot of this so people who are applying for reaccreditation are finding that they have to do a lot of quantifying of particular educational outcome and how it reflects particular competencies.

Ms. Halperin stated that USC is up for accreditation, and it would be a good time to get documentation and data to utilize.

Mr. Manoleas stated that one of the reasons why what is available in the curriculum is because it is not stated that way. There's a reason for that because it speaks to the core of what social work is; when social workers do all of these things in context. Their DSM course is called "Psychopathology and Psychosocial Problems."

Ms. Gonzalez stated that with the Mental Health Services Act (MHSA) and the revamping of mental health services in California to the recovery model, this is a good time for the social work profession to connect their theory and language to the recovery model.

Ms. Ford stated that in regards to curriculum, other professions are concerned with the pathology, and social workers are concerned with how the pathology affects the social environment and vice versa.

Ms. Esposito stated that social work is the only profession where people feel free to call themselves social workers. There are no other professions where anyone would use that profession's label. That is an implication of the difficulty of interpreting who social workers are and what they do as a profession.

Mr. Manoleas stated that in terms of self-definition, a lot of other professions have succeeded because they did so by exclusion. What is unique for social workers?

Mr. Wong stated that is how social workers get excluded. Certain professions say that they perform certain duties that nobody else can do. Legislatures are uncomfortable when there is conflict among professionals. Then they turn to the profession and ask the profession to prove that they have the education, training, and experience to perform those duties. That's where the educational course title dilemma comes in; social work cannot readily produce a list of courses that have those words that other professions are trying to exclude social workers from. Social workers are defined by others in the Legislature and particularly the opponents.

Mr. Manoleas asked what do social workers do that those who are not qualified social workers cannot and may not do. Mr. Wong responded that is professional social work, but everybody thinks they can do social work.

Ms. Esposito responded that goes back to the integration issue. What social workers think is the best part of their profession is to other people a mélange.

Ms. Gonzalez stated she works in public child welfare, and that has been on the table. She works in an arena where MSWs are calling themselves social workers. They define it by talking at somebody and trying to control them versus establishing the client-worker relationship – it is dynamic work. Ms. Gonzalez stated that she is not aware of any other fields that work in that manner. People are claiming the title and have no idea what it means, but nobody is making that distinction. Social workers look at things differently, they interact with casework differently, and they use different language. Social workers bring something unique to the table.

Mr. Riches asked what that uniqueness is. Policy makers are not abstract thinkers; there needs to be concreteness to that discussion - it is difficult.

Ms. Esposito stated that as good as the recovery model is, it is trying to mesh with this pathology taxonomy out of the DSM, and that is a culture clash. Students should be expected to know both the recovery model and to walk into other cultures that are still functioning. These students need to know how to speak the language and thrive while the new culture is trying to catch up with what is going to be mandated of them. When looking at the recommended MFT curriculum changes that would allow the MFTs to work in the public arena, the curriculum would make the MFT a good MSW, and that is the difference.

Mr. Wong stated that it seemed that the MFT Education Committee had a purpose, which was to fix their law that dictates their curriculum so they could get jobs in the public sector. He stated that he wasn't sure if that is the purpose of the LCSW Education Committee, and is not sure of the real purpose of this Committee.

Mr. Riches responded that both committees started in a similar place. The board had not taken a look at the MFT educational requirements were in over 20 years, and the world has changed a lot over those 20 years. That committee came to strong conclusions, which are embodied in legislation. This Committee is starting in the same place – it's been a long time since the board has looked at this and exercised its due diligence requirement. It's an inquiry at the beginning, and what comes out at the end depends on what happens in the inquiry. It's still early in trying to understand what the Committee is looking at and coming to terms of what the current educational requirements look like.

Ms. Esposito stated she was under the impression that looking at the MFT stemmed from transition in their own profession from which was a solely private practice orientation to an influx into public agencies. With the onset of MHSA where there were presumably going to be more jobs available, to take a look at the education and determine if they could function with the needs of the public sector. She felt that this became the main driver of the amended curriculum.

Mr. Riches stated that the MFT Education Committee became aware that there was a dramatic shift in the nature of where MFTs work and what they were doing. He is not aware that there has been a similar movement where LCSWs are concerned and believes it may have been far more stable.

Ms. Halperin stated that there has not been a shift, but noticed that there is a difference in the students today than the students 20 years ago, and what their desires were when they came into the program. Twenty years ago, students said that they were in the program to get their license and go into private practice. Students today are not focused on private practice.

Ms. Esposito is concerned in regard to public practice is that the MHSA is geared almost solely toward working with serious mental illness, and that is very different than the entire DSM that's in private practice. Serious mental illness has a biological component, medical and pharmacological components. How does the curriculum accommodate that? How much of this will folks get and should get as a foundation if folks are going into mental health, and how much will they get in the workplace?

Mr. Wong responded that social work has prepared social workers to work with people with severe mental illnesses but in a different modality. When looking at the mental health institutions, there were always large components of social workers, and there is still residual in those facilities today. But the whole modality has shifted. The same population that used to be put in the institutions is on the streets and in the communities. Social workers have to deal with those people in the community, with the same diagnoses that they had when they were in the institutions but without the supports of the institutions.

Mr. Manoleas feels that with the context of the MHSA it will get more complicated with pressure for curriculum. The CSS component is rolled out and focus on serious mental health is clear. In social work education, in mental health courses the focus is on those disorders. Now the Prevention and Early Intervention (PEI) component is rolling out. Social work can be in the forefront but what comes out of the PEI initiative, they are talking about the most serious environments as well as serious psycho diagnostics.

Ms Esposito stated that they're talking about a population that is mostly medicated. How many students are graduating knowing that it is critical to take a psychosocial history, a psychosocial biological history? These are major issues they are going to encounter, which would ease their way if this was connected for them before they enter the cultures they're going into.

Ms. Halperin stated that USC has a recovery sub-concentration, so the focus is specifically stipending a number of students who will work in the community and spend their second year in concentration focused on that. Some students do not want to work with most mentally ill. They may end up working with the recovery model and the most mentally ill because there are no other jobs. That is a niche that social work is carving for itself – they are moving from the inpatient to the outpatient.

Ms. Esposito stated in social work, folks are working with a population that is overmedicated. Anywhere a student chooses to be placed that has a mental health component is going to have this implication of psychopharmacology.

Mr. Riches stated that in any profession, there are a variety of practice settings for people to take their license and work. The board's due diligence is that it's an independent license to practice, and that is recognized as a general credential to do anything an LCSW can do in any setting where they work. That consumes an enormous breadth. The challenge is determining the core that the LCSW is going to take to each workplace.

Mr. Manoleas stated that those cores change slightly with where the workforce is, and that the weighting of the exam might change accordingly. Mr. Riches agreed, stating that the breadth of things will be tapped, but how it's utilized may be different and that will change as service mix changes. Service mix is a function of funding stream, not a function of community need. What's actually being given is a function of what money is coming down and where it's coming from. MHSA is going to change the service mix; it's going to change what practitioner do in those environments. It's probably going to become disproportionately influential because it's going to have a more steady revenue stream as it moves forward. There are a core set of skills that a clinician is going to use in any environment; they may use them in different proportion, they may employ them in slightly different ways. The board's job is to make sure that core set is present and can be called upon by the practitioner when needed.

Ms. Lonner stated that the Board visited an MHSA funded program in Tulare County. The clinical skills required to work in that setting such as diagnosis and assessment have to be sharp, and the focus must to be on intervention. Not only is knowledge of the recovery model important, but there is a need for sharp diagnostic skills and critical thinking.

Ms. Gonzalez stated that there are licensed people, both MFTs and LCSWs, who define their skill set by where they're working. For example, public child welfare is not identified as a mental health setting, and it is not identified as a setting typically where one is expected to use their skills. Ms. Gonzales encounters people who do not use the skill sets that their license mandates. It's almost as if they're job title defines their skill set.

Mr. Riches stated that there is a transition going on in mental health. There is a broader recognition that mental health issues present in all kinds of settings and people; it's not compartmentalized. The compartmentalization at the problematic level that is going to be seen for awhile is breaking down in practice because we are seeing integration in primary health care, in workforce management, and in a lot of places that do not look like mental health. There is a

value to that skill set that is being applied to new places but the systems do not recognize that very well.

Mr. Wong stated that according estimates provided by Mary Riemersma from the California Association of Marriage and Family Therapists (CAMFT), 16%+ of LCSWs work in public or agency settings. He asked if that means that 60% of the complaints that the board processes comes from clients in public agency settings. Mr. Riches responded that staff has never analyzed settings within complaints. Anecdotally, that would not be the case; probably 70%-80% are private practice or something that looks like private practice environment.

Mr. Wong asked if those consumers are unprotected by the board. Mr. Riches responded that the board does not tend to get complaints from those populations, whether it's because they have other remedies available that they exercise in those settings. Generally speaking, people who have been harmed are not in the position to advocate for themselves, file a complaint, and get through a difficult process. A lot of the complaints received are from people upset about an outcome of a custody battle, people who have gone into subsequent therapy and after several years with the assistance from their current therapist have gotten into a place where they are ready to complain about their prior therapist, or people who are in or contemplating a civil action against their therapist.

Ms. Ford stated that public agencies do not report any discipline for unethical behaviors to the board. That may be a law that should be changed. Mr. Riches stated that there are current laws that require certain entities to report to the regulatory body when they take a disciplinary action against a licensed person. It depends on the entity, and the law is complicated. A lot of people who are mandated reporters don't know they are mandated reporters. A lot of those who know still don't report because there is no sanction for not reporting something nobody knew about.

Ms. Esposito stated that when a consumer files a complaint against a person working in an agency, it is generally with the director of the agency. It is generally kept in house. The consumer is most likely not told that if they are not satisfied with the outcome, they can file a complaint with the BBS. It is not in the agency's best interest to have this complaint go outside, and that brings up a wider issue. For years, the licensing board has focused on private practice for consumer protection. Presumption of oversight in the agencies prevailed to make it a lesser notorious setting for looking at complaints. However, back in 1970, a couple of unions put in a law stating that no one could work in a state agency and not have a license. That is still true in public health - people in public service are held to a lesser standard.

Mr. Wong asked if the core skill set is the same for independent/private practice and public/agency practice; and if they are the same, how do they fit in with the LCSW education requirements. If they are different, then are there different requirements for public/agency practice? Or should the requirements only call for the skill sets of independent practice and assume that because the license is an independent license, it doesn't matter if the licensee works in a public agency or private non-profit agency.

Mr. Riches responded that independent practice is not the same as private practice. Independent practice means not supervised; there is nobody overseeing the practitioner. The interaction with the patient is completely independent.

Mr. Manoleas commented on the implication of the MHSA and how it has very specific implications for licensure. The recovery model brings a pronounced roll for consumers as providers who have already shown that they can be impactful in terms of instilling hope, reducing

stigma, and helping to motivate others. The primary tool they use to do that is personal narrative, which impinges on boundary and disclosure issues if one were to become licensed. This has profound implications for the disciplinary guidelines for how the board looks at these kinds of cases.

Mr. Riches responded that it's an issue on the table for the board. The board is going to look at how to interpret the existing ethical codes in light of what is a very different ethic of practice from MHSA. It's only a matter of time when the board receives a complaint about conduct in a recovery oriented setting, with some type of boundary violation that may be appropriate in the recovery setting, but would not be considered appropriate in another setting.

Ms. Esposito doesn't see a difference in skills sets between the work in the public sector and the work in private practice because they still need to know taxonomy, how to do a treatment plan, know what evidence based practice is and methodologies.

Mr. Wong stated that social work uses a nationally accreditation system. That system requires a fresh look as social work education periodically - every school must go through that. The idea that there is a need to review LCSW education does not operate in the context that there is no review of social work education at all. Faculty has said that they can instantly make some changes in their courses to accommodate skill sets used in the workplace. Social work education is dynamic.

Ms. Walmsley stated that social work education is educating an international profession. It would be a challenge to modify the education of the profession. However, as a board, it may be able to modify or examine the possibility of modifying the licensing and regulations.

The Committee adjourned for lunch at 11:50 a.m. and reconvened at 1:10 p.m.

VII. Discussion of Desired Skills in Public Mental Health Agencies

Ms. Berger reported that the board asked The California Council of Community Mental Health Agencies (CCCMHA) to survey their members about how ASWs are meeting or not meeting the expectations of their supervisors and employers in community mental health agencies. The survey asked employers to indicate where certain competencies were best learned – in the educational program, on the job or via continuing education.

Mr. Riches added that the information was received just prior to the meeting. Staff has not had the opportunity to map the responses to mental health competencies identified by CSWE or take any further steps with the information prior to this meeting.

Mr. Wong asked the educators if they teach any of the highlighted competencies that belong in the education programs that scored at 74% and above. Ms. Ford responded that the Fullerton program teaches all of those items.

Mr. Manoleas stated that these discussions take place within the curricular committees because they have the goal of integrating classroom and internship.

Mr. Wong stated that some are close in the split. He referred to #6 - Develop with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans, and #33 - Provide services that are culturally competent and relevant. Mr. Riches responded that it reinforces what has been heard, that there are needs in these areas for existing licensees. In the third column of

#33, continuing education (CE) need for current staff, there is an issue about how to move the practitioners to practice in this way. It's difficult for the board to reach this because the board works at the front end of the licensing process.

Ms. Esposito reiterated her point mentioned earlier regarding the culture change. The students, especially the stipend students, are coming out far more prepared to deal with the recovery model than the internal employees of these agencies. Staff development is needed in the current workforce.

Mr. Riches stated that there is a greater interest in staff development in those areas on the CE side where the splits exist. They are the areas of cultural competence, strengths-based orientation, and understanding different communities. Where the splits are located, there is a high need in the current workforce. There is an educational component, a supervision development component, and a perceived need with the existing licensees to strengthen that response. That tended to travel together in those areas which are all areas that focus on the MHSA.

Mr. Manoleas stated that he is hearing of people who want to create law and ethics courses with more specificity, more relevant to what the practitioners are doing, such as a law and ethics course for LCSWs specifically.

Mr. Manoleas commented on evidence-based practice. Evidence-based practice is a requirement for what is in the counties' proposals. However, when looking at the underserved communities, the evidence is not there. The Department of Mental Health (DMH) is fostering an initiative to look at disparity reduction strategies. They will be issuing a request for proposal in the amount of about \$1.5 million for a disparity reduction strategic plan, which basically looks at the community practices and bringing them into the evidence.

Mr. Wong referred to B. of the open-ended questions, stating that almost the same amount of people were not able to agree with this question or comment on it. That is a serious survey result even though the sample size was small. Mr. Wong referred to C. of the open-ended comments, stating that the results indicated that on one hand people do not feel they are receiving adequate preparation to work in public mental health. On the other hand they are stating that they would rather provide on the job training. This is a contradiction in that message. This may be an area for further survey work.

Mr. Riches stated that agencies want to see it built in the underlying curriculum and that there is a desire for some change there.

Mr. Wong stated that some employers feel that MSW schools should be akin to vocational schools. The MSW program as it is currently structured cannot be so specific and vocational that it trains to every type of social worker in the field. It's problematic for employers because they would like to see MSW graduates well versed in the agency setting with specific skills that fit their agency specific setting.

Mr. Manoleas stated that UC Berkeley is working on its first specialty certificate. It will not be a mental health specialty; it will be a Latino cultural proficiency certificate that will include practice skills, language, two internships – one in a Latino agency and a summer in Mexico. The content is not going to just be mental health; it will also focus on child welfare and gerontology.

Mr. Wong commented that military treatment will soon be a specialty. Ms. Esposito added that this is needed, as well as a perspective to de-stigmatize PTSD. Domestic violence as a result of multiple deployments is also a big problem.

Mr. Riches reported that staff is attempting to bring in folks from Camp Pendleton and the Navy operations in San Diego to the upcoming meeting. UC San Diego recently received a research grant from the Department of Veteran Affairs to begin work on PTSD. This is a generational issue that the current generation in the military is going to be dealing with for quite some time.

VIII. Review of Foundation Year Curricula, Concentrations and Specializations in Master's Level Social Work Programs

Ms. Berger reported that she looked into CSWE's curricular requirements through its Educational Policy and Accreditation Standards (EPAS). The EPAS was last updated in 2008; however, all California social work programs were accredited or reaffirmed under the 2001 EPAS. The information provided was based on the 2001 EPAS. It appears that the 2008 EPAS is switching more to a competency-based model.

The educational policy sets a basic curriculum in the foundation year as knowledge, skills and abilities fundamental to practice in any setting and which will prepare the student for specialized learning. The content is relevant to the mission, goals and the objectives of the social work program and the purposes, values, and ethics of the social work profession. All social work programs provide foundation content in values and ethics, diversity, at-risk populations and social and economic justice, human behavior and the social environment, social welfare policy and services, social work practice, research, and field education.

A comparison chart outlining each MSW program's foundation year course requirements was provided.

Ms. Berger also looked at concentrations and specializations. MSW programs prepare graduates for advanced professional practice in an area of concentration, consisting of advanced training in a specific practice method. Frameworks and perspectives for concentration include fields of practice, problem areas, intervention methods, and practice contexts and perspectives. MSW programs are required to identify one or more concentrations for their program, and where there is more than one concentration offered, students must select just one. For schools which only offer one concentration, it is typically for advanced generalist practice, defined a little differently for each school, but always includes training in both micro and macro practice. For those schools this overall focus is integrated throughout the program.

A specialization is an emphasis or focus area within the curriculum and generally requires one or more courses and for some, a field placement. Specializations are optional, and students often specialize within their concentrations.

A comparison chart outlining each MSW program's available concentrations and specializations or sub-concentrations.

Mr. Wong suggested a survey on the second year because some of the electives offered in the second year are more specialized and focused. Mr. Riches agreed, stating that staff will look into that after looking at the first year.

Ms. Berger stated that the earlier discussion about defining terms was interesting because staff sees classes that are social work practice. What does that mean? The next step is to look deeper. Mr. Wong suggested looking at the text books for those classes. Ms. Esposito suggested looking at syllabi on the websites.

Ms. Gonzalez asked the educators if the student with advanced standing could do less time in their MSW. Ms. Ford responded that if they have a Bachelor in social work, some programs allow the student to do an abbreviate MSW program. Those schools with advance standings waive the first year of classes. However, CSWE requires that they still need the minimum number of field hours (900 hours) to get their degree.

Mr. Manoleas stated that supervision is part of the curriculum. For the Masters Degree, it's field instruction because such people are actually an extension of the faculty. He has concerns regarding supervision among field agencies - there's never enough qualified field instructors. CSWE in the EPAS standards stated that field work is the center of all the learning. He urged working on and strengthening those processes.

Ms. Walmsley stated that the board is committed to strengthening the quality of supervision. There was an attempt to do this, and there was some resistance to that plan. Mr. Manoleas responded that he is not separating out the supervision issues that the board is dealing with from the supervision issues in education – it's all the same. There is a shortage of people in quality supervision. The board has certain regulatory things that it can do. But there also needs to be some incentives to grow the workforce of competent supervisors.

Mr. Riches stated that the report of the supervision workgroup will be on the agenda in November for the board to accept. In addition to the ongoing issues of quality supervision, this is also identifying another set of supervision issues. That workgroup will be reforming again.

Ms. Esposito stated that there are no standards for the supervision of the post graduate MSW. Ms. Gonzalez stated that there is a requirement of training for the field instructor.

Ms. Esposito asked if all the schools have training for the MSW supervisors. Mr. Manoleas responded that every school has some; there will be variation from school to school. There will be variation in faculty resources devoted to field.

Ms. Ford stated that CSWE required that all schools of social work have a basic field instruction training program and they have to produce their own evidence-based curriculum. A field instructor from an agency can attend any of the schools and they will accept that training. Field directors meet regularly and publish the training dates; they look at the curriculum to make sure all of the same elements are covered. They are currently trying to make this more comprehensive and more accessible to the agency field instructors.

Mr. Riches asked how the supervision workgroup can get a copy of that curriculum as it could be a valuable resource to the workgroup. Ms. Ford responded that it's a book for purchase from CSWE titled *From Mission to Evaluation*.

Mr. Manoleas stated that there is cooperation to a point - there's cooperation on the content of supervisor training, but there is such a shortage of quality placements in field instructors that there is also competition between schools.

Mr. Wong suggested including a field instructor or field director on the supervision workgroup. He also stated that there is an attempt by many schools to integrate classroom and field. One way is to have students attend a separate seminar focused on field work experience. In recent years, that has been shifted to the practice class so that the practice instructor is also the field liaison. Field issues are discussed in the practice class, and there's an attempt to bring theory and practice closer together and bring it back to the classroom.

IX. Future Meeting Dates

Mr. Riches stated that there is a draft calendar that will be reviewed by the Committee. Once it is confirmed, the dates will be posted on the website. This Committee and the Examination Program Review Committee will meet on December 8, 2008 in San Diego.

X. Suggestions for Future Agenda Items

No suggestions were made for future agenda items.

XI. Public Comment for Items Not on the Agenda

No public comments were made for items not on the agenda.

The meeting was adjourned at 2:00 p.m.

Programs

Recovery

About Us

Contact

WELCOME

Since 1990, Jefferson Transitional Programs (JTP) has offered vocational, supported sober living, and educational programs for more than 3,500 individuals with chronic mental illness or individuals with both mental illness and addictions, many of whom are homeless. The nonprofit's purpose is to empower individuals with the skills and tools necessary to move from crisis to stability, victim to survivor, and a state of hopelessness to happiness. JTP offers these services until an individual can meet their program goals and objectives, determining their own length of stay with JTP.

The people of JTP operate on the belief that peer-delivered services, that is services from those who have "been there," are essential to the successful rehabilitation of people with severe mental illness. At JTP's two Peer Support and Resource Centers and safe haven The Place, peer staff members coordinate outreach and facilitate courses that encourage individuals to take responsibility for their own wellness. (Courses follow five development tracks - wellness, personal development, employment preparedness, change/adaptively, community reintegration.) JTP's workforce consists of 85% peers.

In eighteen years, JTP's budget has grown from \$90,000 to a high of nearly \$1.7 million as the organization increases programs and numbers of people served. This year a third resource center will open in the Temecula-area and the startup art center project, the first of its kind in the Inland Empire began this July.

Our Mission: To assist individuals with psychiatric and/or dual diagnosis challenges in becoming productive and thriving citizens through the provision of safe, affordable housing; development of functional life skills; opportunities to explore and develop vocational options; and promotion of community awareness and sensitivity to the needs and potential of individuals with psychiatric and/or dual diagnoses.

(c) 2009 Jefferson Transitional Programs

MAGIC OF BELIEVING

Thank you to everyone for your support of our first benefit fundraiser for the Art Works program. We were able to earn \$10,000! For more information on the event, please click [here](#). To view photos of the event, please click [here](#).

BEST OF RIVERSIDE 2009

JTP is awarded again the Best of Riverside in the Mental Health Services category by the USLBA in Washington D.C.

THE PATH OPENS

JTP's new safe haven opens in the desert. Click [here](#) for more information.

ART WORKS IN THE NEWS

The Performance Troupe is featured in the Riverside Press Enterprise. Click [here](#) for more information.

ART WORKS RECEIVES AWARD

The City of Riverside recognized Arts Works as May's Arts Honoree.

ART WORKS @ Jefferson Transitional Programs

Recovery through creativity

As one of nonprofit Jefferson Transitional Programs' most recent projects, Art Works uses the creative arts to encourage wellness and recovery for its participants. An innovative project, it combines four elements - creative arts therapies, vocational training, peer-driven wellness and recovery, and anti-stigma outreach - to improve the lives of the people it serves. Visit us! 3741 6th Street, Riverside, CA 92501

[GO TO ARCHIVE](#)



JEFFREY ADAMS 5/7/09

Art Works is proud to announce the opening of its newest exhibition, Jeffrey Adams: The Miracle of Friendship. Opening Thursday, May 7 in conjunction with the Riverside Arts Walk, the exhibition explores the work of Southern Californian artist Jeffrey Adams. From his precocious youth in Orange County to his time as a successful illustrator in New York, Jeffrey's art demonstrates his considerable talent and skill. His later work represents a departure for him, as his recovery from chronic...

[Read more...](#)



SCRAMBLED EGGS DEBUTS IN O.C. 5/5/09

On Cinco de Mayo, the Performance Troupe debuted "Scrambled Eggs" for MHSA staff and peers.

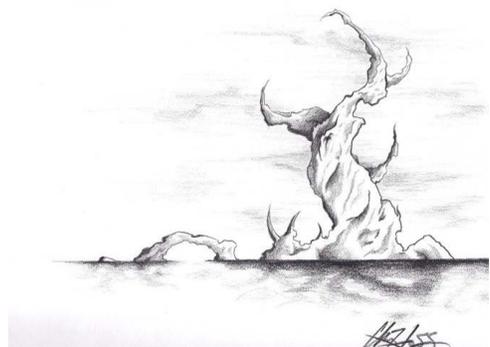
[Read more...](#)



CHRIS HOFF 5/1/09

Chris Hoff's talent is seen through his paintings and drawings that hang on the walls of Art Works and Jefferson Transitional Program's Peer Support and Resource Service Center. Since last year - when he discovered Art Works - Chris has been creating art work that has fascinated many of his peers from Jefferson Transitional Programs. Most of his pieces have been inspired by Riverside where he grew up. Chris began drawing at a very young age, and with no artist teachings, he has become very...

[Read more...](#)



SANDY MURILLO 4/30/09

Finding time for this young artist to create pieces can be her biggest challenge. Sandy found time last month to create several pieces that describe her completely. The art pieces are abstract and expressionist and drive her into a state of bliss. Bring that this young lady goes to school full-time at the University of California, Riverside and spends much time tending to her family, her art has become a release for her. Sandy's inspirations come from things she has learned in the past about...

[Read more...](#)



SPRING EXHIBITION OPENS 4/2/09

After every winter comes spring...

This exhibition features the work of several new artists -- Dawn Chemello's extraordinary, oil-on-canvas, still-life paintings; Andrea Hanna-Price's beautiful photography of Riverside's landscapes; Jesse Rivera's dynamic, metal sculpture; Renee Garcia's multi-media dream catchers; Patrick Keef's bright and stylized acrylic-on canvas paintings; and Catherine Ferreragrand's organic, raku sculpture. And our returning artists - Laura Ryan, Mark Benoit, Chris Hoff,...

[Read more...](#)



ART WORKS & THE BIG READ 3/11/09

LANGUAGE OF IMAGERY, LANGUAGE OF IDENTITY
Thursday, March 12. 10AM – 2PM

In celebration of the Big Read, Art Works invites you to this workshop to learn more about Rudolfo Anaya's Bless Me, Ultima, Chicano art, and your own language of identity. Activities at the workshop include an excursion to the Riverside Metropolitan Museum to view their Chicano art collection and a chance to create a piece of art that expresses you.

All events for The Big Read are free for registered participants. To...

[Read more...](#)

THEATRE OF THE OPPRESSED 3/7/09

On March 6th at 5:00PM join Kathy Rissinger and her performance troupe for "Can You Hear Me Now?"

Every felt bullied? Pressured into doing something you didn't want to do? This interactive performance can help you. Learn how you can make proactive changes to affect the outcomes of the play's story and your own life. Make the difference!

To RSVP, please call 951.683.1279.

For more information, please see the [flier](#).

[Read more...](#)

NEW EXHIBITION OPENS 2/5/09

How do artists find inspiration? In this exhibition, fourteen artists answer



what motivates them to create.

Mark Benoit, Constantine Gonzales, Travis Helenihi, Sandy Murillo, Ross Raborn, Chris Hoff, Adam Martinez, Stitch, Candace Papp, Jennifer Rider, Donald Wade, Amelry Walter, Laura Ryan

February 5 - March 25th

[Read more...](#)



ART WORKS RECEIVES GRANT 1/13/09

A grant provided the Riverside Community Health Foundation enables Art Works and Jefferson Transitional Programs to hire an occupational therapist to work with the peer support specialists to offer integrated services.

[Read more...](#)



OUR FIRST EXHIBITION 11/28/08

Art Works' debut exhibition is a loose grouping of artist we have met since our program began this July. These friends are representative of participants, family members, and the community at large whose kindness brightens our path.

Brady Beard, Xavier Bellante, Kurt Hartell, Katelin Lacey, Adam Martinez, Ross Raborn

November 28, 2008 - January 25, 2009

[Read more...](#)





SCRAMBLED EGGS DEBUTS

11/4/08

This hilarious and poignant play reveals the challenging, yet rewarding path of recovery from mental illness. It is written and performed by the Art Works Performance Troupe - Beverly Baird, Mark Borquez, Dave Foltz, Tiffany Keeler, and John Van Lancker. Michelle Ebert Freire, a professor of theatre arts at Cal State San Bernardino and a drama therapist, directs the troupe.

[< Previous](#)

[Next >](#)

Back from the edge

Theater therapy helps mentally ill recover, reclaim their lives and personalities
07:42 PM PDT on Friday, April 10, 2009

By MARK MUCKENFUSS
The Press-Enterprise

John Vanlancke, 27, looks like a normal guy.

Clean-cut and friendly, he speaks clearly and intelligently. He wouldn't seem out of place in a professional setting.

It's almost hard to believe him when he says that not that long ago, he thought he could control the movement of the sun.

Diagnosed with schizoaffective disorder at 18, Vanlancke was able to function well enough at times to find success as a professional chef. He worked in the hospitality industry and was a member of a Culinary Olympics team that competed in Germany. But, untreated, his illness brought him down.

"I was very delusional," he says. "I was hearing voices. I was doing odd things and I was so miserable I couldn't function. I thought I had magical powers, that I could control the weather. My parents called the police and they took me out of my house."

Vanlancke eventually ended up at The Place, a drop-in and residence facility for the mentally ill that is part of Jefferson Transitional Programs. These days, he is the chef for the facility.



Stan Lim / The Press-Enterprise
Tiffany Keeler, 25, Dave Foltz, 58, John Vanlancker, 27, Beverly Baird, 59, and Mark Borquez, 42, rehearse a scene from "Scrambled Eggs."

"Medication has definitely improved my quality of life," Vanlancke says.

So has one of Jefferson Transitional Program's newest projects, Art Works.

The one-room gallery space on Sixth Street behind the Mission Inn, which opened last July, provides therapy for those with mental illness through a variety of art programs, including painting, creative writing, music, dance and drama. The gallery walls are hung with the work of students and the artists who facilitate the programs. There are about 50 people enrolled and there is a satellite program in Perris.

Vanlancke is one of the actors in the Art Works production of "Scrambled Eggs." The half-hour play was developed, with the help of Cal State San Bernardino theater professor Michelle Ebert Freire, out of the stories of the six actors who perform it and presents the problems and triumphs of those working their way through the recovery process.

"You kind of just get to be yourself," Vanlancke says of the semi-autobiographical work. "You get to thrive."



Michelle Ebert Freire, center, leads Performance Troupe members through warmup exercises at a rehearsal of "Scrambled Eggs."

Drew Oberjurge is the director of Art Works. She says the play serves a two-fold purpose. Besides allowing the actors to explore and express their own emotions and thoughts, it is also an effort to educate the public and to help erase the stigma often associated with mental illness. The group has performed the play in a number of venues in front of students and medical professionals.

Tiffany Keeler, 25, of Riverside, is the program coordinator for Art Works and is also one of the performers in "Scrambled Eggs." She was diagnosed as a teenager with post-traumatic stress disorder and depression after an abusive childhood.

Keeler recalled the impact the play had on one particular audience member.

"She sat there and cried," Keeler says. "She said she would never look at people with mental illness the same again."



Stan Lim / The Press-Enterprise

"I was very delusional" says actor John Vanlancker of his experience with schizoaffective disorder at age 18.

Keeler says she was told for years that she was too incapacitated by her illness to function normally.

"When I was 18," she says, "I was told I should apply for Social Security because I wouldn't be able to hold down a job."

She came to the Jefferson Transitional Program as a patient and learned through therapy and medication how to combat her illness.

"Yes, I take meds and do things to keep myself well," she said. "It's just like diabetes. You take your medication and you keep on living."

Dealing with the medication issue is one of the major themes of the play. Actor Beverly Baird, 59, says accepting that she needed that kind of help was difficult. But after years of struggling with undiagnosed depression, she is glad she took that step.

Baird, who has been active in community theater for years and recently received an Inland Theater League award for her work, says her participation at Art Works is critical to her mental health.

"If it had not been for the arts in my life, I would not be here," Baird says. "A lot of times the arts can reach someone when nothing else can. This is allowing me to share my story in hope that others can see that there is hope. Don't give up. You don't have to live in that hole."

Heather Javaherian is an occupational therapist with Loma Linda University Medical Center. She was enlisted to help evaluate the effectiveness of the program. Comments such as those by Baird, she says, show it is working.

"One gentleman told me this drama group was better than any group therapy he'd ever had," Javaherian says. "One of the most important things is it creates that safe place for creating and exploring this character. It's empowering for them once they explore their own struggles and create their own story."

It's also empowering, she says, when they can share that story with the larger community.

"It not only helps the individual, but you're helping to break down the societal stigmas," she says.

Baird says there is one more important element. Performing and collaborating with her fellow actors is a lot of fun.

"For lack of a better word," she says with a smile, "we're a crazy group."

Reach Mark Muckenfuss at 951-368-9595 or mmuckenfuss@PE.com

Art Works

Where: 3741 Sixth St., Riverside

Gallery hours: 11 a.m. to 5 p.m. Tuesday through Saturday

Information: 951-683-1279 or visit www.jtpfriends.org/artworks.html

needs and commitments of community agencies and practitioners, and the hopes and dreams of students intersect and sometimes conflict. The interplay of these forces can have a profound effect on social work education and practice in a community.”

Field education provides students with the opportunity to develop practice skills by applying their knowledge acquired in school to real life experiences. It also provides faculty with the ability to evaluate a student’s abilities and performance. The Council on Social Work Education (CSWE) sets the minimum standards for field education in accredited social work programs. Most schools currently meet the 2001 standards, although in 2008 new standards were released that all schools will eventually have to meet. Both the 2001 and 2008 standards are provided in Attachment A.

Field placement settings are generally in publicly funded community agencies or governmental agencies. Students have at least two different placements, one in the Foundation year and one in the Concentration year (typically related to their concentration or to advanced practice). Students work in their field placement for at least two full-time days per week and receive individual supervision weekly. Some schools also require group supervision if the agency has two or more students. CSWE requires MSW students to complete a minimum of 900 field hours. In addition, students attend meetings, seminars and are enrolled in coursework. Schools generally set the standards and provide training for field instructors, the agency staff member responsible for teaching and providing supervision to the student on site.

Questions for the Panel

Field Directors:

- How is your field program structured?
- How are field agencies selected?
- How do you prepare students for placement?
- What is your placement process?
- What is the linkage between the academic faculty and the field instructors/agencies?
- How do the placements differ each year (foundation vs. concentration)?
- How much of the placement time is spent in providing direct services to clients?
- How do you balance the student’s needs with the agency’s needs?
- How has the changing delivery system in county mental health (recovery oriented care) impacted your field program?
- What other challenges do field instruction programs face?

Student:

- What has been your experience with field education in your MSW program?
- How has the field experience contributed to your understanding of social work practice?
- Do you get the right amount of feedback and support?
- What have you enjoyed most about your field experience?
- What have you liked least in your field experience?
- If you could change one thing about your field experience what would it be?

Mental Health Intern Program Supervisor:

- Tell us about your agency and its experiences as a field placement site.
- How many students do you generally have at one time? In which types of programs do they work?
- How well-prepared are the students for practice in your agency?
- How do you prepare your agency for the students?
- How do you balance the student’s needs with the agency’s needs?

Attachments

- A. CSWE field education standards (2001 and 2008)
- B. CSU San Bernardino's Field Education Manual (2008-09)
- C. USC's Field Education Manual

Links to Field Education Manuals for all California MSW Programs

Azusa Pacific University

<http://www.apu.edu/bas/socialwork/msw/details/internship/>

CSU Bakersfield

http://www.csub.edu/socialwork/field_edu.shtml

CSU Chico

<http://www.csuchico.edu/swrk/field/index.shtml>

CSU Dominguez Hills

<http://www.csudh.edu/cps/hhs/sw/fe.htm>

CSU East Bay

http://class.csueastbay.edu/socialwork/Field_Instructors.php

CSU Fresno

http://www.csufresno.edu/chhs/depts_programs/social_work/forms/grad_field/index.shtml

CSU Fullerton

<http://hhd.fullerton.edu/MSW/Fieldwork/index.htm>

CSU Long Beach

<http://www.csulb.edu/colleges/chhs/departments/social-work/field-education/>

CSU Los Angeles

http://www.calstatela.edu/academic/hhs/sw/field_education.php

CSU Northridge

http://www.csun.edu/csbs/departments/social_work/resources/field_education.html

CSU Sacramento

<http://www.hhs.csus.edu/swrk/field/>

CSU San Bernardino

http://socialwork.csusb.edu/majorsPrograms/msw/FP_main.htm

CSU Stanislaus

http://www.csustan.edu/Social_Work/index.htm

Humboldt State University

<http://www.humboldt.edu/~swp/degrees/msw.html>

Loma Linda University

<http://www.llu.edu/llu/grad/socialwork/fieldmain.html>

San Diego State University

<http://socialwork.sdsu.edu/field/>

San Francisco State University

http://socwork.sfsu.edu/field_education.aspx

San Jose State University

<http://www.sjsu.edu/socialwork/fieldeducation/>

UC Berkeley

http://socialwelfare.berkeley.edu/fieldwork/fw_index.htm

UC Los Angeles

<http://www.spa.ucla.edu/dept.cfm?d=sw&s=home&f=aboutfield.cfm>

University of Southern California

<http://sowkweb.usc.edu/academic/fieldforms.html>

Council on Social Work Education
Field Education Standards

(2001) Education Policy – 2. Structure of Social Work Education - 4.7 Field Education

Field education is an integral component of social work education anchored in the mission, goals, and educational level of the program. It occurs in settings that reinforce students' identification with the purposes, values, and ethics of the profession; fosters the integration of empirical and practice-based knowledge; and promotes the development of professional competence. Field education is systematically designed, supervised, coordinated, and evaluated on the basis of criteria by which students demonstrate the achievement of program objectives.

(2001) Accreditation Standards – 2. Curriculum – Field Education

- 2.1 The social work program administers field education (Educational Policy, Section 4.7 and Section 5) consistent with program goals and objectives that:
 - 2.1.1 Provides for a minimum of 400 hours of field education for baccalaureate programs and 900 hours for master's programs.
 - 2.1.2 Admits only those students who have met the program's specified criteria for field education.
 - 2.1.3 Specifies policies, criteria, and procedures for selecting agencies and field instructors; placing and monitoring students; maintaining field liaison contacts with agencies; and evaluating student learning and agency effectiveness in providing field instruction.
 - 2.1.4 Specifies that field instructors for baccalaureate students hold a CSWE-accredited baccalaureate or master's social work degree. Field instructors for master's students hold a CSWE-accredited master's social work degree. In programs where a field instructor does not hold a CSWE-accredited baccalaureate or master's social work degree, the program assumes responsibility for reinforcing a social work perspective.
 - 2.1.5 Provides orientation, field instruction training, and continuing dialog with agencies and field instructors.
 - 2.1.6 Develops policies regarding field placements in an agency in which the student is also employed. Student assignments and field education supervision differ from those associated with the student's employment.

(2008) 2. Explicit Curriculum - Educational Policy 2.3—Signature Pedagogy: Field Education

Signature pedagogy represents the central form of instruction and learning in which a profession socializes its students to perform the role of practitioner. Professionals have pedagogical norms with which they connect and integrate theory and practice. In social work, the signature pedagogy is field education. The intent of field education is to connect the theoretical and conceptual contribution of the classroom with the practical world of the practice setting. It is a basic precept of social work education that the two interrelated components of curriculum—classroom and field—are of equal importance within the curriculum, and each contributes to the development of the requisite competencies of professional practice. Field education is

systematically designed, supervised, coordinated, and evaluated based on criteria by which students demonstrate the achievement of program competencies.

(2008) Accreditation Standard 2.1—Field Education

The program discusses how its field education program

- 2.1.1 Connects the theoretical and conceptual contribution of the classroom with the practice setting, fostering the implementation of evidence-informed practice.
- 2.1.2 (MSW only) Provides advanced practice opportunities for students to demonstrate the program's competencies.
- 2.1.3 Provides a minimum of 400 hours of field education for baccalaureate programs and 900 hours for master's programs.
- 2.1.4 Admits only those students who have met the program's specified criteria for field education.
- 2.1.5 Specifies policies, criteria, and procedures for selecting field settings; placing and monitoring students; maintaining field liaison contacts with field education settings; and evaluating student learning and field setting effectiveness congruent with the program's competencies.

MSW Field Manual



© Paul Talavera

Department of Social Work



September 2008-09

Director of Field Education

Patsy Andrada, M.S.W., L.C.S.W.
(909) 537-5568
pandrada@csusb.edu

PURPOSE

This manual has been prepared to assist agencies, field instructors, faculty, and students to understanding the objectives, policies, and procedures governing the field practicum program for the Master of Social Work program at California State University, San Bernardino.

The contents of this manual were informed by various editions of social work field manuals from several Southern California Graduate Schools of Social Work, namely USC, CSULB, UCLA and Sacramento State University. Valuable suggestions and information were also provided by past and current Department Chairs, faculty members, field instructors, liaisons, and MSW students.

Table of Contents

INTRODUCTION.....	1
THE MASTER OF SOCIAL WORK PROGRAM AT CSUSB	1
Objectives of the MSW Program.....	1
Organization of the MSW Curriculum	1
Special Projects/Programs	4
FIELD WORK SEQUENCE	5
General Perspective	5
The Role of Field Instruction in Social Work Education	5
Objectives of the Field Practicum.....	6
Specific Objectives Related to Macro Practice.....	7
Specific Objectives Related to Micro Practice	8
FIELD PRACTICUM: DEFINITION OF TERMS AND ROLES.....	9
Field Education Manual.....	9
Social Work Student	9
Director of Field Education	9
Field Practicum Committee	9
Faculty Liaison.....	9
Agency/Field Practicum Setting	10
Field Instructor.....	10
Preceptor	10
THE FIELD PRACTICUM: PURPOSE, STRUCTURE AND OBJECTIVES	11
Purpose.....	11
Structure.....	11
Placement Concurrent with Classes.....	11
Student Involvement in Placement Choice	11
Four Areas of Practice Experience	11
Orientation and Supervision	11
Practicum Hours.....	12
FIELD PRACTICUM: PROCESSES AND REQUIREMENTS	13
Field Placement Selection.....	13
Field Practicum Orientation.....	13
Integrative Field Seminar.....	14
Learning Plan Agreement	14
Learning Plan Agreement Guidelines	14
Learning Plan Agreement Procedure	14
Process Recordings	15
Supervision	15
Required Field Meetings.....	15
Evaluations.....	16
Written Evaluations	16
Other Evaluations.....	18
GRADE FOR FIELD.....	18
Repeat Policy (Re: A Grade of No Credit in Field).....	19
Field PROBLEMS AND RESOLUTIONS	20
General Problem Solving Procedures	22

ADMINISTRATIVE POLICIES AND PROCEDURES	25
Confidentiality	25
Field Days and Hours.....	25
Furloughs and Mandated Time Off.....	26
Holidays	26
Illness and Other Emergencies.....	26
Insurance	26
Non-MSW Supervision.....	26
Field Instructor Certification Training Program Process.....	27
Policy and Procedure for the Use of Employment Setting for Practicum	28
Policy on the Use of the Same Agency for Both Years of Practicum	28
Extended Placement.....	29
Withdrawal from Field Practice Enrollment.....	29
Agency Dismissal of Students from Field Practice Sites.....	29
Interruption of Field Work.....	30
Grievances and Appeals.....	30
FIELD WORK AGENCY: PROCESS AND REQUIREMENTS.....	31
Process for Placement Site Selection.....	31
Guide for Agency Selection.....	32
Other Agency Expectations	32
Other Desirable Practices.....	33
Guidelines for Selecting Field Instructors	33
Field Instructor Expectations	34

INTRODUCTION

Welcome to the California State University, San Bernardino, Master of Social Work, Field Practicum Program. This Field Manual has been developed to provide information and guidance to students, field instructors, program administrators and faculty. It is not intended to be exhaustive and will continue to be revised and changed as needed.

THE MASTER OF SOCIAL WORK PROGRAM AT CSUSB

Objectives of the MSW Program

- 1. To prepare social work professionals for entry into advanced social work practice positions.** This is accomplished through the acquisition of social work knowledge, skills, values and ethics, and permits practitioners to provide services, which enable client populations to reduce social distress, maximize human potential, and achieve social economic equality.
- 2. To prepare social work professionals who can effectively serve the needs of a diverse population.** Because the program is located in a rapidly expanding area in which the most needy are often very vulnerable, the program is especially concerned with the provision of services to populations-at-risk located in the region's multicultural, rural, and urban environments. The program is particularly committed to learning experiences, which stress sensitivity to ethnic, cultural, economic class, age, gender, and sexual orientation diversity. Also stressed is sensitivity to institutional barriers, which often prevent achievement of equity for diverse populations.
- 3. To help meet the social service needs of the Inland Empire.** This is accomplished by contributing scholarship, direction and leadership for a range of social service issues, through research jointly sponsored by the program and community agencies and by participation in major social action/service special projects.

Organization of the MSW Curriculum

Foundation Curriculum (52 units)

The foundation curriculum builds on a liberal arts base, required for admission to the MSW program, to provide a common professional core for all students as well as preparation for advanced study in the second half of the program. Initial foundation courses cover the essential knowledge, values, processes, and skills of generalist social work practice. They also introduce current issues in a range of fields of practice, thus preparing students to make informed choices regarding specialized study in the second year.

The professional foundation utilizes a generalist model of practice and organizes its courses according to the standard categories of a social work curriculum. Classroom-based

course work in Social Work Micro and Macro Practice, Human Behavior and the Social Environment (HBSE), and Social Research are taught concomitant with a year-long Field Practicum. Required foundation courses include the following, each of which is a 4 unit course of one quarter duration.

1) Practice

SW 602A: Social Work Practice with Individuals

SW 600: Social Work with Task Groups, Organizations, and Communities

SW 602B: Social Work Practice with Families and Small Groups

2) HBSE

SW 604A: Behavior in the Social Environment: Birth through Adolescence

SW 604B: Human Behavior in the Social Environment: Adulthood
And Aging

SW 604C: Psychopathology

3) Policy

SW 606A: Social Welfare Policy and Services I

SW 606B: Social Welfare Policy and Services II

4) Research

SW 612: Social Work Research I

SW 613: Social Work Research II

5) Field Practicum

SW 608A: Field Work

SW 608B: Field Work

SW 608C: Field Work

(16 hours per week, which includes a three hour field seminar, every month for a total of eight seminars) **Note: students cannot begin their Field Practicum until evidence of professional liability insurance has been placed in the student file.**

Advanced Curriculum (38 units)

Building on the Foundation generalist model in the foundation year, students move on to consideration of Advanced practice in the second year. All students take both the micro practice and the macro practice series of courses. In the fall students choose a specialization to which they will apply their advanced generalist micro and macro practice learning. This specialization can be a field of practice, a client group or a social welfare problem. Thus students learn about Advanced interventions at all levels of practice: individual, family, group, organization and community. Courses required of all students in the second year include the following. These are 4 unit courses of one quarter's duration except where noted.

1) Advanced Micro Practice

- SW 645 Advanced Micro Practice 1: Interventions skills with specific field, problem or client group. (4 units).
- SW 646 Advanced Micro Practice 2: agency practice with chosen specialization including case management, inter agency collaboration and multi-system assessment (4 units).
- SW 647 Advanced Micro Practice 3: Various roles of social worker including therapist, educator, case manager, researcher. (2 units)

2) Advance Macro Practice

- SW 655 Advanced Macro Practice 1: Intervention skills with specific field, problem or client group. (4 units).
- SW 656 Advanced Macro Practice 2: agency practice with chosen specialization including program development, coalition building, budgeting grant writing (4 units).
- SW 657 Advanced Macro Practice 3: Roles of social worker including, administrator, leader, program evaluator, supervisor. (2 units).

3) Integration of Micro and Macro Practice

SW 660 Advanced Seminar: integrating Micro and Macro Practice. (2 units)

4) Research

SW 625A Implementation of Research Project (2 units)

SW 625B Implementation of Research Project (2 units).

5) Field Practicum

SW 608D Field Placement (4 units).

SW 608E Field Placement (4 units).

SW 608F Field Placement (4 units).

(20 hours per week, which includes a three hour field seminar approximately once a month, for a total of eight seminars)

Special Projects/Programs

1. CalSWEC – Provides financial support to MSW students preparing for a career in public child welfare. The Title IV- E Coordinator is responsible for placing students receiving Title IV-E funds in their field placements that must be in public or private non-profit agencies that serve children in foster care and/or children at risk for removal from their families because of abuse or neglect.
2. Prop 63 Mental Health Stipend – In conjunction with the California Department of Mental Health, a total of 15 stipends will be awarded to students on a competitive basis who are preparing for a career in mental health services. The funds will be granted to full-time, advanced-year MSW students. Students will be required to secure and hold employment in the public mental health field for one calendar year for each academic year of support.

FIELD WORK SEQUENCE

General Perspective

Field practicum is an independent and integral sequence of the MSW curriculum. The practicum setting provides an opportunity to integrate social work theory with practice. It also offers an opportunity for students to interact professionally with individuals, groups and organizations.

Fieldwork is a collaborative partnership among the University, social work agencies, social work professionals and students. Field placements are selected from social service agencies throughout the region and are approved on the basis of the quality of their professional practice, their dedication to addressing social work problems and their interest in social work education. This partnership represents commitment to providing quality educational experiences for students and valuable service to the community.

The Role of Field Instruction in Social Work Education

Historically, social work educators have been among the early definers and defenders of experiential education. Field experience was seen not as the final phase of formal learning, but ongoing and concurrent with classroom instruction. In addition, over the years the field education model has replaced the apprenticeship model. The disadvantages of the apprenticeship model, (i.e., seek out an instructor or agency and get some practical experience) were that the student may not recognize incompetent training nor relate the experience to the whole system of the professional educational training process. Today, field education programs have become responsible for developing field curriculum, selecting and preparing field instructors and developing techniques for students to connect.

The field practicum experience focuses on the multifaceted nature of social work and the learning tools for professional social work education. Through guided, experiential learning, it provides opportunities for application of theory in the field setting concurrently with classroom learning, demonstration of professional commitment compatible with social work values and ethics, supervised planned learning activities in individual, family, group, administrative, and community practice; and integration of conceptual and theoretical content from all curriculum areas. Applying the generalist model of practice, experiences include a broad range of assignments directed at helping the student develop competency in engagement, assessment, planning, implementation, evaluation, termination and follow-up at both the Micro and Macro practice levels. The skills associated with this generalist model are: preparing for intervention, communication, analysis, contracting with the client system, utilizing various roles and stabilizing change. The student is also socialized to agency life including learning the vocabulary of the professional and practicum setting as well as promoting a professional concept of service in an organizational setting. In addition, the student has the opportunity to develop practice skills by applying classroom theory to real situations; determine which approaches apply in a given situation and how they must be adapted;

clarify one's own needs as a social work student; and access practical information not available in courses or books.

Objectives of the Field Practicum

In the foundation year of the field experience, students are expected to gain the knowledge, skills, and values of a generalist practitioner. In the advanced year, the students are expected to provide intervention methods in which the complexities of being a social work must intervene at all levels of practice. This advanced social work practice is operationalized in terms of three roles.

- Change Agent;
- Interdisciplinary/interagency Social Worker
- Social Work Leader.

The objectives, competencies, overall performance and expectations of the field practicum each quarter will be evaluated by utilizing two different Learning Plan Agreement/Comprehensive Skills Evaluation Tools—one for Foundation year and a second one for Advanced year students. The following provides a description of how the foundation and advanced years are differentiated:

The **Foundation Year Comprehensive Skills Evaluation** is divided into five sections, reflecting four of the program objectives of the MSW course curriculum and the program objective for Foundation Field Education.

MSW Program Objective #1. Students will demonstrate knowledge of how developmental, psychological, and social theories influence life span human development, and the evolution of community and societal change.

MSW Program Objective #2. Students will demonstrate Micro Practice knowledge and skills at a generalist Foundation level by understanding theories and models of practice with individuals, families, and groups and having introductory practice skills.

MSW Program Objective #4. Students will demonstrate Macro Practice knowledge and skills at a generalist Foundation level by understanding theories and models of practice with organizations and communities with introductory Macro Practice skills.

MSW Program Objective #8. Students will demonstrate development of a professional self within an organization setting at a Foundation level.

MSW Program Objective #11. Students will demonstrate skills in practice with people from various backgrounds, e.g. cultural and ethnic, gender, sexual orientation, age, socio-economic class, and ability level.

The **Advanced Year Comprehensive Skills Evaluation** is divided into four sections, reflecting three of the program objectives of the MSW course curriculum and the program objective for Advanced Field Education.

MSW Program Objective #3. Students will demonstrate Micro Practice knowledge and understanding of complex Social Work roles related to resources and services, specific Micro practice intervention techniques, team interventions and ethical, service delivery at the Advanced level.

MSW Program Objective #5: Students will demonstrate an Advanced knowledge of Social Work roles related to resources and services, specific Macro Practice intervention techniques, and ethical, and service delivery issues

MSW Program Objective #9: Students will demonstrate development of a professional self with an organizational setting at an Advanced level.

MSW Program Objective #11: Students will demonstrate skills in practice with people from various backgrounds, e.g. cultural and ethnic, gender, social orientation, age, ability level.

Each section includes articulated applications of knowledge and/or skill, followed by specific behavioral measures, all of which are to be evaluated. The applications and behavioral measures reflect the different Program Objectives for the Foundation and Advanced years.

Specific Objectives Related to Macro Practice

1. Through the use of research concepts, students will demonstrate the ability to evaluate the effectiveness of their own practice, the effectiveness of select specific interventions, agency effectiveness, and the relative effectiveness of varying approaches to addressing social issues;
2. Students will demonstrate the ability to initiate and maintain effective relationships with clients and client systems;
3. Students will demonstrate skills in organizational, community, or policy assessment and intervention, including initiation of change and goal setting;
4. Students will have the ability to apply theoretical models of community practice to the macro projects students are engaged in or to which they are exposed;
5. Students will have the ability to understand and adapt to various stages of change, planned and unplanned;
6. Students will demonstrate the ability to differentiate macro practice strategies and determine those most appropriate, given the situation;
7. Students will have a beginning level of mastery of leadership, management, and administrative skills in working with large social systems toward the building of more effective and responsive organizations, communities, and society;
8. Students will demonstrate the ability to utilize management, monitoring and evaluation tools to gauge macro change strategies (e.g. PERT charts, monthly progress reports, and evaluation plans);

9. Students will demonstrate the ability to record and safeguard professional documents, case notes, charts, proposals or policy reports in a competent manner appropriate to the agency, community and the social work Code of Ethics;
10. Students will demonstrate the ability and commitment to work within the boundaries of professional ethics.

Specific Objectives Related to Micro Practice

1. Based on an understanding of human behavior dynamics, students will demonstrate the ability to develop treatment strategies, intervention techniques, and policy change strategies in practice settings which respond to economic difficulty, child abuse and neglect, in the aging process, dysfunctional behavior in families, and in mental health settings;
2. Students will demonstrate knowledge of the current professional thinking about mental illness and emotional dysfunction with respect to clients being served;
3. Students will demonstrate practice skills within a biopsychosocial theoretical framework with emphasis on work with children, youth, families, the elderly, and the mentally ill population;
4. Students will demonstrate the ability to apply theory to practice as it pertains to children, youth, families, the elderly, and mentally ill;
5. Students will demonstrate skills in working as part of an interdisciplinary team and in relating appropriately to other mental health professionals;
6. Students will practice within the boundaries of professional values and ethics;
7. Students will develop preferred approaches to practice that are appropriate to children, youth, families, the elderly, and the mentally ill;
8. Through the use of research concepts, students will demonstrate the ability to evaluate the effectiveness of their own practice, the effectiveness of select specific interventions, agency effectiveness, and the relative effectiveness of varying approaches to addressing social issues as they relate to children, youth, families, the elderly, and the mentally ill.
9. Students will demonstrate an understanding of how agencies serve children, youth, families, the elderly and the mentally ill;
10. Students will demonstrate the ability to promote client's equal access to the necessary resources and opportunities required to achieve life's tasks;

FIELD PRACTICUM: DEFINITION OF TERMS AND ROLES

Field Education Manual

The Field Manual is the document that outlines the field education program, policies, and requirements for use by social work students, field instructors, faculty liaisons, the Director of Field Education, the MSW Program Director and other faculty.

Social Work Student

Social work students are adult learners with life experiences that are to be respected. As adult learners, students are expected to take an active role in the learning process, build upon their reservoir of experience, and relate past experiences to current problems.

Director of Field Education

The Director of Field Education (Field Director) has responsibility for the development of field practicum curricula and for the administration of the field practicum including the maintenance of effective working relationships among agencies, students, and field liaisons. It is the Field Director's job to ensure that there are sufficient practicum settings appropriate to student needs and program standards and to make arrangements for the placement of students in practicum settings complimentary with their interests and learning needs. The Field Director has the ultimate responsibility for resolving field-related problems.

Field Practicum Committee

The Field Practicum Committee is one of the sub-committees of the Curriculum Committee of the Department of Social Work. The chair of the Field Practicum Committee and faculty members, as with other subcommittees, are appointed by the Chair of the Department of Social Work. Membership is augmented by representatives appointed by the Department Chair from among placement agency representatives and students. The Field Practicum Committee advises the Director of Field Education on field-related matters such as selection of sites, placement problems, and issues related to integration of classroom learning with field education. It recommends curriculum policy changes to the Field Director for submission to the Curriculum Committee. The Field Practicum Committee will meet quarterly and at the call of the Chair.

Faculty Liaison

The **faculty liaison** also referred to as the **field liaison** is the faculty member who works with the Field Director to coordinate individual student educational issues between the Department of Social Work and the field instruction agency. Ongoing communication takes place between the faculty liaison, field instructor and student. The faculty liaison serves as an educational consultant to the field instructor and provides information on curriculum relevant to the student's educational experience.

The liaison holds regularly scheduled conferences with both the student and the field instructors at quarterly visits. Agency visits are a minimum of once per quarter, with

interim visits and telephone contacts as necessary. The faculty liaison approves the practicum Learning Agreement for the student, evaluates the student's learning (reviewing field instructor's evaluation and participation in seminar), and assigns a grade (credit / no credit). The faculty liaison serves as facilitator and leader for the Integrative Field Seminars. At the end of each academic year, the liaison completes a written evaluation of assigned field placement settings, making recommendations as to the quality, improvements, and continued use of the agency.

Agency/Field Practicum Setting

The agency is the place where the field practicum setting is located and where the students work with client systems. Some of the larger agencies may have several placement sites. Agencies are selected for their ability to provide quality instruction, commitment to collaborative participation in professional education, and commitment to client and community service.

Agency administrative support is a valued and necessary component of the practicum and represents a significant commitment to professional education. Agency administrators demonstrate their commitment by signing a formal agreement ensuring that the setting meets the MSW Program accreditation standards, the field instructor's job responsibilities are adjusted to make available time for student instruction and supervision, and provides necessary resources such as space, clerical support and field transportation.

Field Instructor

The field instructor is the student's teacher and supervisor in the placement site. The field instructor provides ongoing feedback, supervises, teaches, and assesses student acquisition of knowledge, skills, and values. In collaboration with the student, the instructor is responsible for developing a student Learning Plan Agreement based upon the criteria established by the MSW Program. The Field instructors are selected for the quality of their field instruction and commitment to educational standards of the MSW Program. According to CSWE standards, field instructors must have an MSW. In addition CSUSB requires they have at least two years post-MSW experience, six (6) months experience in the field placement setting, and have completed (or plan to complete) the Field Instructor Certification training. Licensing by the state Board of Behavioral Science Examiners is preferred (LCSW).

Preceptor

While the field instructor has overall responsibility for the student's instruction in the placement setting, the preceptor may provide additional instruction or supervision. The preceptor is a secondary source of information and guidance, for example, for a specific service assignment, or to provide day-to-day administrative supervision. The preceptor may be an MSW or non-MSW. A plan to utilize preceptors must be approved by the Field Director. The use of preceptors is considered an enrichment to field education but **does not** substitute for the minimum hour of supervision/instruction by the Field Instructor.

THE FIELD PRACTICUM: PURPOSE, STRUCTURE AND OBJECTIVES

Purpose

The field practicum plays a pivotal role in the MSW curriculum. The field experience offers the opportunity to apply, refine and integrate conceptual based knowledge acquired in the classroom with real life experiences in social agencies. The field experience and classroom should be mutually reinforcing in all curricular areas: research, human behavior, social policy, and practice with individuals, groups, organizations and community.

Structure

Placement Concurrent with Classes

There are six sequential field practicum courses that run concurrently with classes. The student is under the supervision and guidance of a qualified field instructor and a faculty liaison.

Each student has two different field placements during the course of study. Field experiences are designed to build upon one another in developing a competent practitioner. They are also intended to give the student an opportunity to learn about more than one agency's organization and culture, and therefore gain a more comprehensive perspective of social work practice.

Student Involvement in Placement Choice

Placements are assigned by the Director of Field Education or the Coordinator of the Title IV-E Program on the basis of student interest, learning needs and agency resources. A pre-placement interview between the student and the Field Instructor is required. The pre-placement interview allows the student and the Field Instructor opportunity to determine the appropriateness of the placement for that individual student.

Four Areas of Practice Experience

Students are expected to complete field practicum assignments in four areas of practice. Areas of practice include working with individuals and families, small groups, agency administration, and communities.

Orientation and Supervision

Students entering first year field practicum are required to attend the Fall Student Orientation to Field Education. All students are required to attend periodic meetings with their faculty liaison, weekly supervision conferences with their field instructor throughout the year, and all eight (8) field integrative (professional development) seminars.

Practicum Hours

Students are expected to be in their field practicum 16 hours per week (160 hours per quarter), or 480 for the first placement year, and 20 hours (200 hours per quarter), or 600 hours for the second placement year.

FIELD PRACTICUM: PROCESSES AND REQUIREMENTS

Field Placement Selection

1. Continuing students submit placement forms during the Winter Quarter; new students submit theirs as soon as they are notified of acceptance during spring and summer quarters;
2. The Director of Field Education, Coordinator of Title IV-E, or Coordinator of the Mental Health Stipend Program reviews all forms, and based on the broadest range of choices, the student with the Director of Field, Coordinator of Title IV-E, Coordinator of the Mental Health Stipend Program identifies the placement choice that is most appropriate for the student, with consideration given to the student's previous experience, area of concentration, geographical mobility, long range career goals, need for a stipend, areas of special interest, and individual preference;
3. After each student and the Director of Field Education (or Coordinators of the IV-E and Mental Health program) have identified the placement site best meeting the student's needs, a formal referral is made to that agency by the Director of Field (or the Coordinators of IV-E and Mental Health.) The student is then instructed to call the appropriate agency official (usually the field instructor) for an interview. The purpose of the interview is to confirm that the placement is acceptable to both the student, the prospective Field Instructor and any other interested agency official;
4. If a placement is not acceptable to the student **or** the field instructor, an alternative placement will be developed;
5. Written confirmation will be shared among the department, the student and the agency.

Field Practicum Orientation

All students enrolled in the First Year of Field Practicum (SW 608A,B,C) are required to attend the Student Orientation which is scheduled the week prior to the start of field instruction in the Fall Quarter. The purpose of the orientation is to provide an overview of the various roles, responsibilities and expectations of the student, field instructor, faculty liaison, and Field Director. It also provides an opportunity to discuss issues and concerns with various faculty, field instructors, and students involved in the educational process.

Integrative Field Seminar

As an integral part of the 608 sequence, all students (both foundation year and advanced year) are required to attend an integrative field seminar that is designed to:

1. Facilitate integration of classroom and field learning,
2. Allow students to share field experiences, thus expanding their knowledge beyond the scope of their individual practicum settings,
3. "Socialize" students to the profession
4. Serve as a peer support group, especially for new students.

This seminar meets eight (8) times during the academic year for 3 hours each-which count towards field practicum hours. **Attendance and participation are mandatory.**

Learning Plan Agreement

An individualized learning plan agreement is developed each year of field practicum by the student in consultation with the field instructor and field liaison. The purpose of the agreement is to formalize the expectations for student performance in achieving the field practicum learning objectives. Since students come to the MSW Program with different needs and various levels of practice experience, the learning agreement should be reflective of individual needs in addressing learning objectives within the framework of the overall practicum objectives. The field instructor supervises the process of the development of the learning agreement and determines what is feasible given the resources of the agency.

Learning Plan Agreement Guidelines

The Learning Plan Agreement should outline specific student activities, and thus provide the bases for assessment. The Learning Plan Agreement is a year-long plan and is part of the form that is used to evaluate the student each quarter, thus tracking their development over the year. These forms should include the following:

1. Student name
2. Name of Agency/Field Instructor
3. Day & time at agency; Date & time of individual supervision
4. General conditions, e.g., placement hours, integrative seminar dates and times, etc.
5. Faculty liaison and dates & times of field seminars

Learning Plan Agreement Procedure

The following procedure is recommended beginning the *first week of placement*:

1. The student reviews the practicum objectives and practicum competencies.
2. The student discusses the objectives, expectations and activities with the field instructor and, with the assistance of the field instructor, assesses his/her learning needs.

3. The student and field instructor access the IPT Database (www.runipt.com) where the LPA is located. In the section, “Agency Specific Learning Objectives”, both will discuss and type in goals for learning which are not already included in the LPA.
 - The deadline for reviewing the LPA is by the end of the third week.
 - The student and Field Liaison will discuss the learning objectives with the Field Liaison when they make their first site visit in the Fall quarter.

Process Recordings

Process recordings (written and/or auditory) in conjunction with regular supervisory guidance are cornerstone to the learning process. This is where the foundation of learning in the field takes place. The process recording is an educational tool that helps the student review, reflect, internalize, assess, and understand the client encounter, including the latent issues and feelings that contribute to that interaction. It affords the student the opportunity to explore and apply the conceptual knowledge from the classroom to real practice.

One process recording is required each week.

They are to be reviewed by the field instructor and discussed during supervision. A recently reviewed process recording is submitted to the faculty liaison at each Integrative Seminar. It is used by the faculty liaison as one indicator of the student’s progress in applying knowledge gained in the classroom in the field.

Supervision

Regularly scheduled, individual, one-hour weekly conferences with the field instructor are a required part of the field practicum program. The conference is a mutually interactive process between the field instructor and the student. It is used to assess learning activities, including integration and generalization of concepts from the classroom to the field experiences, and to resolve problems. The supervisory conference provides an opportunity for the field instructor to give ongoing feedback concerning the student's performance in relation to practicum goals. Field instructors may utilize process recordings, case histories, and presentations to explore case dynamics, client-student interaction, and systematic thinking.

If there are more than two MSW students, an additional group supervision meeting is required. Additional group staffing, conferences, and training meetings may **supplement** individual supervisory conferences.

Required Field Meetings

Integration of information learned in the classroom with experiences in the field is a

critical part of professional learning. A variety of meetings are required to facilitate integration of material. They are:

1. Fall Orientation meeting.
2. Scheduled supervision conferences (see Supervision above)
3. Group meetings, training and case conferences arranged by the field instructor.
4. Periodic, usually once or twice each quarter, on-site meetings with the faculty liaison, individually and/or in groups of students and field instructors.
5. The field education integrative seminar.
6. Additional meetings arranged by the faculty liaison, for example, a group of students meeting in the faculty liaison's office to discuss activities, common problems or issues.

Evaluations

Ongoing evaluation of the student's progress is a function of the supervisory process. Any doubts about the student's progress by the field instructor or faculty liaison should be brought to the attention of the student and faculty liaison as soon as possible, so corrective action may be initiated. If the field instructor and student with the assistance of the faculty liaison are not able to resolve the problem, then the issue will be brought up before the Student Review process as outlined in the MSW Student Handbook.

Written Evaluations

Field instructors are responsible for completing a mid-quarter evaluation and for evaluating the student's performance at the end of each semester. The mid-quarter evaluation is a monitoring tool designed to track a student's progress and for early identification of problems. The Mid-Quarter Progress form can be downloaded from <http://socialwork.csusb.edu/FieldPractAgencies.htm>.

Written evaluations of the student's progress are to be inserted in the "Comments" section of the IPT Database. The student is evaluated on his/her performance and progress in relation to the specific objectives for Foundation Year or Advanced Year as developed in the student's individual Learning Plan Agreement. Refer to the [Field Calendar](#) for deadlines for completing the online evaluations on the IPT Database.

The following procedures are recommended:

- Step 1. Student is to contact the Field Instructor to make an appointment for his/her evaluation.
- Step 2. Prior to the appointment, ask the student to go to the IPT Database www.runipt.com and complete the self-evaluation, and sign electronically.

- Step 3. The Field Instructor will complete the evaluation prior to the scheduled appointment and sign electronically. During the appointment, the Field Instructor will review the scores and go over both sets of scores as this is an opportunity to help the student learn about their performance in field.
- Step 4. The Field Liaison is then responsible reviewing the evaluation and posting the student grade as per university protocol.

Performance Evaluation: Please use the following Key in evaluating your students.

EVALUATION KEY

0. (0%) Student needs to approach Field Instructor to find ways to find ways to meet the learning objective.
1. Student is rarely able to effectively achieve the behavior (achieves behavior 0-15% of the time)
2. Student is sometimes able to effectively achieve the behavior (achieves behavior 15-50% of the time)
3. Student is usually able to effectively achieve behavior (achieves behavior 50-80% of the time)
4. Student has frequent/very good achievement (achieves behavior 80-95% of the time)
5. Student has consistent/superior achievement (achieves behavior 95-100% of the time)

An e-mail to the Field Liaison is required when a student scores a 1 or a 5 as a 1 is a red flag anytime during the academic year, and 5's may be appropriate in the Spring Quarter; however considered red flags in either Fall or Winter Quarters

Fall Quarter

The expected levels of performance for a first quarter student are levels 2 and 3. There are likely to be a number of *NA*'s as well because much of the student's time will have been spent in orientation to the agency setting and observations of other professionals.

The Field Liaison will meet with you and the student early in the quarter to review the Learning Agreement and at least once every quarter thereafter. In between meetings, the Field Liaison is available to answer questions and discuss any issues of concern about the student. The Field Liaison should be contacted under the following circumstances:

- A student continues to perform at level **1** on any specific behavioral measure;
- A student is performing at level **2** on more than 75% of the behavioral measures in any one of the core areas

Winter Quarter

The expected levels of performance for the second quarter student are levels **3** and **4**. The Liaison should be contacted under the following circumstances:

- A student continues to perform at level **1** and **2** on any specific behavioral measure;
- A student is performing at level **3** on more than 75% of the behavioral measures in any one of the core areas.

Spring Quarter (Final Evaluation):

The expected levels of performance for a third quarter student are **4's** and **5's**. The Liaison should be contacted under the following circumstances:

- A student is performing at level **1, 2, or 3** on any specific behavioral measure

End of Year Evaluations

The field practicum program is a collaborative effort between the agencies, field instructors, faculty liaisons and Field Director. In order to ensure that the overall program continues to function at the highest possible level, the following evaluations are required at the end of each field practicum year.

1. Student Evaluation of the Field Placement
2. Field Placement Process Evaluation by Students
3. Student Evaluation of their Faculty Liaison/Academic Advisor
4. Evaluation of Field Education Administration by Field Instructors
5. Evaluation of Field Placements by Faculty Liaison
6. Evaluation and Feedback Integrative Field Seminars

The forms for all student evaluations will be provided to each student during the last scheduled field integrative seminar of the academic year. The same procedures as is used for SETEs should be followed. That is a **student representative should be designated to collect the completed evaluation forms in the large envelope provided. The faculty member should leave the immediate area while the forms are completed to ensure confidentiality. Once the designated student has collected the completed forms, the envelope should be sealed and hand delivered to the departmental clerk or secretary.** All evaluations are considered confidential and are utilized for program and faculty evaluation and development.

GRADE FOR FIELD

The student receives a grade of credit/no credit for the Field Practicum course. The field

instructor recommends the grade to the faculty liaison with the written evaluation. The faculty liaison submits a final grade to the University along with the written evaluation to the departmental clerk or secretary for filing in the student's individual departmental record.

The field liaison recommends a grade based on the following:

1. **student attending and completing all field assignments,**
2. **participation in field seminar,**
3. **the student's self evaluation, and evaluation by the Field Instructor**
4. **the field liaison's assessment of the student's professional development relative to the practicum objectives set forth in the Field Manual.**

On occasion, a grade of "Incomplete" may be granted unexpected illness. The need for the "Incomplete" is discussed by the student with the field instructor and field liaison. Subsequently, the student develops a plan for making up missing work that is agreed to by the three parties and approved by the Director of Field Education. The plan will also be provided to the Departmental Student Review Committee by the field liaison for review and approval on a case by case basis.

Repeat Policy (Re: A Grade of No Credit in Field)

Students may repeat field subject to the following conditions:

1. A Field Practicum grade of "No Credit" requires a repeat of that quarter of field work. Receipt of a "NC" in field places the student on probationary status, and may result in a meeting with the Student Review Committee to resolve the problem. The student needs to pass field in all subsequent field courses.
2. Only one repeated course can be used to replace a "No Credit" in Field Practicum or an "F". (This action requires a formal petition to the department.) If students receive more than one "F" (or "No Credit" in Field Practicum), Then they may be dismissed from the program since, to graduate the MSW program, all classes must receive a "C" grade or better.

Field PROBLEMS AND RESOLUTIONS

Problems in the field tend to fall into one of three categories: situational, environmental, and inadequate performance. Each of these categories is described below with alternatives for resolution. In addition, the descriptions for “situational” and “inadequate student performance” listed are “red flag” indicators for which either the student or field instructor needs to take action. “Environmental problems” are solely a function of the field agency environment and will be addressed by the Faculty Liaison or Director. **Students are expected to read the descriptions below and to follow the General Problem Solving Procedure described at the end of this section.**

Types of Problems Defined and General Responsibilities for Resolving Each Type

#1 Primarily Situational: Illness, personal crisis, or other occurrences resulting in prolonged absence from the field or inability to engage in competent social work practice.

Problem Identification: Students are expected to notify both the field instructor and field liaison when personal situations interfere with attendance or participation in field. Students are also expected to notify the academic advisor immediately.

******Resolution Process:* The field liaison is responsible for utilizing a Level One Review and investigate, mediate and/or negotiating a resolution for problems identified by either the student or the field instructor. The liaison will take into consideration the timing of the occurrence, the student’s performance, and other such factors that pertain to the situation. The resolution should be documented in the Learning Plan Agreement or as an addendum to the LPA, and it needs to be signed by the field liaison and the student.

A student who officially withdraws or is unable to complete the semester at the same agency must repeat the entire quarter (e.g. hours accumulated in one quarter cannot be carried forward into future quarters.

NOTE: students who do not receive permission from their field instructor nor liaison regarding prolonged or intermittent absences from the field will receive a “NC” grade.

#2 Primarily Environmental: Inadequate learning opportunities, inadequate field instruction/supervision, conflicts between student, instructor or and/other agency personnel that negatively affect the learning process which cannot be resolved. In an instance of perceived discrimination or sexual harassment, the student must immediately notify his/her faculty liaison.

Problem Identification: Typically these types of problems are first identified by the student. It is responsibility of the student to notify the field liaison to ask for a meeting to address the issues, for the liaison to monitor progress or lack of it, and make recommendations to change the field placement if necessary.

Resolution Process: The faculty field liaison is responsible for initiating a Level One Review for mediating and/or negotiating a resolution of the student's concerns. The field liaison will meet with the field instructor, student, and/or other agency personnel to discuss/identify the environmental problems and possible solutions. If a resolution is not forthcoming, the field liaison will contact the Director of Field Education. The Liaison will notify the agency and field instructor that the student will be removed from the agency as soon as his/her caseload can be transferred.

The Director of Field Education will work with the student to secure a new placement. Students having to change placements in mid-quarter may be required to extend their time in the new field agency beyond the regular ending date for field. The student's grade will be based upon his/her performance in the new agency should a change in placement be required.

#3 Primarily Inadequate Student Performance: Student demonstrates poor professional behavior or conduct, unwilling to follow agency policies and procedures, shows lack of ability or low motivation to learn social work skills, has disrespect for clients or co-workers, is unable or unwilling to utilize constructive feedback, or cannot effectively connect with the clients; ethical/legal Code of Ethics violations, threatening or criminal behavior, inappropriate behavior or substandard performance will result in a No-Credit for the course and may also result in dismissal from the program.

Problem Identification: It is the responsibility of the field instructor to identify this type of problem and bring it to the attention of the student and the field liaison. The field liaison will initiate either Level One or Level Two Review, which ever is most appropriate, as outlined in the MSW Student Handbook.

Resolution Process: The field instructor must identify the concerns that indicate substandard performance and must communicate her/his concerns to the student in writing and subsequently notify the field liaison. Once notified, the field liaison must contact the student as soon as possible to discuss the concerns of the field instructor and to develop a plan of remediation. (Refer to Level One and Two to Review policies of MSW Student Handbook, pg 40). Students will be afforded a reasonable period of time (assuming there is sufficient time available in the academic year for corrective action to be monitored) to correct behavior and or deficiencies and this process will be monitored by the field liaison.

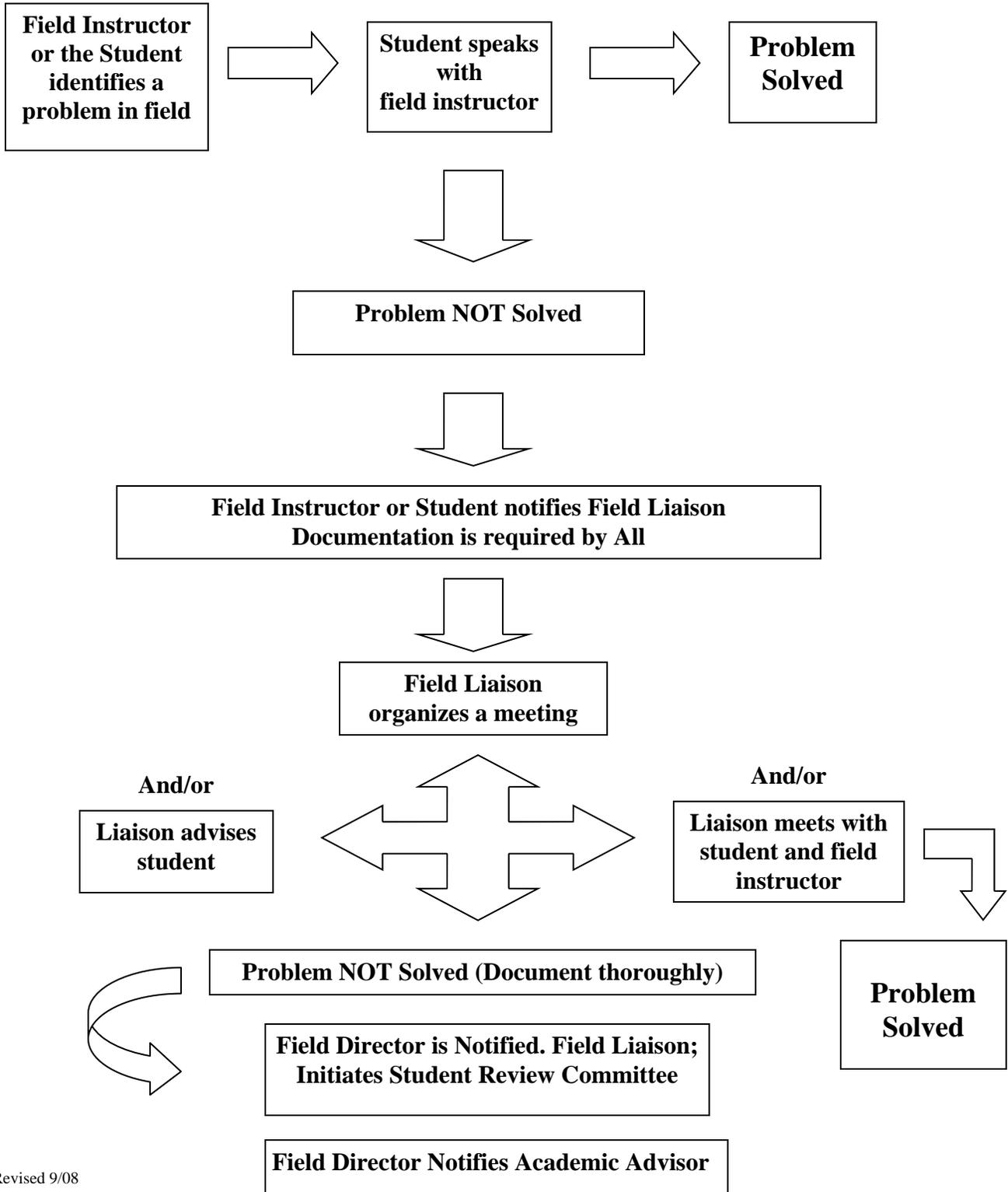
NOTE: Students experiencing performance problems may not change placements. Performance problems must be resolved in the agency in which they were first identified. If the agency is unwilling to continue working with

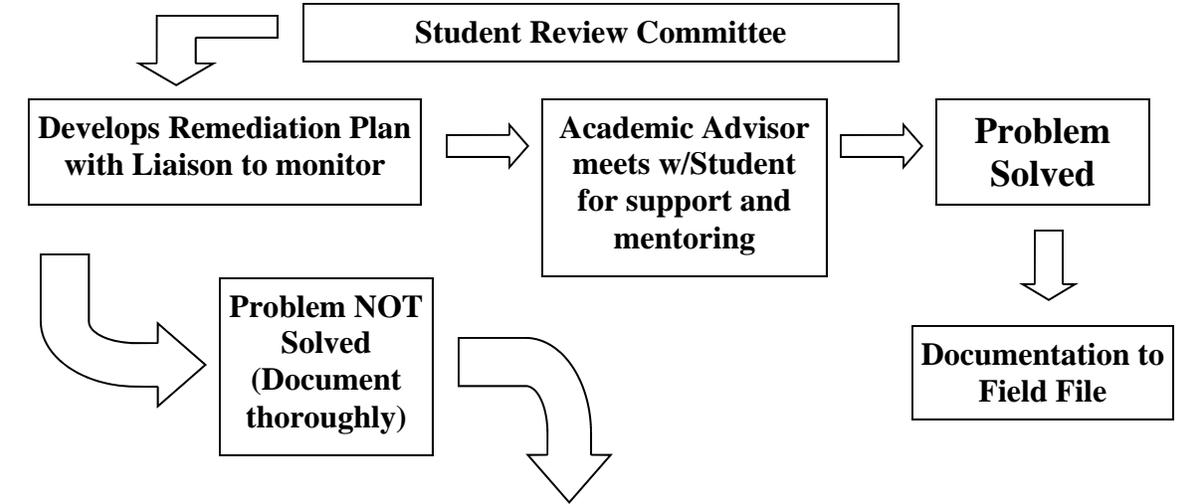
the student, the student will have to repeat the field placement regardless of the time of the occurrence of dismissal from an agency.

General Problem Solving Procedures

The purpose of this procedure is to clarify the roles of the concerned parties and to suggest means for an effective problem solving process.

1. Problems with a field placement should be identified as early in the quarter as possible. Field Instructors are to complete the Mid-Quarter Evaluation form five weeks into the quarter, or sooner if needed, and fax it to the Social Work Department, (909) 537-7029 who will forward them to the liaison.
2. Field Instructors and students are encouraged to keep supervision notes that identify topics discussed in supervision meetings.
3. **Either** the student, liaison, or field instructor can initiate the problem-solving process.
4. The process involves *communication* – verbal and/or written – between at least two of the parties.
5. The initial communication can be informal and verbal. The field instructor and the student need to sit down and address the issues at hand. If the problem is resolved within a reasonable period of time (no more than two weeks), no formal written documentation of the problem needs to be done.
6. If the problem is not resolved in a reasonable period of time (no more than two weeks), or if another problem surfaces, the problem must be documented and **all three parties should receive a copy**.
7. At this point, liaison should initiate Level One Review and meet with the student and/or field instructor within a week of the written report in order to facilitate a resolution. Liaisons should document the outcome of meetings and provide copies to the student and the Field Instructor and should forward a copy to the Director of Field Education.
8. The outcomes of the Learning Plan Evaluation should be a joint venture between the field instructor and the student. If there has been early identification and engagement of the problem solving process by all three parties, the results of the evaluation should not come as a surprise to the student.
9. Although an agency can terminate a student's field placement as they deemed necessary, a student may not terminate or change the field placement without first consulting the Director of Field Education who will then assess the request.

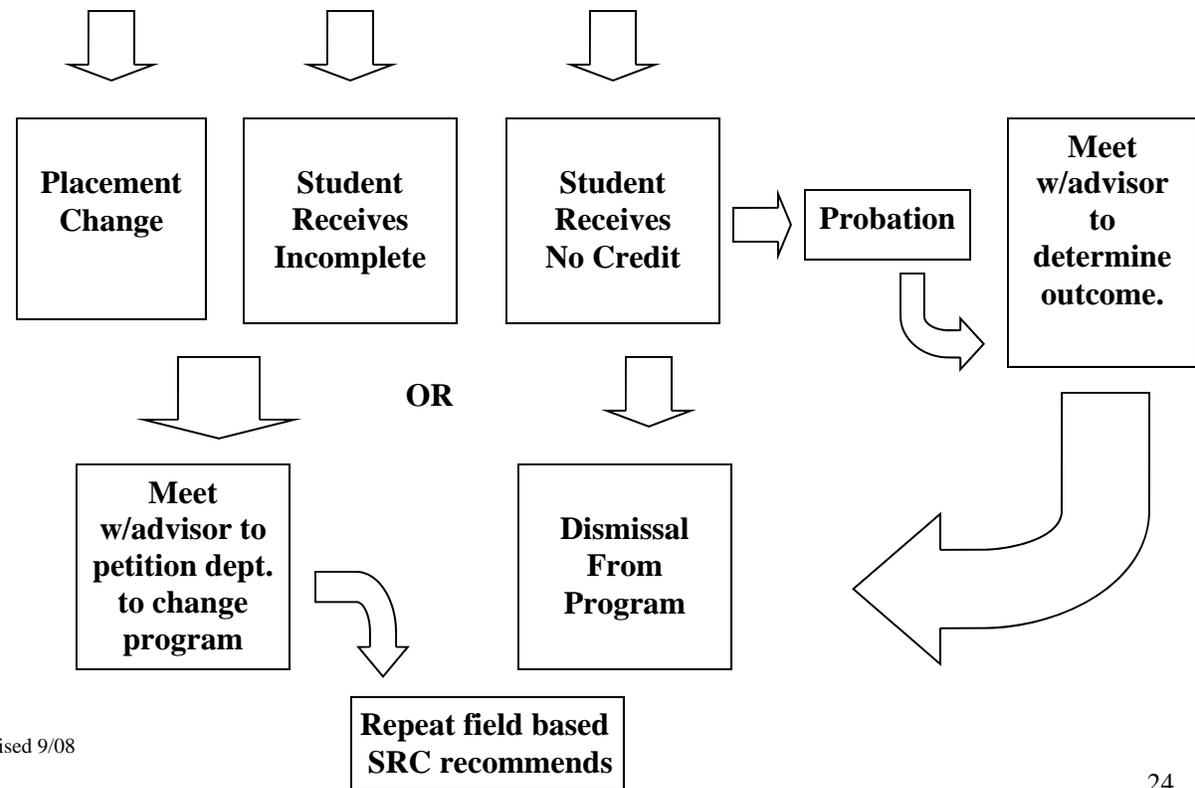




Field Director to Reassess Progress

Consultation with the Field Liaison and Student Review Committee

Decision made by Field Education Faculty which recommends either:



ADMINISTRATIVE POLICIES AND PROCEDURES

Students are responsible for observing regular agency working hours as arranged by the field instructor. The agency should keep a record of attendance in order to certify the completion of a specific number of practice hours at the end of the quarter. The time sheet form can be downloaded at <http://socialwork.csusb.edu>.

Confidentiality

Students must follow the NASW Code of Ethics and all agency policies on confidentiality. All related schoolwork, including class discussions and written material, should not contain client names or other identifying information and should be adequately disguised to preserve client anonymity.

When confidentiality cannot be maintained adequately, the student must obtain a written consent for release of confidential information appropriate to the agency's procedure on confidentiality.

Field Days and Hours

Field days and hours are arranged by mutual agreement between the student and the field agency. Field days and hours may not conflict with the class schedule or other school requirements. Some portion of the practicum hours may take place after regular hours, provided supervision is available at the agency. However, at least 8 hours per week must take place during the agency's regular scheduled work week, (usually Monday –Friday 8:00 a.m. to 5:00 p.m.) Although the university has a part-time program to assist students who must work part-time while gaining a professional education, there are no totally evening and/or weekend practicum placements available. Some agencies offer some evening and/or weekend hours as a part of the total placement experience, when appropriate supervision is available.

Foundation year students receive 16 hours per week of field experience, or 160 hours per quarter, a total of 480 hours per year.

Advanced year students receive 20 hours per week of field experience, or 200 hours per quarter, a total of 600 per year.

The **480** hours for the foundation year and the **600** hours for the concentration year are the **minimum** required for completion of the requirements for the Master of Social Work degree. Agencies, as a condition of accepting students for placement or in consideration for pay, may require additional hours. Such requirement must be mutually understood and accepted prior to placement. The nature of the clients' needs is primary and also may demand additional hours. These hours are a condition of placement and cannot be

credited toward future practicum time, to shorten the quarter or enable the student to terminate early.

Students may not finish their field placement before the last day of field as scheduled on the yearly published Field Education calendar. There are a few exceptions to this, primarily school-based placements where the time schedule is client-driven. The purpose of the limitations is to ensure that field practicum stays in sequence with practice classes.

Furloughs and Mandated Time Off

Some agencies mandate their employees to take furloughs from work or other time off, for example, the day before or after a holiday. These are not regular holidays. Therefore, if the student's placement time is affected, such time would need to be made up.

Holidays

Students are allowed those holidays observed by the agency or the University. Students do not need to make up time off when the holiday falls on a placement day. Students may observe other religious holidays, but these are treated as absences to be made up.

Illness and Other Emergencies

Students are expected to telephone the field instructor at the beginning of the field day to report illness or any other emergency requiring absence during the student's field time. Hours missed must be made up before the end of the quarter, or at some other period by special arrangement with the field instructor.

Absences that exceed two consecutive field days should be reported by the student and/or field instructor to the faculty liaison.

Insurance

While enrolled in a field practicum, students must carry professional liability insurance. This is provided by Cal State and paid for through student fees.

Students' professional liability insurance is covered by a policy held by the California State University. Students will be charged an annual fee for this coverage as part of their tuition fees.

Workman's Compensation is provided by CSUSB to the student during field placement. Students are also responsible for acquiring and maintaining their own health, accident or automobile insurance that the agency may require. Student health insurance is available through the University.

Non-MSW Supervision

In those rare cases in which an agency meets all criteria for a placement agency except the presence of an on-site MSW field instructor, the Director of Field Education may approve day-to-day supervision by a non-MSW supervisor. However, the agency must provide for a qualified MSW field instructor, who meets weekly with the student for the regularly scheduled one-hour individual supervisory conference and is responsible for the student's overall practicum experience and evaluation. The only exception to this policy is for special category students (e.g., Title IV-E) where the university provides a university-based field instructor. This MSW must have some nature of official agency status (e.g., contract employee, "without compensation" employee, or official agency volunteer) that would allow them access to confidential client and other agency records, and enable them to carry out other necessary field education agency-based activities. In clinical settings, a clear line of responsibilities for clients' welfare is essential (e.g., during the students absence or if malpractice is alleged). The field instructor must meet all criteria for selection of field instructors (See Section VII, Guidelines for Selecting Field Instructors).

Field Instructor Certification Training Program Process

The certification training program is a 15-hour course designed to establish a uniform set of expectations for field instructors in the roles and responsibilities of the field practicum. Additionally, it provides for diversity and individuality by integrating the basic expectations of the instructor, student, and faculty liaison, focusing upon their individual unique characteristics. The requirements are:

1. All agency social workers who serve as field instructors must be certified;
2. Certification is awarded upon the completion of the core training program, (either with this department or another accredited graduate department of social work.) Ongoing certification is maintained by attending an annual field instructor workshop;
3. CSUSB will provide field instructors with an identification card. This card grants them library and other university privileges;
4. Field instructors who have not maintained their certification by attending the annual workshop, should contact the Director of Field Education regarding re-certification;
5. Training and certification by other Departments or Schools of Social Work at other universities is considered as meeting this requirement (e.g., reciprocity is granted by most Schools and Departments);
6. Preceptors that play a major role in the training of graduate social work students should also complete Field Instructors core training. Other agency officials with interests in graduate social work education are also welcome to attend the core training.

Policy and Procedure for the Use of Employment Setting for Practicum

Many students ask if they can use their employment site as a field education placement. The use of an employment site as a field site must be approved by the Director of Field Education. Approval is granted only if certain conditions are met AND the situation is educationally sound and appropriate for the particular student. The conditions are as follows:

1. There must be an MSW employed at the work site who is NOT the employment supervisor who is willing and able to be a field instructor.
2. The field education instructor must be an MSW and cannot have any authority over the student's employment status. The MSW Field Instructor must meet the qualifications required of all Field Instructors.
3. The field instruction tasks/assignments must be different from the employment tasks AND must be in accordance with both the Division's general educational criteria and those appropriate to the student's chosen educational goals.
4. There must be evidence that role confusion (between your student role and your employee role) will not occur. A general rule is that role confusion will always exist in agencies with fewer than 25 employees unless you are physically located in separate locations for the job and the placement.
5. A job conversion option may be used only once. (i.e., for one academic year) during your program--either the first or the second year (exceptions: Title IV-E students).
6. Job conversions must be approved in writing by the agency and the Director of Field Education. *Job conversion forms are available on the CSUSB website.*
7. The request for job conversion must be submitted in May/June prior to the start of a new academic year to allow for time to investigate it as a viable option. If your situation does not meet the above criteria, ie, less than 25 employees, your application would most likely be denied. It is best to discuss it with the Director of Field before completing the job conversion form.

Policy on the Use of the Same Agency for Both Years of Practicum

Field experiences are designed to build upon one another in developing a competent practitioner. A competent practitioner has the ability to demonstrate social work practice skills in both direct and indirect practice. Further, it is anticipated that CSUSB students will become the social work leaders in the region, and as such will move into areas of supervision, training, and management. Direct practice skills are learned from working directly with the client system; indirect practice skills are learned from working with the

organizational system. Each organization (placement agency) has its values and behavioral norms that comprise its culture. Therefore, placement in two different agencies allows the student the benefit of learning about more than one agency's organizational culture and therefore, provides the student not only a more comprehensive perspective of social work practice, but with indirect practice skills as well. In order to gain these benefits, the student is placed in two different agencies. In unusual circumstances, an exception to the "two agency" rule may be approved. For example, if there are limited placement options in a geographical area and the one appropriate agency is large and diverse and can provide two unique experiences. Any exception must have the advanced approval of the Director of Field Education.

Extended Placement

In some exceptional situations, to accommodate working part-time students, extended placements may be necessary. Extended placement refers to reducing field practicum hours for foundation year students from 16 to 12 and increasing the number of weeks from 30 to 40, and to advanced year students from 20 to 16 and increasing the number of weeks of practicum from 30 to 38. Generally, an extended placement will begin in late August and includes December break. The student will need to enroll in the Summer session (Extension) in addition to Fall, Winter and Spring quarters.

The student will need to submit a written request to the Field Director indicating the following:

1. Special circumstance for the need for extended hours;
2. Proposed field days and hours, beginning and ending dates;

Withdrawal from Field Practice Enrollment

If the student withdraws from field class or leaves an agency without notification, he/she will not receive credit for hours previously completed. Because field education is based on a year-long three quarter sequence with (in most cases) a year-long learning plan and the limited number of agencies that will accept a student for less than a full academic year, withdrawal from field or exiting an agency during winter or spring quarter may necessitate a repeat of the entire year. Should an emergent situation develop requiring a student to withdraw from the field sequence at any time, the faculty liaison/advisor **and** the Director of Field should be notified at the earliest possible time and a written plan approved by the Director of Field developed to avoid the necessity of repeating a part of the Field Education Sequence.

If, at any time, a student exits a field agency placement, the clients' well-being should be the principle concern. This means that, except in the most extreme emergencies, the proper termination processes should be followed and the agency's transfer of cases procedures adhered to. All property of the agency should be returned (keys, case records, etc.) Failure to abide by this guideline could constitute a serious violation of professional ethics and could lead to dismissal from the MSW program.

Agency Dismissal of Students from Field Practice Sites

Agencies, with or without consent of CSUSB Department of Social Work, may dismiss students for illegal, unprofessional or unethical conduct or for violation of agency policies or failure to follow proper agency procedures, according to the agency's internal personnel regulations.

Dismissal from field placement sites for violation of agency policy, for unprofessional conduct or for violation of the NASW code of ethics may also constitute grounds for dismissal from the MSW program.

Interruption of Field Work

Personal cell phones and pagers should not be taken to field placement sites. Part-time students who are employed should clearly explain to their employers that they are not available for "on call" work, or to respond to emergencies, during field work hours.

Grievances and Appeals

Field Education students have the same "Due Process" rights in field as in classroom courses regarding grades and CSUSB Social Work Programs decisions.

FIELD WORK AGENCY: PROCESS AND REQUIREMENTS

Process for Placement Site Selection

The selection of an agency to serve as a field practicum site is a joint process between the agency and the department. It is contingent upon mutual commitment to social work values, ethics and professional goals designed to enhance the lives of those that are served.

1. Procedure

The Department of Social Work's Director of Field Education assesses each prospective field placement's capacity and potential for providing adequate setting experience, supervision and instruction to ensure a quality field practicum experience for students.

2. Potential Field Practicum Sites

Potential field practicum sites might be identified or recommended by students, community persons, faculty, or agency personnel by contacting the Field Director.

3. Initial Agency Review

The Field Director will determine if the agency's program is consistent with the Department of Social Work's mission and curriculum goals. If so, a site visit is scheduled.

4. On-site Visit

The Field Director will visit the agency to assess its potential for student placements. Factors included in the assessment are: whether the agency can provide resources and learning opportunities, professional field instructors and also whether the department can respond to agency interest and needs in a reciprocal fashion.

5. Approval

If both the agency and the Field Director are satisfied with results of the on-site visit, the site is approved as a practicum placement, contingent on the identified instructor completing the required training.

6. Field Instructor Training

Each field instructor must complete the required Field Instructor Certification Training as part of final approval of the agency in question (unless they have been certified by another accredited Department or School of Social Work at another university).

7. Agency Approval and Notification

The agency is notified in writing of approval by receipt of the university/agency agreement form signed by the university contract officer and by the agency director.

8. Affiliated Status

After approval, the agency enters into affiliated status with the department. The following describe status relationship:

- a. Active - Affiliated with current student placements.
- b. Inactive - Affiliated with no student placements.
- c. Pending - Agencies in the process of developing placement and negotiating an agreement with the Department of Social Work.
- d. Closed - Agencies that might have been used for placement, but are no longer affiliated with the department.

Guide for Agency Selection

Criteria for selecting agencies is predicated on their ability to provide a student with the opportunity to acquire practical professional experience through instruction and supervision activities reflective of the Department's overall curriculum goal. The following are used to assess the agency's capacity to provide appropriate field placements:

1. Acceptance of active collaborative participation in the professional education for social work. This is a basic requirement involving the acceptance of the NASW Code of Ethics, the department's mission, objectives, and program curriculum, as well as a readiness to invest in the social work education process.
2. Capacity to designate an agency professional to serve as field instructor. Agency field instructors should assess their workload in order to assure adequate time to meet student needs. Thus, agencies considering becoming a field placement site should assess very carefully their ability to assume the obligations involved and advantages derived from the venture.

Other Agency Expectations

1. The agency commitment to high educational standards as reflected by the Council on Social Work Education.
2. The overall responsibility for the development of the agency's participation in this social work educational joint venture should rest with the agencies Executive Director or senior staff member.

3. Quantitative as well as qualitative practice learning experience with individuals, families, groups, agency administration and communities must be made available by the agency.
4. The agency will be expected to assure the availability of records prepared by students for learning instruction and evaluation at the department, subject to professional safeguards.
5. Physical facilities necessary to accommodate students will be provided by the agency. When possible, these will include desk space, a meeting room for seminar instruction where indicated, facilities for private interviewing, tutorial instruction, resources necessary for home visits, provisions for essential clerical services, and compliance with the Americans with Disabilities Act.
6. Whenever possible, agencies are encouraged to make available education stipends.

Other Desirable Practices

1. Two or more students placed in an agency and at least two students per field instructor.
2. Students' exposure to staff, social workers, and other professionals that might provide learning opportunities.
3. A willingness of the field instructor and/or other agency personnel to participate in integrative seminars, serve on various other department committees and participate in special Department or University activities.

Guidelines for Selecting Field Instructors

Field instructors selected by both the agency and department should satisfy the following criteria:

1. MSW with at least two years post-degree experience, preferably an LCSW.
2. A minimum of six months employment at the agency in question prior to becoming a field instructor.
3. Commitment to participate in the Field Instructor Certification Training and the annual update seminar provided by the Department.

CSUSB requirements can be waived in special circumstances. In such situations, close supervision of the Field Instructor must be provided by the faculty liaison and the arrangement must have the advanced approval of the Director of Field Education.

Field Instructor Expectations

To ensure the highest quality field experience for our students, it is the goal for all field instructors to:

1. Complete the required certification training including an orientation to the department's curriculum;
2. Develop a clear learning contract with the student concerning performance expectations. These expectations must be stated in terms of behavioral learning goals, methods of achievement and standard of measurement;
3. Provide at least one hour a week for individual supervision with the student. An additional hour of group supervision is encouraged when there are more than two MSW students;
4. Provide feedback to the student concerning his/her performance in writing on an ongoing basis;
5. Make available or develop specific practice opportunities that will enable the student to fulfill the expectations of the learning contract.

Inform both student and faculty liaison about any unusual opportunities, conditions, or problems at the earliest possible convenience; and evaluate student progress on an ongoing basis and involve the student in the preparation of these evaluations.

SPECIAL NOTE TO AGENCY EXECUTIVES AND FIELD INSTRUCTORS

The faculty and administration of the Department of Social Work and of the University are most appreciative of the invaluable contribution provided by our affiliated community organizations, agencies and field instructors. Without the cooperation and collaboration of all concerned, a quality program of graduate Social Work Education would not be possible. Field Liaison Faculty will be visiting each placement site on a regular basis to assist agencies and Field Instructors in any way. The Director of Field is available to answer questions, participate in problem solving, and provide a range of administrative consultation to agency staff and Field Instructors.

Field Instructors are authorized to use the university library and can often obtain parking permits for attending campus-based activities.

If the Department of Social Work can be of any assistance to agencies or Field Instructors, not only in the education and training of Social Workers, but in reaching agency goals or better serving clients, your calls are welcomed.

USC|School of Social Work
Field Manual
Table of Contents

Title	Page
FIELD FACULTY ROSTER	1-2
CHAPTER I THE ROLE OF FIELD EDUCATION IN THE SCHOOL CURRICULUM	
A. Introduction	3
B. Integration with Academic Courses	4
C. Administrative Requirements	4
D. Objectives	7
E. Part-time Programs	8
F. Field Instruction in Dual Degree Programs	9
G. Sites	9
H. Secondary Placements and Preceptors	9
I. Administration of Field Education	10
CHAPTER II THE CONTENT OF FIELD INSTRUCTION	
A. General Teaching Content	11
B. General Objectives	12
C. Methodologies in Field Instruction	12
D. The Field Instruction Process	13
E. Challenges for the Field Instructor	14
F. Three Essential Components to Supervision	15
G. Use of Student Time	16
H. Safety Considerations	17

I. Sexual Harassment	18
J. Discrimination	20
CHAPTER III FIELD AGENCIES AND FIELD INSTRUCTORS	
A. Selection of Field Agencies	21
B. Selection of Field Instructors	22
C. Education of Field Instructors	22
D. Roles in Field Education and Codes of Ethics Academic Advisor Role Field Education Liaison Role Field Seminar Facilitator Role Field Faculty Code of Ethics Field Instructor Role A Code of Field Instructor Ethics Preceptor Role Student Interns Student Responsibilities	23
E. Teaching Guidelines for Field Instructors	27
F. The Ideal Field Instructor	28
G. Mal-Practice Insurance	28
H. Evaluation of Agencies and Field Instructors	28
CHAPTER IV FOUNDATION YEAR FIELD INSTRUCTION	
A. Generalist Guidelines	29
B. Course Outlines	30
C. Performance Expectations	31
D. Placement Procedures	32
E. Integrative Field Seminars	32
F. Evaluation	32
G. Foundation Year Field Course Expectations	32
H. Foundation Year Instruction Course Outline	33

I. Foundation Year Macro Project: Community Recording Assignment	41
J. Concentration Year Macro Service Area	42
K. The Wisconsin Guide	44
CHAPTER V CONCENTRATION YEAR FIELD INSTRUCTION	
A. Concentration – General Information	49
B. Concentration – Specific Information Community Organization, Planning, Administration (COPA) Social Work Practice with Families and Children Social Work Practice in Health Social Work Practice in Mental Health Social Work Practice in Work & Life	49
CHAPTER VI LEARNING STYLES	
A. Stages of Learning	51
B. Learning Styles	52
C. Learning Patterns	53
CHAPTER VII OVERVIEW OF THE EVALUATION PROCESS IN FIELD	
A. Overview	54
B. Learning Agreement	55
C. Mid Year Evaluation	55
D. Mid Year Telephone Conference	56
E. Final Evaluation	57
CHAPTER VIII SPECIAL SITUATIONS IN FIELD INSTRUCTION	
A. Academic Warning and Dismissal of Graduate Students	58
B. Student Review Process	59
C. Student Appeals Process	60
D. Dean's Student Appeals Panel	60

E. Student Appeals to Graduate School	60
F. Strike Policy	60
CHAPTER IX PROCESS RECORDINGS	
A. Value of Written Recordings	62
B. Principles of Learning From Recordings	62
C. The Vocabulary of Feelings	63
D. Structure for Recordings	64
E. Process Recording Outline	65
F. Tape Process Recording Outline	69
G. Process Recording for Groups	72
H. Practitioner Self-Assessment Form	73
I. Educationally Based Meeting Recording	75

USC SCHOOL OF SOCIAL WORK
FIELD EDUCATION FACULTY

UNIVERSITY PARK CAMPUS

Name	Title	Telephone
Marleen Wong, Ph.D. marleenw@usc.edu	Assistant Dean Field Education Clinical Professor	213-740-0840
Jolene Swain, MSW jswain@usc.edu	Assistant Director Field Education Clinical Professor Co-Director CalSWEC Programs	213-740-5726
Rafael Angulo, MSW angulo@usc.edu	Clinical Associate Professor Family and Children Concentration IUC /CalSWEC Field Faculty Foundation Year Field Faculty	213-821-1397
Margarita Artavia, MSW, LCSW artavia@usc.edu	Clinical Associate Professor Work and Life Concentration Foundation Year Field Faculty	213-740-9465
Rita Bright-Davis ritadavi@usc.edu	Adjunct Clinical Field Lecturer Foundation Year Field Faculty	213-821-1359
Stephanie Carter-Williams scarter@usc.edu	Clinical Assistant Professor COPA Concentration Foundation Year Field Faculty	213-740-3444
Nancy Flax-Plaza flaxplaz@usc.edu	Adjunct Clinical Field Lecturer Foundation Year Faculty IUC/CalSWEC Field Faculty	213-821-1359
Kim Goodman, MSW kwgoodma@usc.edu	Clinical Associate Professor Health Concentration Foundation Year Field Faculty	213-740-0283
Micki Gress, PhD gress@usc.edu	Senior Fellow, Field Education Clinical Professor, Field Education CalSWEC MH Project Coordinator	213-740-0294
Heather Halperin, MSW, LCSW hhalper@usc.edu	Clinical Associate Professor Foundation Year Field Faculty IUC /CalSWEC Field Faculty	213-740-0281
Stephen Hydon, MSW kwgoodma@usc.edu	Clinical Associate Professor Family & Children, CalSWEC Field Faculty, Director School Social Work/PPSC Program	213-740-0282
Debbie Winters, MSW, LCSW dwinters@usc.edu	Clinical Associate Professor Foundation Year Field Faculty	213-740-0284

Mental Health Concentration

Name	Title	Telephone
Darlene Woo darlenew@usc.edu	Clinical Assistant Professor Foundation Year Field Faculty	213-740-2019
Kimberly Ross kross@usc.edu	Field Support Staff IUC/CalSWEC Public Child Welfare	213-740-9416
Claire Kernaghan kernagha@usc.edu	Field Support Staff CalSWEC Mental Health	213-740-2005

ORANGE COUNTY CENTER

Name	Title	Telephone
Scott Darrell, MCP darrell@usc.edu	Adjunct Clinical Field Lecturer COPA Concentration	
Dianne Golden, LCSW dbgolden@usc.edu	Clinical Associate Professor Mental Health Concentration	949-437-0007
Leslie Wind, PhD wind@usc.edu	Clinical Associate Professor Families & Children Concentration	949-437-0003
Pancy Holtsberg holtzberg@usc.edu	Office Manager	949-437-0005

SKIRBALL CAMPUS

Name	Title	Telephone
Judy Axonovitz, LCSW axonovit@usc.edu	Clinical Associate Professor Director Skirball Campus Foundation Year Field Faculty	310-440-4621
Porcha Evans royceeva@usc.edu	Program Assistant	310-440-4621

CHAPTER I

THE ROLE OF FIELD EDUCATION IN THE SCHOOL CURRICULUM

A. INTRODUCTION

Field instruction is an independent and integral sequence of the MSW curriculum. By means of selected and organized opportunities, guided by educational objectives the field practicum seeks to validate, apply and integrate the knowledge, theories and concepts of social work practice being learned throughout the curriculum. In the process, the student is engaged in experiential learning, which requires him/her to bring together and to integrate for professional use: cognitive learning; sense data; professional values; and knowledge, which will enhance his/her skills in and critical analysis of social work practice.

Field instruction takes place in selected and approved agencies and centers, located throughout Los Angeles, Orange, and surrounding counties. These agencies represent a complete range of social services, and are approved based on the quality of their professional practice, their commitment to addressing social problems, their interest in participating in professional education, and their ability to make personnel and material resources available.

The practicum is taught by field instructors who may be employed by either the school or the agency, but who must be recommended and approved by both, and certified by the school for that position. The field instructor is designated as a teacher of this course, rather than a supervisor; and is considered a member of the school's field faculty.

The field instruction process is selective, organized, sequential, and individualized, within the framework of a particular social work agency, and in congruence with the goals and expectations of the School. Over the course of a two-year period, field education is expected to include:

- 1) direct practice interventions with individuals, families and non-related groups;
- 2) indirect practice interventions focusing on community, organizational and/or institutional change;
- 3) a diversity of modalities, populations, treatment issues; and
- 4) a range of theoretical and teaching methodologies and models.

All these are to be presented and practiced within an environment of appropriate professional social work values and ethics, and sensitivity to issues of cultural and ethnic diversity. All these help prepare the student for professional practice, and to take leadership roles within the profession.

Field instruction provides for building on previous life and work experience as well as for the development of new areas of professional competence. During this process, a mutual effort is undertaken by the student, the field instructor, the agency and the field faculty liaison to maximize the learning within the opportunities available.

Each placement in field education is made on an individual basis, and takes into consideration the following: the student's previous experience; his/her future goals; his/her professional interests; the learning experiences provided by the agency; geographic location; stipend requirements; and special needs. Though field experience varies with agency specific circumstances, school expectations and criteria must be met.

The students' learning experiences in agencies are facilitated and monitored by designated field education faculty, who provide consultation, assistance, and evaluation to both the student and the field instructor. The Assistant Dean for Field Education is administratively responsible for all field assignments.

Each student, in consultation with his agency field instructor and school field liaison, writes a learning agreement, specifying his/her own particular learning goals and objectives within the framework of the specified

foundation year or concentration field curriculum objectives. This agreement is signed by both the student and the field instructor, and forms the foundation for evaluation.

The responsibilities and entitlements of all parties in field instruction, school, field education faculty/liaison, agency, field instructor, and student are defined in a placement memorandum of agreement. In addition, the field manual incorporates the school's major administrative policies and procedures regarding field instruction.

B. INTEGRATION WITH ACADEMIC COURSES

Field instruction provides the opportunity for the student to engage in selected and organized activities, with or on behalf of clients, that apply the social work skills, knowledge, and values learned in the classroom. These include knowledge about social welfare programs, policies and issues; the dynamics of organizational behavior and change; a broad array of evidence based social work practice theories addressing work with individuals, families, couples and groups, in crisis, short-term and long term models; the dynamics of human growth and behavior; and social work research methods and their application to practice.

Integration is, and should be, a two-way process. On one hand, field placement is expected to provide "in vivo" experiences relevant to academic content, and the student is expected to apply this content to his/her activities in the field. The student is also expected to share course information with his/her field instructor for purposes of planning and integration, and course syllabi are made available by the school to all field instructors. Conversely, the student is expected to utilize relevant field material in his/her course work through class discussion and case presentation. These activities must be accompanied by two precautions: 1) the protection of client confidentiality; and 2) avoidance of the class instructor "supervising" the student's field practice.

In order to make possible the integration of learning in concurrent field and class settings, constant collaboration between agency and school is necessary. Administrators, field instructors, class teachers, students and liaisons need to share in, and have time for, those activities which will enhance the quality of the total educational program. These activities include new field instructor seminars; continuing field instructor seminars; faculty-field instructor institutes; a variety of collaborative curriculum development activities with faculty and agency social workers; field seminars and brown bags for students. These facilitate the constant exchange of ideas and feedback between the faculty, the practice community and the students.

C. ADMINISTRATIVE REQUIREMENTS

1) Hours in Practicum

The field placement consists of 1050 hours of field practicum, typically divided into two years of study, the first consisting of four hundred-fifty hours and the second of six hundred hours. Students in either three year or four-year part-time programs may vary the manner in which those hours are completed, but all students upon finishing their MSW must have completed a minimum of 1050 hours of field practicum.

Foundation year and concentration placements must be in different agencies, each of which must meet the criteria and objectives for that year of field instruction, a generalist experience in the foundation year and a second year experience in the concentration year.

Field placement days are typically on Mondays and Wednesday and/or Fridays for foundation year students, who spend sixteen hours/week in field; and on Mondays, Wednesdays and Fridays for concentration students, who usually spend twenty hours/week in field placement. Foundation year and Concentration year field placement includes at least one 8-hour day. **THERE IS NO EXCEPTION TO THIS REQUIREMENT!**

2) Integrative Seminars

All foundation year students entering field must attend an integrative seminar that meets regularly throughout the Academic Year on a class day. These seminars carry two units of credit per semester. The grade is CR/NC. The seminars meet weekly for two hours. All concentration students are invited to participate in concentration brown bags throughout the Academic Year.

3) Field Instruction

To qualify as a field instructor a person must have a MSW degree and a minimum of two, preferably three, years post MSW experience, and be available at the agency for students on the days they are in placement. Field instructors must evidence a desire to teach students and the ability and willingness to spend the necessary time in field instruction activities. It is estimated that each student needs approximately four hours of the field instructor's time each week. Individual field instruction must be provided a minimum of one and one-half per week to each student. Additionally, students should receive a minimum of one hour of group supervision every other week. Such group supervision may be facilitated by someone other than the field instructor, that person need not be a MSW. This group supervision may be with other students or a combination of staff and students. It may take the form of didactic presentations, case conferences, process-focused discussions, or any combination of these.

New field instructors must attend a one-semester new field instructor seminar, meeting a total of sixteen hours.

4) Case Assignments

Students need as broad a range of case assignments as possible, related to identified problem, age, gender, sexual orientation, and ethnicity. Following the foundation year guidelines found in Chapter IV, students need both macro and micro practice experiences with individuals, families and groups. Concentration year students follow the guidelines established by their Concentration Curriculum. All field instructors should receive a copy of the appropriate foundation year and/or concentration field curriculum guide.

5) Evaluation

The student receives a grade of credit/no credit for 586a/b field practicum, rather than a letter grade. The awarding of credit is recommended by the field instructor at the end of each semester, but must be approved and certified by the school. It is the Field liaison who actually awards the grade. In order to receive credit for field practicum, the student must not only meet school field objectives, but must also satisfy placement agency requirements.

The student, in close consultation with his/her field instructor, writes a learning agreement in October, which specifies his/her particular learning objectives, as they relate to the five core areas of the field curriculum, and details a plan for meeting these objectives. The field liaison reads each student's learning agreement, and helps the field instructor and the student evaluate his/her success in meeting stated objectives.

The student is formally evaluated, at the end of each semester in five core areas:

- 1) Development of Professional Responsibility and Identity
- 2) Development of Responsibility as a Learner
- 3) Development of Knowledge of the Field Work Agency and the Community
- 4) Development of Organization, Work Management and Communication Skills
- 5) Development of Practice and Intervention Skills.

Each of these core areas contains particular learning objectives and behavioral measures, and can be found in the Field Evaluation Instrument (see Chapter VI). In addition, using the students' learning agreement, objectives and measures may be added in any core area, to reflect the particular student's individualized goals.

Objectives for students in field placement are defined in the school's field instructor manual and student manual, which contain the field course outline for foundation year and for the concentration field courses. Formal evaluations are shared with the school, and constitute the basis for the awarding or withholding of credit. The student is also evaluated informally by the field instructor throughout the course of the placement experience and participates actively in this process.

6) Field Practicum Grades

Students earn credit or no credit in their field courses. A credit grade means the student is performing at a B, or better level in all the core areas in the field practicum. In addition to these credit/no credit grades, students may also receive an Incomplete (Inc) or an In Progress (IP) grade.

The Incomplete grade is given to students, who due to medical reasons, have not completed their field hours at the end of the semester but who are doing passing work. This grade is accompanied by a written contract between the student, field instructor, and field liaison, specifying the reason(s) for the incomplete grade, the number of hours that need to be completed, and a plan for completion of these hours in as timely a manner as possible. Copies of this contract are given to the student, field instructor, field liaison, Assistant Dean for Field Education, and the student affairs office.

Students may also receive an In Progress (IP) grade at the end of the fall semester. The use of the IP grade must be done in consultation with the liaison and with the approval of the Assistant Dean for Field Education. This grade indicates that the student's performance in field placement does not yet meet appropriate expectations for the end of that semester, and that additional time is needed to determine whether credit has been earned or not. Awarding of the IP grade implies that the field instructor and field liaison both believe that with further work there is a good chance the student can bring his/her work up to minimum standards.

7) Contract for In Progress Grade

The significance and conditions of the "IP" grade must be clearly discussed with the student involved. A contract, written by the field liaison, must be developed, and signed by the student, field instructor and liaison, which defines the following:

- a) the field instruction issues focused on;
- b) the goals and expectations to be met;
- c) the tasks and assignments for meeting them;
- d) the way the student's work will be evaluated;
- e) the means of follow-up and review;
- f) the time frame for review; and
- g) specifications of possible consequences.

Copies of this contract are given to the student, the field instructor, the liaison, and the Assistant Dean for Field Education, at the time of its execution. If the student is part of the Orange County Campus, the Assistant Dean for the Orange County Campus should also receive a copy of the contract.

The field liaison is actively involved at this point, facilitating and monitoring the student's progress. The grade earned at the end of the spring semester (credit/no credit) will become retroactive for the entire academic year. It is intended that this special grade be used carefully, selectively and only in special situations, as warranted.

8) Termination from Placement

A student may be involuntarily terminated from field placement due to her inadequate performance or due to agency problems/issues. A student may voluntarily withdraw because of the agency's failure to fulfill its obligations, or for personal reasons. In such situations, either the student is immediately replaced in another field setting to complete his/her field education experience, or the student receives an IN or an IP grade and replacement is done at a later date.

9) Consistency in Grading

Concerns about subjectivity or inconsistency of grading by field instructors are addressed through the close monitoring by field liaisons of the placement process, using agency site visits, meetings with students and field instructors, review of agency material, and review of student material. A common evaluation instrument, measuring student performance, is used by all foundation year field instructors. Each concentration has its own evaluation instrument that is used by all the concentrations' field instructors. Students who feel a grade is given unfairly may, following procedures outlined in the student manual, request a student hearing.

D. OBJECTIVES

Field instruction prepares students for entry into the social work profession by providing: first, an experience that develops the ability to understand and utilize a broad range of modalities and interventions in both micro and macro practice; and second, an experience that develops the special knowledge and depth of skill needed for beginning professional practice in a designated area of concentration.

Foundation Year: The foundation year in field is divided into two components:

Component I: The Field Practicum

The foundation year field practicum focuses on building a generalist first year in social work practice, through providing experiences in a continuum of modalities including; work with individuals, families, small groups, and communities, and with a diversity of client populations, and treatment issues. This generalist approach also encompasses a range of theoretical concepts and models in order to establish a broad base for practice. The generalist experience is defined to include both direct and indirect services, to clients. Breadth of learning is sought through:

- a) becoming a member of an agency and encountering organized services to meet client needs;
- b) engaging in observation and providing direct services, using different methods and modalities of intervention;
- c) Engaging in observation and doing an assessment of the community including
- d) assessing community needs for services;
- e) developing service plans; and
- f) evaluating the services given.

The foundation year field course is that part of the curriculum wherein the student begins his learning through the actual delivery of service in an agency setting, under the direction of a field teacher and the guidance of the field education faculty. The student is continuously working toward integration of thinking, feeling, knowing and doing, thereby establishing groundwork for the development of greater depth and specialization for practice in the concentration year. This professional foundation placement is a prerequisite for entry into the second year concentration field assignment.

Component II: The Integrative Seminar

Students participate in regularly scheduled integrative seminars taught by field faculty who most often serve as the student's advisors and liaisons. These seminars introduce the student to professional social work, the

strengths based perspectives, evidence based practice models, and professional values, ethics and use of self. Student examine impact of culture and class on behavior and access to resources. Students in seminar discuss personal and professional values; look at issues of diversity and culturally sensitive practice; and apply theory to actual work with clients through case presentations, role-plays, and case discussions. These seminars focus on providing a sustained small group experience to encourage self-examination, participation in group learning experiences, and problem solving activities.

Concentration Year

The Concentration Year practicum focuses on the development of special knowledge and skills needed for beginning professional practice in a designated area of concentration. This concentration year experience is designed to build on the foundation of the first year, and to develop skills and knowledge within the concentration that the student has selected as a specific focus of study. In the concentration, both the academic courses and the field experiences are organized around a particular field of practice or method. Each concentration has developed a range of field placement agencies that are approved practicum sites, able to provide the students with experiences appropriate to the expectations of the concentration, and committed to the educational objectives of the concentration's curriculum. In addition, each concentration offers at least two field seminars or brown bags each semester, which focus on issues of particular interest to students in the concentration. Some concentrations/sub-concentrations require the delivery of specified curriculum competencies in the field practicum and in specialized concentration year field seminars and or/meetings.

There are five concentrations, Mental Health; Family and Children; Health, World of Work; and COPA. Please see Chapter V for each concentration's field objectives.

Since each concentration includes only a part of the concentration year student population, it involves a limited number of agencies and field instructors. This has made possible close coordination and communication within the concentrations. Furthermore, the small numbers have enabled each concentration to be very selective in choosing field agencies which best meet their criteria, and in maintaining consistency and quality in these placements. The limited number of students and agencies has permitted the development of placement procedures, which allow considerable student and agency choice and involvement in the process. This, in turn, has facilitated excellent matching, increased satisfaction and fewer replacements, and therefore a more problem-free practicum experience.

In addition to the five concentrations there are four sub-concentrations, each requiring specialized field placements, and integrative academic course work. These sub-concentrations are a part of larger concentrations, and require the student learn both the broader concentration based curriculum, and the more focused, sub-concentration curriculum. The four sub-concentrations are: Work with Schools in the Families and Children or Mental Health Concentrations; Work in Public Child Welfare in the Families and Children or COPA Concentrations; Work with Older Adults, which may be a part of any of the five concentrations, and Work with the Severely and Persistently Mentally Ill, the Mental Health Option, which is part of the Mental Health, Family and Children or COPA Concentrations.

E. PART TIME PROGRAMS

We offer opportunities for students to elect a three-year or four-year part-time option, and offer both day and evening classes. Field instruction in the part-time programs follows the same general design as for the full-time program, except that there may be flexibility in the days students are in placement and there may be some variation in the number of hours/weeks students are in placements.

All students must be in placement a minimum of one full day each week. One thousand-fifty is the minimum number of hours in placement required of all students, 450 hours in the foundation year; and 600 hours in concentration year placement. Practice is always taken concurrently with field placement.

F. FIELD INSTRUCTION IN DUAL DEGREE PROGRAMS

Our school conducts dual degree programs with several other schools: Leonard Davis School of Gerontology; USC School of Urban Planning; USC School of Public Administration; USC School of Law; USC School of Business and Hebrew Union College School of Jewish Communal Service. Students in these programs must meet the basic requirements of both schools, including completion of generalist and advanced field instruction.

Foundation year field placements are administered primarily by the School of Social Work. Our school places the students in approved agencies and monitors the experiences, in close consultation with the collaborating school. In concentration year placements, administrative responsibility varies with the type of dual degree. In most situations, the collaborating school assumes primary responsibility for the assignment and monitoring of field placements, in close consultation with our school.

An exception to this is our dual degree program with Hebrew Union College (HUC). HUC takes primary responsibility for placement and liaisoning of the students in their foundation year. USC takes the primary responsibility in their concentration year. In both years, HUC and USC field faculties work in collaboration. USC field faculty continue to act as the student's academic advisors at the School of Social Work, throughout their course of study.

G. SITES

The University of Southern California School of Social Work operates multiple sites. The largest is our University Park campus. The second location is the Orange County Center, a the third in West Los Angeles at the Skirball Center.

The Orange County campus is located in Irvine. It provides the foundation year course of study, at that site. Students are placed and liaisoned by field faculty assigned to the Orange County Center. In the concentration focused year of study, Orange County students either may stay at the Orange County Center, go to our University Park Campus for classes, or may split their class work between the Orange County Center and the University Park Campus. In the concentration year, students may be liaisoned by either field faculty assigned to the Orange County Center, or by faculty assigned to the University Park Campus, dependent upon their concentration and placement assignments.

The Skirball Campus, located in West Los Angeles, provides a full curriculum in the foundation year. All academic classes are offered in the evenings. Field placement takes place during regularly scheduled field days. Liaisoning and advisement is shared by UPC and Skirball Field Faculty.

H. SECONDARY PLACEMENTS AND PRECEPTORS

Sometimes an agency may not possess the resources to provide all the necessary learning experiences. In such cases, two or more agencies and/or field instructors may collaborate by mutual plan to provide an expanded experience. A large multi-disciplinary agency may contain many different services or systems within its organization that may be combined. Students may be rotated or assigned concurrently in two or more such services to provide expanded learning opportunities. In either of these arrangements, the student is placed primarily in one agency or in one service, which carries the overall responsibility for field instruction.

When using secondary placements, either within or outside the primary agency, a preceptor usually assumes responsibility for the secondary part of the field instruction. A preceptor is defined as a supplementary instructional figure that is responsible for a limited portion of the student's assignment, the role(s) limited in

terms of scope, time and responsibility. The field instructor retains the primary and overall responsibility for the student's learning, evaluation and linkage with the school. The preceptor is selected and certified by the agency and is responsible to the field instructor; the field instructor is approved, certified by, and responsible to the School of Social Work.

Preceptors need not be social workers. The field instructor is responsible for selecting the preceptor, clarifying the preceptor's role and purpose, orienting the preceptor to social work field education and student teaching, helping the preceptor develop realistic and appropriate goals with the student, facilitating the experience, creating an opportunity for evaluation of the experience with both the student and the preceptor, and incorporating this evaluation into the students overall mid-year and end of the year field evaluations.

I. ADMINISTRATION OF FIELD EDUCATION

Field education is administered by the Field Education Department, which includes the Assistant Dean for Field Education, who directs the department, an Assistant Director of Field Education, field education faculty, and administrative coordinators. The Assistant Dean for Field Education is administratively responsible for the department and supervises and evaluates its overall functioning. She holds the final authority in the department regarding policy, procedures and curriculum in field education.

Each field faculty member carries responsibility for coordinating field placements in either or both the foundation year and the concentration programs. In addition to this coordinating function most faculty also carry additional responsibilities. Major responsibilities for field faculty are:

- 1) recruitment, assessment and approval of new agencies;
- 2) evaluation of potential new field instructors;
- 3) placement of students;
- 4) advisement;
- 5) liaisoning;
- 6) participation in appropriate concentration and/or sequence faculty meetings;
- 7) curriculum development;
- 8) facilitating linkages between the academic faculty, the field instructors and the agencies;
- 9) teaching;
- 10) coordination of various workshops, seminars, and meetings;
- 11) development of and facilitation of special projects within field education;
- 12) participation in the field department's planning and coordination activities; and
- 13) professional presentations on field education at local, state and/or national forums.

The Administrative Coordinators help the Field Faculty coordinate a multitude of field education activities, and help to create systems for organizing and monitoring data regarding the field education program.

CHAPTER II

THE CONTENT OF FIELD INSTRUCTION

A. GENERAL TEACHING CONTENT

Field instruction, is a required sequence, composed of four consecutive courses in the MSW curriculum. It takes place in designated agency settings; it is taught by qualified field instructors; it must impart certain knowledge and skills that are expected to be learned and mastered.

The specific teaching content of the foundation year practicum is described in the field course outline that spells out the sequence of assignments, activities and learning goals. The specific content of the concentration year practicum, field assignments and objectives, is included in the field course outline for each concentration. Though particular assignments will vary with particular settings, the following material pertains to general teaching content at all levels of field instruction.

The first requirement is orientation to the professional system of the agency. Since the student is new to the field placement, he/she needs to become informed about, and connected with, the persons and groups who are related to getting started in the field practicum. The student also needs to be made aware of the purpose of the agency, and oriented to the community the agency serves. The student needs to understand agency guidelines, procedures and policies. The student needs to review risk management/ safety policies regarding work in the agency. The orientation should be geared to help the student take first steps as a practitioner in the agency.

The second crucial component is the development of the teaching-learning relationship between the student and the field instructor. This requires that attention be given to clarification of expectations and to an understanding of individual needs and interests so that a framework for the relationship can be established. This is begun at the first contact, and facilitated through regularly scheduled weekly field instruction, and through the development of the learning agreement in the first two months of placement. Educational process recordings are critical to this teaching – learning relationship, and are to be submitted, reviewed and discussed in field instruction regularly.

The third requirement is the development of broad and rich case assignments. The student is expected to engage in Social Work activities from the beginning of the field placement, and this is accomplished through selected and graduated assignments from the first week onward. Direct practice assignments constitute the major focus of the foundation year field curriculum, fifty percent of the students field time is to be spent in direct service. This is true for three of the second year concentration field courses as well. These concentrations are: Family and Children; Mental Health; and Health. Indirect practice assignments are a critical part of both foundation and concentration year curriculum, and in all concentrations. A minimum of ten percent of the student's time must be spent in indirect practice. In the COPA and World of Work concentrations indirect practice assignments are a major emphasis in the curriculum, making up the bulk of the students assignments in COPA, and a significant amount in the World of Work concentration.

Direct practice experiences are to consist of a continuum of modalities, including work with individuals, couples, families, and groups. These are to include, but are not limited to, the following:

- 1) differential assessment and diagnosis;
- 2) development of appropriate treatment plans;
- 3) determination of appropriate treatment modalities
- 4) case management activities;
- 5) use of a variety of communication and intervention skills in delivering appropriate services; and
- 6) evaluation of one's work.

These experiences should also include helping clients of different ages, gender/family constellations, sexual orientation, economic, racial and cultural backgrounds in different situations, needing crisis, short-term, long term, therapeutic, concrete or preventive assistance.

Indirect practice experiences may include but are not limited to: community work, advocacy, agency management tasks, staff development, grant writing, program evaluation, research, needs assessment, community resource assessment, inter-agency meetings and activities, and policy making analysis. Assignments in indirect practice should cover a continuum from exposure and observation to shared participation to full responsibility. All such assignments must be purposeful and must be monitored by the field instructor.

The following major learning areas must be part of both direct and indirect practice experiences:

- 1) education for self-awareness as it impacts the student's direct encounters with individuals and groups in practice;
- 2) application of basic theoretical knowledge, concepts, principles and values underlying Social Work practice with diverse populations in urban settings; and
- 3) understanding the process of social work practice encompassing beginnings, middles and endings, and including the issues, skills and tasks of each of these phases
- 4) development of critical thinking skills in assessment treatment planning, service delivery and evaluation

Field instruction is a time bound experience, and the field instructor carries the responsibility for planning and implementing the termination process. This should include tasks and teaching pertaining to the student's termination from the client, the field instructor and the agency. It should also include a review and synthesis of the field instruction experience as well as a final evaluation.

B. GENERAL OBJECTIVES

The foundation and concentration curricula have defined field instruction objectives that are specific to the foundation year and the concentration year. Field placement settings implement these objectives through their own particular situations.

The underlying objective of field instruction throughout both years and across all concentrations is to prepare students for entry level into the Social Work profession through the ability to use a range of professional knowledge and skills in a variety of settings. This broad objective may be delineated in the following terms:

- 1) to teach the student to evolve relevant policy and practice positions in the profession of Social Work within the context of professional social work values and ethics;
- 2) to help the student acquire and test skills relevant to the contemporary practice of Social Work in a diverse urban environment;
- 3) to provide opportunities to learn appropriate content areas related to Social Work practice;
- 4) to provide a sequence of experiences that encourages maximum learning and develops initiative and leadership skills;
- 5) to provide a structure or framework which will emphasize and encourage the integration of learning with the actual practice in the field course;
- 6) to guide the student toward the development and application of such basic concepts as self-awareness and self-discipline in his/her practice experience;
- 7) to provide opportunities for participation in appropriate social systems in the agency and community, emphasizing teamwork and interdisciplinary collaboration; and
- 8) to begin to assess practice through valid research methods.

C. METHODOLOGIES IN FIELD INSTRUCTION

Teaching methodologies in field instruction range all the way from the didactic to the experiential and may include a diversity of structures and techniques. The particular method of instruction selected may vary with the material to be taught, the time and resources available, and the skills, interests and personalities of the teacher and the learner.

Certain instructional methods are required by the school and, therefore, are non-negotiable. The first is the use of regularly scheduled individual conferences between student and field instructor for a minimum of one and one-half

hours per week. These conferences focus on individual student experiences and learning needs, primarily through the use of educational recordings and case review. Second, in placements where there are two or more students, there are to be regularly scheduled group supervision sessions, at least every other week for one hour. Group conferences promote peer interchange and focus on matters of common interest. Third, the school requires one educational recording per week (which may include an audio or video tape with analysis) to be used for educational purposes. Finally, the field instructor must use selected and graduated assignments which take into consideration individual learning needs as well as the expectations outlined in the field course syllabi.

Other teaching methodologies may include:

- 1) discussions, lectures, seminars, staff development sessions, reading assignments, case presentations;
- 2) observational experiences, such as field trips, films, tapes, demonstrations;
- 3) experiential activities such as simulations, and role-playing;
- 4) secondary assignments in other parts of the agency system or in other agencies; and
- 5) use of preceptors or other staff members for supplementary teaching.

D. THE FIELD INSTRUCTION PROCESS

A. Getting to know your student/Pre-placement

1. The pre placement interview: Getting acquainted – preliminary exploration.
 - a. Who is the student?
 - 1) Past experience
 - 2) Goals
 - 3) Reason for choosing social work
 - 4) Expectations of supervision
 - b. Who are you?
 - 1) Past experience
 - 2) Goals
 - 3) Reason for choosing social work
 - 4) Expectations of supervision
 - c. Start date and time, where to park, what to wear, where to eat, etc.
2. Introducing your student to the agency before s/he arrives
 - a. A brief student biography or other introduction
 - b. Setting up space for the student – an office, a desk, a drawer, and a mailbox
 - c. Talking with support staff regarding their role with student
 - d. Talking with professional staff regarding their role with student

B. The First Day

1. Meet your student on time in the morning
2. Introduction to support and professional staff (perhaps a brunch or lunch)
3. Show student their space – office, desk, mailbox, telephone and how to use it.
4. Tour of the agency – give agency manual to student to read
5. Introduction to the community the agency serves

C. The First Two Weeks

1. Continue introductions to staff – help student get a sense of how agency operates
2. Tour of the community: introduce your student to the community your agency serves, help her/him get a feel for the lives of the people coming to you for service
3. Observation – set up opportunities for your student to observe you and other professional staff interviewing clients – have student process record these observation experiences
4. Case Assignment – assign first case to student, be sure to review with student before client is seen, role-play. Concentration year moves faster, cases should be ready for the student in the first week
5. Continue to meet regularly for one and one-half hours per week. Remember to begin process recording as soon as possible. Give lots of feedback, positive and constructive!

6. Review field course outline, and academic course outlines
7. Review learning agreement outline; encourage student to begin to work on developing this in consultation with you

D. On into the Year : Practical Factors Regarding Supervision

1. Continue regularly scheduled field instruction, and use of educational recordings.
2. Continue to assign cases, keeping in mind the educational goals and objectives and how case assignments will further these goals.
3. Develop macro practice assignments with student.
4. Facilitate integration of academic and field assignments
5. Continually evaluate your student's work giving lots of feedback.
6. Maintain close contact with the field liaison.
7. Identify student's strengths and areas for development and incorporate these into your teaching plan, and evaluation sessions.
8. Help student anticipate client and agency needs, as he/she moves through the year.
9. Facilitate the student's evaluation of his professional use of self, his work with clients and staff, and his management of work responsibilities, helping him/her identify his/her development over time.
10. Discuss termination issues with your student related to his clients, the agency, the student and to you, the field instructor.

E. CHALLENGES FOR THE FIELD INSTRUCTOR

The field education experience is one filled with challenges, and you, the field instructor must balance what often seems like opposing forces in your efforts to facilitate the student's educational process. Remember these forces can be complimentary, and only seem to be problems when out of balance for your particular student. Some of these opposing/complimentary forces in your supervision are:

1. **Challenge vs. Support**
You want to offer your student the opportunity to explore his/her thinking, feeling and doing, in an environment that helps him/her feel supported and safe in doing this exploration, yet continues to challenge him/her to grow.

How do you begin to create this climate for your student?

2. **Autonomy vs. Dependence**
You need to find a balance between encouraging your student to rely on you by making a safe environment and affirming the student's actions; and encouraging your student to develop independence, and self-reliance. As your student grows your job is to help him become appropriately self reliant, and take on some autonomy in his professional role.

How might you deal with a student who has to check out EVERYTHING with you first?

How might you deal with a student who NEVER checks anything out with you first?

3. **Learning Objectives vs. Agency Objectives**
You are in the middle, balancing between the needs and demands of the school, the students, and your agency. Often times the agency thinks that the students will be "free" workers, and may pressure you to assign cases/projects that are not in the best interests of the students. Sometimes the amount of time needed for supervision is not clear to the agency director, who may not want to release the supervisor for the necessary time needed for supervision.

How might you prepare your agency for the students, and their role in the agency?

How might you prepare your agency director and or supervisor for the time you will need to supervise students?

What might happen if your student requires more than the one to one and one-half hours of supervision time each week?

4. Authority vs. Mutuality

There is a difference in power between you and your student. You do evaluate the student, and you do have authority in making judgments about his/her performance and his/her assignments. While it is ideal that the student will be allowed to collaborate with you in deciding some issues, and in making many decisions, you are the teacher and the evaluator.

How would you deal with a student, who despite your instructions, does not follow through on a directive, i.e., does not turn in process recordings on time?

How would you deal with a student who is habitually late to field placement or to supervision?

How would you help a student become more of a partner with you in his learning process?

5. Education vs. Training

Teaching your student to integrate knowledge and skills learned in the classroom and in the field is an important role. It is you, who will help the student to connect feeling, knowing and doing. You will continually focus on the learning objectives developed in the beginning of the year, based on the five core areas of learning identified by the School. At the same time, you will have to teach agency-specific information to your students, training him/her on the use of particular forms and job-related tasks and rules. Sometimes field is ahead of classroom and you may need to teach your student practice theory and skills in a particular area like how to start a group, select members, create goals, focus, and facilitate interaction.

How would you help a beginning student link up the particulars of a case to understanding broader issues in the client's behavior patterns and in his own?

How would you help the student connect her feelings with what is happening in her work with clients?

How would you help a student think about what to look for in the assessment of particular client?

How would you help a student meet the agency's requirement for a psychosocial assessment completed after the first session?

F. THREE ESSENTIAL COMPONENTS TO SUPERVISION

1. Case and Project Analysis/Individual Field Instruction

More than just a case conference, this is a discussion with the student to help him examine his work from multiple perspectives, addressing the learning objectives outlined in the learning agreement, and contained in the evaluation instrument. These discussions should help the student examine his work in relation to theory, to current policy, to his own and to professional values, to diversity variables, and to his own feeling and attitudes. The purpose is to help the student connect the doing with the knowing and the feeling, and to grow in his understanding and application of practice theory and principles. This is where educational process recordings are invaluable. Here you might also use role-playing, video/audio taping and observation, as ways to enrich the students learning.

2. Personal and Professional Issues

You need to offer your students opportunities to examine themselves in relation to their work with clients, and in relation to you, their supervisor. Clearly, you are not their therapist, but you are their instructor, and you must facilitate their close examination of themselves, as this relates to their work. It is your responsibility to help the student identify feelings, attitudes, and prejudices that affect their work with clients systems, and/or work with you and other professionals. Ours is a value-laden profession and identifying one's own values and the value dilemmas is essential. Again process recordings will be a wonderful asset as well as role-plays, tape recordings, and other experiential learning exercises. It is your job to help the student identify blocks to learning and to effective practice, it is the student's job to work to remove these blocks. Time management, the student's use of supervision, and the development of an active learning process are important parts of professional development that you must facilitate and evaluate.

3. Feedback on the Student's Performance/Evaluation

Evaluation is an ongoing process, beginning on the first day of field placement and continuing throughout the course of the field instruction experience. Feedback helps the student understand where he is in the learning process, and helps him use each experience to further his growth. Most of this feedback will be on the process recordings and in the supervision conference. Feedback needs to be:

- Timely - given as soon after the event as possible
- Clear - stated directly, so that it is easily understood
- Balanced - including both positives and negatives
- Focused - on the goals set by you and the student: even though you may see a dozen points to comment on, only focus on those that relate to the goals of this particular session.
- Useful - helps the student look at alternatives and options
- Relevant - relates to a specific event or action
- Reciprocal - invites the students' reactions, and feedback

Example: "Your interview skills need work." Looking at the above guide points, what can you, the field instructor say to make this feedback more useful?

Example: "You need to learn how to deal with anger." Again, how might you make this feedback more useful?

The student is formally evaluated twice, once at the end of each semester. It is the field instructor's job to continually give the student feedback regarding her performance so that these semester end evaluations are merely a formalized written form of the feedback the student has been receiving from the field instruction throughout the placement experience.

G. USE OF STUDENT TIME

Foundation year students are usually in field placement two days per week (sixteen hours), and concentration year students two and one half days (twenty hours). Students are expected to observe agency time schedules, lunch hours and other attendance policies. Field placement time is to be used for appropriate field education tasks and activities exclusively. Students receive one optional day per semester. Students observe the University school calendar. If the agency is closed on a day that is not a University Holiday, the student is expected to make that time up. Students may, with prior notification, take off religious holidays, and are expected to make these hours up in the field.

In first year field instruction and in concentration year micro practice focused concentrations, students are expected to spend approximately half of their placement time in direct practice. Direct practice assignments are defined in terms of number of hours per week rather than number of cases. Students are also expected to spend an average of one to two hours per week in indirect practice assignments. In the concentration year COPA and ISW concentrations, different expectations for direct and indirect practice experiences are defined. (see Chapter 5).

In addition, students' field time is expected to be used as follows:

- 1) a minimum of one and one half hours in regularly scheduled individual supervision;
- 2) a minimum of one hour in-group supervision at least every other week in multiple student placement situations;
- 3) agency meetings;
- 4) staff development or other training sessions;
- 5) professional consultations; and
- 6) agency and education recordings.

Time management of all these tasks is the joint responsibility of the student and the field instructor, and may require prioritizing or special scheduling. Agency recordings must be done on agency time, but educational recordings may have to be written at home (especially after case-load or field assignments have been maximized), comparable to

homework for an academic class. Student attendance at agency meetings may have to be on a selective or optional basis, depending on the nature of the meetings or the student's time schedule. The field instructor should have flexibility to assist the student with time management.

H. SAFETY CONSIDERATIONS

We recognize that students cannot be insulated from the risks in providing services to people, institutions, and communities in crisis. Students frequently lack the experience and skills that help seasoned practitioners assess risk and take appropriate precautions. The School reviews with students basic safety measures they can take to make themselves as safe as possible when entering new communities, and situations in which they might be at risk. We review with them ways to assess a client's level of stress, ways that they can attempt to de-escalate an agitated person, and ways in which they can maximize their personal safety. This serves to sensitize the students to risk, and needs to be reinforced and expanded upon in their field placements. We ask that the field instructor insure that each student is provided information on basic safety and emergency procedures, early in placement (the first two weeks). These procedures should be carefully discussed with the students, and reviewed periodically.

- 1) Field work agencies should have a written policy available for students regarding:
 - a) building and office security (including that the student may not be alone in the building with a client);
 - b) emergency procedures, including when and how to summon security or police assistance;
 - c) staff responsibilities and procedures for management of violent, or potentially violent clients, including reviewing with the students what to do if a client becomes agitated in the interview, how to structure the office environment to maximize safety, use of panic buttons, etc;
 - d) safety on home visits, including when, where, and under what conditions visits should or should not be made, when the student should be accompanied, and how backup is provided;
 - e) use of automobile to transport clients, understanding risk to student and insurance requirements; and
 - f) procedures for reporting sexual harassment.
- 2) The Field Instructor and field placement agency should insure that each student is provided with copies of the above policies and, as a part of the student orientation, should provide training on safety issues and procedures most relevant to the agency setting and clients served.
- 3) The student's Field Instructor should know where the student is during field work hours, and should discuss with her/him procedures for office check-in, when the student is out in the community. The Field Instructor should anticipate with the student any activities that may require special planning with regard to the safety of both clients and students.
- 4) The Field Instructor should be sure that the student knows how to summon help, if it is needed, both in the office, and in the community. Professional back-up must be available to students working in the office, as well as to those working in the community.
- 5) The Field Instructor should thoroughly prepare students for home visits, and particularly consider and/or emphasize the following:
 - a) selection of clients and home environments that are not presumed to be dangerous to the student;
 - b) provision of a safe means of transportation, whether by agency vehicle, the student's vehicle, or public transportation;
 - c) discussion of neighborhood, including any potentially dangerous areas, times to be there, etc.
 - d) discussion of appropriate risk-reducing behaviors in the neighborhood and in the client's home;
 - e) clarification of the purpose of the home visit, and the development of a clear plan;
 - f) discussion of what to do should the client or anyone else presents a threat to the student;
 - g) provision of appropriate support and back-up to the student, this might range from accompaniment by another worker or police officer to the availability of telephone consultation.

I. SEXUAL HARASSMENT

Sexual Harassment

USC is committed to providing an environment free of harassment of any kind. The most frequent complaints filed about harassment involve charges of sexual harassment. Sexual harassment in educational institutions is not simply wrong and inappropriate behavior, it is against the law.

State and federal laws prohibit sexual harassment. At the federal level, sexual harassment of employees is considered a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. The state law which governs sexual harassment is the Fair Employment and Housing Act. Sexual harassment of students is a violation of Title IX of the 1972 Education Amendments in that it constitutes differential treatment based on sex. Title IX applies to any educational institution which receives federal funds and protects both employees and students.

USC has a policy which prohibits sexual harassment and provides procedures for solving complaints. This information may be found in the Faculty Handbook, Scampus,

Supervisor's Manual, and Staff Handbook. The University's policy and procedures are in compliance with state and federal law and have been established to enable employees and students to take the appropriate steps to eliminate sexual harassment throughout the University.

Any member of the University community who believes he/she has experienced harassment has the right to seek the help of the University.

What is Sexual Harassment?

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is either explicitly or implicitly made a term or condition of an individual's employment, appointment, admission, or academic evaluation;
- Submission to such conduct is used as a basis for evaluation in personnel decisions or academic evaluations affecting an individual;
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment: or

- Such conduct has the purpose or effect of interfering with a student's academic performance, creating an intimidating, hostile, offensive, or otherwise adverse learning environment.

Examples of Sexual Harassment

Specific examples of sexual harassment include, but are limited to, making written, verbal, physical, and/or visual contact of a sexual nature.

Written examples: suggestive or obscene letters, notes;

Verbal examples: derogatory comments, slurs, jokes, or epithets of a sexual nature or sexist remarks, requests for sexual favors, repeated and unwelcome propositions for dates:

Physical examples: assaults, impeding or blocking movement, touching, or body contact;

Visual examples: sexual gestures, inappropriate display of sexually explicit objects, pictures, cartoons, posters, or drawings with sexist implications.

Retaliation: It is illegal and against University policy to retaliate against a person who has complained and/or has cooperated in the investigation process.

What You Can Do

Be supportive of those who complain about sexual harassment. We are all responsible for creating and maintaining an environment free of this behavior.

Say no. Often the harasser thinks he or she is being entertaining. Tell the individual that the behavior is inappropriate and unwelcomed and you want it to stop.

Keep a record. If the harassing behavior continues, a record of the incidents is helpful in case a formal complaint is filed.

Talk to someone. Ask for advice from your friends, colleagues or supervisors. Many people have experienced harassment and may have useful suggestions for solving the problem. The Student Counseling Center of the Faculty/Staff Counseling Center can provide useful ideas for solving the problem.

Get help. There are offices on campus that you can contact in order to get objective assistance. They are listed below under "Where to Go for Help on Campus."

Typical Sexual Harassment Cases

- A faculty member indicates that he/she would be willing to give a better grade in exchange for sexual favors
- A senior faculty member harasses a non-tenured junior faculty member or graduate student

- A supervisor offers job benefits in exchange for sexual favors
- A supervisor allows an atmosphere to exist in the workplace where sexual or sexist jokes and innuendo's are common and accepted conduct
- A faculty member and a student or a supervisor and an employee are involved in a consensual relationship that adversely impacts other students in the classroom or employees in the workplace
- An individual with authority makes a habit of touching members of the opposite sex and making sexually suggestive remarks
- Where touching and sexist remarks form a pattern of behavior, even though no direct request for sexual favors is made, such behavior may become the basis for a charge of sexual harassment
- When an individual witnesses the sexual harassment of another victim (e.g., colleague in the workplace, fellow student in the classroom) and this individual reasonably believes that he/she will be the next victim of the perpetrator and experiences emotional distress from this belief, such behavior may constitute sexual harassment.

Where to Go for Help on Campus

In addition to the suggestions listed above, an employee or student may seek help from their Dean, Supervisor, or the following (213) area codes:

- Director, Affirmative Action, at 740-5086
- Vice Provost, Faculty Affairs at 740-5086
- Office for Women's Issues, Student Affairs, at 740-5693
- Executive Director, Personnel Services, at 740-7953

For more information, please contact Linda Nolan, Director of Affirmative Action at 740-5086.

Possible Liability

The University may be found liable for acts of harassment, particularly sexual harassment that occurs if a faculty member, administrator, or supervisor is the harasser, or a non-supervisory employee, outside vendor, donor, or student was the harasser and the University's representative had knowledge or should have known of the harassment. The harasser, as well as any management representative who knew about the harassment and condoned it, can be personally held liable. No person will be retaliated against for filing a complaint of sexual harassment or participating in the investigation of such a complaint. All University faculty, administrators, and staff should be familiar with the University's policy and promptly report and possible problems to one of the campus offices listed above.

J. DISCRIMINATION

Any student who believes she/he is being discriminated against due to race, ethnicity, religion, sexual preference, or gender should report this immediately to:

Linda Nolan, Director, Equity and Diversity
Office of the General Counsel/Office of Equity and Diversity
University of Southern California
109 Figueroa Building
Los Angeles, CA 90089-1261
Lnolan@usc.edu
213-740-5086

and may report this to his/her Field Liaison and/or the Assistant Dean for Field Education and/or the Vice Dean at USC School of Social Work.

CHAPTER III

FIELD AGENCIES AND FIELD INSTRUCTORS

A. SELECTION OF FIELD AGENCIES

Field Placement takes place in a designated agency, or cluster of agencies, that provides social work services to, or on behalf of clients. Placements are made in a broad array of agencies including: public; private; multidisciplinary and solely social work. They include inpatient; outpatient; community care; psychiatric settings; health settings; job sites; medical and rehabilitation hospitals; schools; child guidance clinics; family service agencies; hospices; community mental health agencies; industries; and forensic facilities.

The following are criteria for the selection of field placement agencies.

- 1) defined function as service to clients, and commitment to social work values and ethics;
- 2) willingness to provide qualified personnel and time for supervision of students and continuity of field instruction;
- 3) willingness to make available for field instruction, client, agency and community resources for use in the assignment of work to students;
- 4) provisions of adequate space, clerical supports, and other resources for students;
- 5) interest in working with the school on issues of basic education for Social Work; and
- 6) commitment to professional standards of practice.

The agency is responsible for providing the learning opportunities and resources necessary for an effective educational experience for students. The agency is expected to subscribe to the educational objectives of the School of Social Work and to treat the students as learners while, at the same time, according them the resources necessary to do their assignments.

The agency applies to become a placement site for our students, and the application process consists of:

- 1) the agency requesting consideration as a field placement site,
 - 2) exchange of information between the agency and the school,
 - 3) a site visit by a member of the school field faculty to the agency to review their application;
- and
- 4) an interview with the prospective field instructor.

The agency and the school review criteria and expectations to arrive at a mutual decision. This may be:

- 1) acceptance of the agency as a field placement for foundation year or for a specific concentration, and a specification of the number of students that the agency may accept;
- 2) acceptance with certain conditions that are clearly articulated;
- 3) deferral of a decision until some future time to permit resolution of some identified issues;
- 4) rejection of the agency as a placement site due to inability to meet the school's requirements for field instruction.

(See Chapter III - Memorandum of Agreement for additional information, regarding the formal agreement between the agency and the school for provision of field instruction).

Sometimes an agency may be approved but, by itself, may not possess the resources to provide all the necessary learning experiences. In such cases, the agency may collaborate with other settings, either within or outside its own organization, to provide the additional experience. The primary agency retains overall responsibility and must clearly define the terms of this sub-contract arrangement: nature of assignments, time involved, supervision, evaluation, and communication. Arrangements for such secondary placements are the responsibility of the primary agency in consultation with the school's field faculty. These plans must be approved by the field faculty liaison assigned to work with the agency.

B. SELECTION OF FIELD INSTRUCTORS

The field instructor must be a member, volunteer or staff, of the designated placement agency or of the School of Social Work. If an agency staff person, he/she may be recommended by the agency, but must be approved by the school.

The field instructor carries the major responsibility for planning, implementing and evaluating the student's educational program. The following criteria are used for the selection of field instructors:

- 1) possession of an MSW from an accredited school plus a minimum of two years post master's experience, preferably at least 6 months in current setting;
- 2) sufficient Social Work experience to assure security and competence in practice;
- 3) conviction about and identification with Social Work as a profession;
- 4) demonstrated independence, creativity and flexibility in work role;
- 5) knowledge and capacity to deal with students with a wide range of backgrounds and interests;
- 6) potential for teaching:
 - a) ability to conceptualize theory and practice;
 - b) interest in designing and organizing courses in field instruction;
 - c) commitment to increasing knowledge;
 - d) willingness to collaborate as a faculty member in the development of the curriculum of the school; and
 - g) agreement to attend the seminar for new field instructors in the first year of teaching.

A person designated as a preceptor may be involved either within or outside the primary agency. A preceptor is defined as a supplementary instructional figure who is responsible for a limited portion of the student's assignment, limited in terms of scope, time and responsibility. The field instructor retains the primary and overall responsibility for the student's learning, evaluation and linkage with the school. The preceptor is selected and certified by the agency and is responsible to the field instructor; the field instructor is approved and certified by both the agency and the school and is responsible to both.

C. EDUCATION OF FIELD INSTRUCTORS

New field instructors are required to take a special course concurrent with the first semester of field instruction. This consists of bi-weekly two hour seminars throughout the fall semester. During the spring semester, optional seminars are offered for new field instructors.

The objectives of this field instruction course are:

- 1) to establish a sound base for the practice of field instruction through examining the role, responsibilities and the teaching process;

- 2) to identify and apply relevant knowledge and skills needed in the practice of field instruction;
- 3) to provide a strong linkage between the field instructor out in the community and the School of Social Work.

The content of the field instruction course includes the following:

- 1) the role and tasks of the field instructor;
- 2) advance planning and the beginning phase;
- 3) stages, patterns and characteristics of adult learners;
- 4) principles of teaching-learning;
- 5) differential teaching methodologies;
- 6) use of recordings in field instruction;
- 7) evaluation processes in field instruction;
- 8) middle phase in teaching-learning;
- 9) working with problem students; and
- 10) the termination process in field instruction.

The format consists of:

- 1) presentation of content;
- 2) group discussion of the application of content to the teaching-learning transaction; and
- 3) presentation of current concerns by field instructors.

In addition, there is on-going training for continuing, as well as for new field instructors. Such training includes:

- 1) annual field education institutes;
- 2) foundation and concentration year field-faculty meetings; and
- 3) workshops on designated topics relevant to practicum teaching.

Field instructors receive copies of the school field manual and are kept informed through periodic field education bulletins and other pertinent communication about current school activities.

D. ROLES IN FIELD EDUCATION AND CODES OF ETHICS

I. Academic Advisor Role:

The academic advisor is a member of the field education faculty. This person is to be available to students to support and assist with issues which can effect academic performance and professional development. These issues may include learning difficulties, interpersonal/emotional issues and/or life situation or crisis events.

- a. Meet with students at least once per semester, or as needed to monitor progress and assist with problems.
- b. Advise with regard to academic progress by providing general oversight and addressing issues raised by students or instructor.
- c. Meet with students when two or more grades of B- are received or the GPA falls below 3.0. The purpose of the meeting will be to identify issues effecting the educational process and develop a plan to address them.

- d. Assist with the stresses inherent in graduate professional education as well as provide support and guidance in the transition from an academic to a professional situation.

2. Field Education Liaison Role:

The field liaison is a member of the field education faculty who coordinates, monitors and evaluates the field education experience to insure that conditions are present to encourage optimal learning and professional development. Her responsibilities are listed below.

- a. Advise and assist in placement selection congruent with student's interests and learning needs, and the agency's needs.
- b. Monitor the internship through liaison visits, student and field instructor feedback and faculty consultation.
- c. Assist with the development of learning contracts in order to structure the internship to address foundation year and concentration objectives and student educational goals.
- d. Supplement learning through the coordination of presentations, provision of information and referral to additional resources.
- e. Liaison between student and field instructor and address issues of concern that may impact the learning process and to facilitate problem solving.
- f. Mediate conflict in the field education practicum.
- g. Grade student's performance based on field instructor evaluations and liaisons' assessments

Field Faculty Code of Ethics:

- a. Maintain and promote an environment in which each student is treated with respect throughout interactions in the office, the classroom, and the community.
- b. Be punctual in meeting with your scheduled classes, and in your appointments with students, field instructors, and community members. Inform the Assistant Dean for Field Education, students, and/or Field Instructors of anticipated absences as early as possible. In case of an emergency absence or lateness contact your field support staff person and direct him/her to inform students, field instructors, and/or others in as timely a manner possible.
- c. Keep office hours. Return phone calls from students and community members with two days, and be responsive to students' needs for field and academic guidance as they develop their professional role.
- d. Learn and remember students' names.
- e. Be prepared for class and field.
- f. State course expectations, class rules, and field expectations in course syllabus, and student field manual.
- g. Teach material in accordance with the course syllabus, the students' Learning Agreements, and the field course objectives.
- h. Return students' classroom assignments within two weeks. Give timely feedback to students regarding field assignments, including learning agreements and process recordings.
- i. Give adequate feedback on students' field work and participation in Field Seminars.
- j. Give appropriate grades consistent with the grading policy.
- k. Met deadlines for submission of final grades.
- l. Keep appropriate professional boundaries and maintain confidentiality in student relationships in order to maintain your role as an educator.
- m. Promote and maintain a respectful, professional, collaborative environment regarding student issues.

3. Field Instructor Role:

The Field teacher, is a member of the agency in which the student is placed.

The Field Instructor responsibilities include:

- a. Holds responsibility to the School of Social Work for setting up the student's overall educational program in the field following the schools guidelines, in consultation with the field liaison.
- b. Develops a plan for orientating the student to the agency and to the community the agency serves.
- c. Provides ongoing, regularly scheduled, weekly individual field instruction; including case assignments, review of agency policies and requirements, review of students goals, and evaluation for the student's performance.
- d. Aids intern in integrating classroom learning with field experience.
- e. Facilitates student attendance at agency meetings, seminars, etc. as vehicles for teaching.
- f. Provides adequate resources to the student to enable him to work productively (i.e., space, clerical support, cases).
- g. Maintains communication with the school through regular contact with liaison.
- h. Regulates the size and variety of student's caseload and work responsibilities towards maximizing intern's growth, and meeting his/her learning objectives.
- i. Facilitates a group supervision experience for the student.
- j. Helps the student develop her/his learning agreement and incorporate the five core skill areas.
- k. Reviews required educational process recordings, make comments and returns them to student for discussion in a timely manner.
- l. Continually evaluates student's performance and professional growth and helps student work through whatever stands in the way of his/her growth.
- m. Assists student in developing self-awareness.
- n. Completes the mid year and final evaluations, using the comprehensive skills evaluation instrument, and fully discusses this evaluation with the intern, in a timely manner. facilitates termination process.
- o. Facilitates termination process.

A Code of Field Instructor Ethics:

Maintain and promote an environment in which each student is treated with respect throughout interactions in the office and the community.

Be punctual in meeting with your students for regularly scheduled field instruction, for a minimum of one and one-half hour weekly, and in meeting with the USC Field Liaison.

Maintain professional back-up availability to the student and enforce safety procedures.

Be prepared for field instruction by:

- a) assuring sufficient number and variety of cases/assignments to student;
- b) consistently reading and commenting on process recordings;
- c) reviewing records and other recordings; and
- d) following up on student questions/concerns in a timely fashion.

Teach material in accordance with the course syllabus, the students' Learning Agreement, the field and classroom course objectives.

Give timely feedback to students regarding field assignments.

Give appropriate grades consistent with the grading policy.

Meet deadlines for submission of field evaluations each semester.

Keep appropriate professional boundaries and maintain confidentiality in student relationships in order to maintain your role as an educator.

Promote and maintain a respectful, professional, collaborative environment regarding student issues.

4. Preceptor:

An agency member who, under direction of the field instructor, takes responsibility for a piece of the student learning. The Preceptor's responsibilities to interns may include:

- a. Provision of an additional practitioner role model/work relationship.
- b. Teaching a specific expertise, skill, function.
- c. Meeting with student regularly for on-the-job assistance.
- d. On-site task focused supervision..
- e. Feedback to student and field instructor regarding assignment and work progress.

5. Student Interns:

The learner, placed by the school in an agency site, to learn and integrate the knowledge, skills, and values of the Social Work profession, under the direction of the Field Instructor, following the USC Field Education Department's field curriculum, and guided by the school Field Liaison.

Student Responsibilities:

- a. Follow school guidelines for placement.
- b. Be on time for placement, and field instruction, and field seminars.
- c. Follow NASW Code of Ethics in placement.
- d. Complete all assignments on time.
- e. Be open to constructive feedback.
- a. Be pro-active in your role as learner identify learning needs, and seek to meet them.
- b. Maintain agency standards and practice guidelines.
- c. Share concerns/issues/questions promptly with your field instructor and/or field liaison.
- d. Complete and submit process recordings on time to your field instructor.
- e. Be self-reflective; take time to process feelings, thoughts, and actions.

E. **TEACHING GUIDELINES FOR FIELD INSTRUCTORS**

The following are some general guidelines for teaching and supervising students in the field practicum. They are directed at establishing a supportive learning and working environment as well as to avoid common pitfalls in supervision.

1. Adhere to regularly scheduled field instruction conferences with your student. Students need to know they can count on you, that you value them, and will give them the time they need to discuss their work in a structured, predictable way.

2. Create a supportive environment and a positive relationship: A supportive relationship is the key ingredient to supervision in the helping professions. People learn best in an environment in which they feel valued and respected. Students and workers will persevere even under the most difficult circumstances, alter behavior and modify attitudes, when they perceive positive support from their supervisor.
3. Be aware that you are the model for client relationship and interaction. Students tend to transmit the attitudes and interaction style of their supervisor to their clients.
4. Avoid personalizing authority-dependency conflicts. The rekindling of authority-dependency conflicts is a normal part of the social work learning process. Classroom as well as practicum experiences foster this process.
5. Establish your role as both supervisor and teacher early in the relationship. The field instructor is responsible for student growth and meeting agency requirements. Early recognition of these responsibilities by the student helps minimize authority-dependency conflicts by providing the structure students need for managing real-world expectations.
6. Make assignments, maintain the individual conference schedule and utilize process recordings early in the relationship. These are the elements of learning the practice of social work. They provide the crucible for relationship building and the structure for focusing on process.
7. Focus on process, not content: Make judicious use of your conference time. Use your scheduled conference time to focus on process, the dynamic underlying feelings, thought, and behaviors. Avoid getting caught up in the case content or diverted by the student's early concern about agency procedures, forms or desire for quick-fixes. You may need to schedule additional meetings. Use preceptors, or have an "open-door" to answer procedural questions.
8. Balance performance monitoring with positive supportive feedback and genuine praise. Performance monitoring is a regular part of the supervisor's job, and will need to be balanced by positive support. What makes positive reports motivating is the regard demonstrated by the supervisor; and when the report is negative, support is needed to create a learning experience. From time to time, you will need to guide the student in the do's and don'ts of the agency.
9. Deal with the student's feelings through cases; refer out of agency if personal therapy is needed. For many students, the social work educational process, in the classroom and in practicum, serves to surface unresolved personal issues. Most are resolved in the case discussion, and student utilizes his/her new self-awareness in a productive manner. When the conference is absorbed by the student's own personal needs, the supervisor should listen empathetically and refer out of agency. The University's counseling center may be an appropriate resource.
10. Introduce audio taped or video recordings by mid-year. Learning is enhanced when students hear and/or see themselves in the treatment process. Tapes provide additional opportunities to dialogue about student-client interaction.
11. Help the student focus on the learning cycle. Help the student to explore feelings about a situation, the meaning of those feelings, what has been learned by the experience and what changes can be made. This models the problem-solving cycle in his/her work with clients and systems.

F. THE IDEAL FIELD INSTRUCTOR

After interviewing all the students in the School during the month of May, in some mythical year on the characteristics they desired in a field instructor, it was possible to determine that the ideal field teacher, as described by the students, is one who:

- * Is very knowledgeable but never tells a student what he already knows
- * Is very supportive of a student but allows him maximum independence and autonomy
- * Provides a well-defined structure for learning but is never rigid in expecting the student to observe or relate his activities to it

- * Individualizes the student and provides him insight into his foibles and short-comings but at not time “caseworks” him
- * Knows and reinforces in field teaching all the content taught elsewhere in the curriculum but never repeats to the student anything he has already heard
- * Is warm as a person with willingness to share of himself with the student but keeps his distance out of respect for the student’s privacy
- * Is honest and direct in his criticism but never tells the student anything with which the student not fully agrees
- * Sets high standards for achievement but makes exceptions for the student’s mistakes
- * Provides the students answers in all the difficult case decisions but leaves him totally free otherwise to find his own answers
- * Is a model for the student but does not expect him to think or do as the instructor does
- * Allows the student to be free to use whatever exists in the agency to facilitate his learning, especially his critical faculties, but protects him from all stresses and limitations in the agency
- * Lets the student elect what he wishes to learn but guarantees he has been taught all that he needs to know

G. MAL-PRACTICE INSURANCE

All students enrolled in field education must be included in the blanket school policy for malpractice liability. Each student must pay their required malpractice insurance fee prior to their placement in a field agency.

H. EVALUATION OF AGENCIES AND FIELD INSTRUCTORS

Field placements are monitored by school liaisons through periodic agency visits, student-field instructor meetings, telephone calls and other contacts. Informal evaluation continues throughout the year. Formal written evaluations of all the parts of the placement experience are completed at the end of the year by students, liaisons and field instructors.

After the completion of field placement and the final evaluation of the student’s performance, the student fills out a comprehensive questionnaire which reviews and evaluates the total practicum experience. The liaison also fills out an evaluation document, which incorporates the students' data along with her/his own evaluation of the agency and the field instructor. The field instructor completes a short written evaluation of the field liaison.

These evaluations are reviewed by the field faculty and by the Assistant. Dean for Field Education and are used by the school:

- 1) to identify any strengths or weakness in the placement or the liaisoning and provide any needed consultation; and
- 2) to evaluate the experience in order to plan appropriately for the future.

The summary evaluation may be shared by the liaison with the agency administrator and/or field instructor for purposes of their own future educational planning. Data from the student evaluations are summarized, before either the liaison or the field instructor see it, to protect, to the degree possible, the anonymity of the student.

CHAPTER IV

FOUNDATION YEAR FIELD INSTRUCTION

A. GENERALIST GUIDELINES

Foundation year field instruction provides selected and organized experiences, within agency settings, that apply to the foundation year knowledge and practice skills taught in the school curriculum. The objective of foundation year placement is to build a generalist foundation year through breadth of learning experiences and development of skills common to basic Social Work practice. This means the student needs exposure to a continuum of modalities, diversity of client populations and treatment issues, and a range of theoretical models. The generalist foundation year is defined as including both direct and indirect services, services with clients.

In addition, CSWE mandates that the field placement experience, in both its direct and indirect service components, must include active..."consideration of **Social Work values and ethics**"...and their application in professional practice.

Though foundation year field experiences may vary with different settings and different agency specific task and goals, they have to be organized to meet the school's educational objectives and individualized to meet the student's special learning needs. It is considered the shared responsibility of all those involved in this education process; school, liaison, agency, student, field instructor; to work toward implementing these guidelines.

Direct Services:

Direct services comprise approximately half of the student's field placement time and encompass the major modalities, i.e. individual, family and/or couples, and small groups. These modalities are flexibly defined to permit a broad range of experiences. Couples may include any of the following: premarital, marital, cohabiting. Families may represent a variety of combinations, ranging from intact nuclear families to multi-generational relationships to an individual plus at least one significant other from the nuclear or extended family. Groups should involve experience with dynamics and process, but need not be limited to therapy groups they may be task centered psycho-educational activity, information, training, topical, time-limited or open-ended.

Within these major modalities, there is to be client diversity reflecting a range of socioeconomic, gender, racial, cultural and ethnic backgrounds, a range of developmental stages or age groups. The field placement must provide opportunities to work with ethnic minorities of color and women, and should include exposure to special population groups that have been consistently affected by social, economic and legal bias or oppression.

Direct practice experiences are also to represent a variety of presenting problems and treatment issues that require a range of services, strategies and interventions. Assignments should demand different treatment durations ranging from intake through middle phase and termination. To further maximize student learning, at least one assignment is to involve exposure to and/or experience with a form of professional collaboration.

Direct practice constitutes one half of the student's placement time; this requirement is defined in terms of number of hours rather than number of cases because different situations may involve different time commitments. This optimal case-load should be implemented no later than the beginning of the spring semester, and culminate a process of gradual sequenced assignments. In

order to maximize integration with the Practice curriculum, group work may focus on observation and/or planning in the fall semester with implementation and direct experience in the spring semester. All foundation year field placements are to provide the students with some form of experience in all of these direct service modalities, though not necessarily in equal or prescribed amounts.

Indirect Services:

It is expected that students will devote an average of one to two hours per week throughout the academic year to assignments related to indirect services. Indirect services include one or more of the following: work with administration, community, advocacy, program development and, where appropriate, staff development. In addition, in the spring semester, when the students take their first research class they would benefit from some research related experience, which might involve exposure to, rather than, participation in research production.

Assignments related to indirect services must be purposeful; they should be task oriented and be followed up in supervision. In the fall semester, the assignments should expose students to a range of indirect services and may be observational in nature, whereas in the spring semester, the emphasis should be on providing experience in carrying out the community recording assignment. By the end of the first year, students should have undertaken at least two or more of the following tasks or activities:

- 1) make site visits to assess community resources;
- 2) become familiarized with the client community;
- 3) participate in agency and inter-agency meetings;
- 4) describe agency's formal and informal structure and decision making process;
- 5) be involved in the planning or implementation of some service or program;
- 6) be involved in an agency based research project; and/or
- 7) be involved in an agency outreach program.

B. COURSE OUTLINE

The first year field instruction course is designed to provide sequenced field experiences and learning objectives, on a month by month basis, throughout the foundation year practicum. The course outline is planned on a sequential and progressive basis, proceeding from simpler to more complex assignments and from beginning to more sophisticated expectations.

The course outline represents the general recommended progression of first year activities, assignments and expectations in field placement. However, it is understood that these general guidelines may be subject to many agency specific circumstances that will have varying degrees of impact. These circumstances include:

- 1) the nature of the client population served;
- 2) the nature of the services mandated or permitted by the agency;
- 3) the nature of the treatment approaches available or permitted in the agency;
- 4) the nature of the treatment modalities possible in the agency;
- 5) the role and mandate of Social Work in certain host settings; and
- 6) the sequencing of clients, or events over which there is no control.

In addition to these agency related circumstances, there are also variables stemming from the particular student and field instructor:

- 1) the level of the entering student's skills, interest, goals and capacity for learning;
- 2) the extent of the field instructor's professional knowledge and expertise;
- 3) the degree of the field instructor's teaching skill, experience and commitment; and
- 4) the relationship between the student and the field instructor.

Clearly, with all these variables operating, there will be differences between field placements, not to mention differences in degree of integration with academic curriculum in different courses. However, despite expected variations and differences in sequencing, by the end of the foundation year of field instruction, students should have participated in some way in the experiences, and minimally met the expectations indicated in these guidelines.

C. PERFORMANCE EXPECTATIONS

Expectations of student performance in the foundation year practicum are defined in five core areas:

- 1) development of professional responsibility and identity
- 2) development and responsibility as a learner
- 3) development of knowledge of the field work agency and the community
- 4) development of organization, work management and communication skills
- 5) development of practice and intervention skills.

The student is expected to be an active learner in field instruction; to participate in and accept the teaching and evaluation of the field instructor; to integrate theory with practice; and to articulate his/her own learning needs and responsibilities.

The student is expected to demonstrate an understanding of basic concepts as applied to practice; to develop and sustain professional relationships with clients; to utilize a variety of interviewing and communication skills; to obtain appropriate data for beginning assessment and treatment planning; to utilize several modalities and strategies of intervention; and to facilitate the termination process.

The student is expected to function appropriately as a social work student in an agency setting; to build accurate knowledge about the community served and utilization of community resources; to develop a sense of professional identity including understanding, accepting and applying professional ethics and values, and to develop sensitivity to ethnic and culture diversity.

The student is expected to be self reflective, and to develop knowledge about his own attitudes, feelings and values as they impact on his work with clients. The student must demonstrate integration of professional value and ethics in his practice.

D. PLACEMENT PROCEDURES

The school exercises full responsibility for the placement of all foundation year students. These assignments are made by field faculty. Placement decisions are guided by the following consideration:

- 1) the goals of first year field instruction;
- 2) the expressed interest and career goals of the particular student;
- 3) the expressed needs and interests of the agency
- 4) the prior work and life experience which the student brings;
- 5) geographic location;
- 6) the special needs of the student;
- 7) the special characteristics of the student;
- 8) the special characteristics of the field instructor; and
- 9) stipend requirements, if any.

The main source of student information for the Field Education Department is the field placement form, which the student submits at the time of acceptance into the program. Therefore the more information the student provides on this form, the more suitable the field assignment can be. The field placement form is shared with the field instructor.

Placement decisions are communicated to the field instructors and agencies as soon as possible in the Summer months.

Placement assignments are announced to students at the time of orientation in August, and students are instructed to schedule a pre-placement visit to their assigned agencies prior to the actual start of the practicum. The purpose of this visit is to begin the introduction and orientation process. If any serious questions regarding fit are identified at this first contact, the student's Field Liaison or The Assistant Dean for Field Education should be consulted immediately.

E. INTEGRATIVE SEMINARS

All foundation year field students enroll in Integrative Seminars. These seminars meet regularly throughout Fall and Spring semesters, and are facilitated by University Field Faculty.

The purpose of these seminars is to provide students opportunities to examine their own attitudes and values within the context of the profession's value base; to explore cross-cultural issues, to integrate academic coursework and field experiences and to engage in problem solving. These goals are accomplished through readings, class discussion, role play, case presentation, and experiential exercises, within a small group setting.

F. EVALUATION

Evaluation of the student's performance in the first year field courses are based on both performance in the field practicum placement and in the field seminar.

G. FOUNDATION YEAR FIELD COURSE OBJECTIVES

Foundation year field course objectives include, but are not limited to, the following:

1. Socialize to the role of social work in the agency setting, including the professional role with clients, agency staff and other professionals;
2. Demonstrate professional identity, including understanding, accepting and applying professional ethics and values;

3. Demonstrate an active and self-evaluative learning role;
4. Develop and sustain relationships and communication with clients;
5. Obtain, organize and communicate accurate information;
6. Begin to apply theory to practice and to engage in orderly thinking, utilizing at least one theoretical framework;
7. Demonstrate assessment skills understanding and conducting a bio-psycho-social history;
8. Demonstrate treatment planning skills based on information, assessment, and resources;
9. Demonstrate a variety of interventions utilizing basic interviewing skills (such as clarifying, interpreting, problem solving, resource linkage, advocacy, etc.);
10. Perform accurate and concise case presentations from a theoretical perspective;
11. Demonstrate and understand professional use of self;
12. Demonstrate knowledge of field placement agency and utilization of community resources;
13. Begin to develop leadership skills in identifying problems/issues and suggest appropriate strategies for change in both practice and policy arenas.

H. FOUNDATION YEAR FIELD INSTRUCTION COURSE OUTLINE

<u>TIME PERIOD</u>	<u>ACTIVITIES/ASSIGNMENT</u>	<u>LEARNING OBJECTIVES/ EXPECTATIONS</u>	<u>CORE AREA</u>
<u>AUGUST</u> Objectives: 1	1) foundation year field orientation .	1) understand field instruction program, including roles expectations, responsibilities and entitlements	I
<u>SEPTEMBER</u>			
Objectives: 1, 2	1) field placement begins Wednesday after Labor Day	1) begin to review and develop skills in five core areas, preparing for learning agreement developed by the student in conjunction with the field instructor.	I - A, B II - A, B, C

Objectives: 1, 12	2) orientation to agency, staff, community.	2a) learn about agency's mission, service, and structure, role of agency in community and role of social work within agency. Learn about community served. 2b) understand risk factors and strategies for minimizing risks in carrying out agency functions both in the agency and in the community served by the agency	III - A III - A
Objectives: 1, 2, 3	3) orientation to working with field instructor.	3a) Understand student role as learner and field instructor role as teacher in the field placement, 3b) develop educational relationship with field instructor, explore expectations, teaching styles and set field instruction schedule to include, but not limited to, one and one half (1 ½) hours of individual field instruction time.	II - A, B, C
Objectives: 1, 2	4) orientation to Social Work role.	4a) explore social work role and identity as a social work student – expectations, values and responsibilities. 4b) explore with field instructor the definition of helping others and the role of a social worker.	I - A, B
Objectives: 1, 12	5) begin macro assessment discussion.	5a) become familiar with the interactions between the agency needs, client needs, and community resources. 5b) explore application of policy to practice	V - E
Objectives: 1, 3	6) observation of client interviews/process recording and discussion of observations	6) observe client interviews by clinical staff to understand the therapeutic process and prepare for first interview. PROCESS RECORD OBSERVATIONS.	II - A V - C

Objectives: 1, 2, 3, 4, 5, 9	7) assign first direct service case(s) equaling TWO (2) hours per week	7) begin engagement with clients through demonstrating an understanding of the agency mission, the purpose of the interview, and beginning interviewing skills. PROCESS RECORD SESSIONS!	III - A V - C
------------------------------	---	---	------------------

<u>TIME PERIOD</u>	<u>ACTIVITIES/ASSIGNMENT</u>	<u>LEARNING OBJECTIVES/EXPECTATIONS</u>	
<u>OCTOBER</u>			
Objectives: 1, 2, 3, 5	1) continue writing process recordings of interviews (MINIMUM ONE PER WEEK SUBMITTED TO FIELD INSTRUCTOR PRIOR TO WEEKLY FIELD INSTRUCTION).	1) develop skills in accurate recall and written communication, share information and learning experiences with field instructor.	IV - A
Objectives: 1, 2, 3, 5	2) continue with one and one half (1 ½) hours of individual field instruction incorporating process recordings for teaching and case review purposes.	2) continue to develop relationship with field instructor; follow agency procedures and instructions accurately. Bring concerns to field instructor and identify learning objectives, and plans for meeting them.	II - B, C
Objectives: 1, 2	3) discuss values and value dilemmas.	3a) understand and apply social work values and explore ethical dilemmas. 3b) begin to develop professional value base, professional role, understanding of professional relationship, and a respect for client self determination.	I - A, B
Objectives: 1, 2, 3, 5, 12	4) In conjunction with the field instructor, review the 1 st Year Comprehensive Skills Evaluation (Mid-Year Evaluation) document and incorporate the five core areas in creating an individualized learning agreement, which will act as a guide to field experiences.	4) clarify expectations for student's learning and field instructor's teaching.	II - B, C IV - A

Objectives: 1, 2, 3, 10	5) develop group supervision to be held at least one hour, every other week (when there is more than one student); can be facilitated by an allied professional.	5) opportunities for case presentation, discussion, role play, didactic presentation in group setting.	II - A, B
Objectives: 1, 2, 3, 4, 5, 7	6) continue direct service practice and assign two additional case(s) which complement, but differ from, initial assignments in ethnicity, gender, socioeconomic status, age, treatment issues. Student should be carrying case(s) equaling FOUR (4) hours per week by the end of October.	6a) acquire necessary assessment skills, such as, data gathering, history collection, identifying concrete needs, recognizing psycho-social needs to conduct a psychosocial assessment; 6b) identify strengths and resources when working with a diverse population.	V - C, D
Objectives: 1, 2, 3, 4, 5, 7, 8, 9, 12	7) focus on beginning phase of direct practice.	7a) begin to develop familiarity with basic assessment and skills in communication and interviewing in cross cultural context, using eco-systems and strengths-based models; 7b) begin contracting process with clients, setting goals; 7c) begin to understand clinical case management skills.	V - A, C, D
Objectives: 1, 2, 3, 5, 7, 9, 12	8) liaison conducts agency visit and conference with student, field instructor, and if applicable, preceptor (October through December)	8) participate in educational planning with liaison and field instructor; review learning agreement and performance to date, identify issues/concerns.	II - A, B, C
Objectives: 1, 5, 12	9) discussion of macro project assignment and time table.	9) develop awareness of importance of macro practice and begin discussing macro project options (Refer to foundation year macro project assignment in field manual).	III - A, B V - E

<u>TIME PERIOD</u>	<u>ACTIVITIES/ASSIGNMENT</u>	<u>LEARNING OBJECTIVES/ EXPECTATIONS</u>	
--------------------	------------------------------	--	--

<u>NOVEMBER</u>			
Objectives: 1, 2, 3, 5, 7, 9, 12	1) liaison visits continue.	1) participate in educational planning with liaison and field instructor; review learning agreement and performance to date, identify issues/concerns.	II - A, B, C
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12	2) continue with one and one half (1 ½) hours of individual field instruction incorporating weekly process recordings for teaching and case discussion.	2a) participate more actively in supervisory conferences, bring questions, and demonstrate application of learning to work with clients. 2b) begin to practice case presentation skills with field instructor.	II - A, B, C
Objectives: 1, 2, 3, 10	3) continue group supervision to be held at least one hour, every other week (when there is more than one student); can be facilitated by an allied professional.	3) opportunities for case presentation, discussion, role play, didactic presentation in group setting.	II - A, B
Objectives: 1, 2, 5, 12	3) attend agency staff meeting/development/training.	3a) relate professionally to other staff in agency and in community; 3b) expand understanding of agency program functions and requirements.	I - B III - A, B IV - B III A
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12	4a) continue direct service practice and assign two additional case(s) which involves increased complexity of client issues and treatment plans. Student should be carrying case(s) equaling SIX to SEVEN (6-7) hours per week by the end of November. 4b) introduce either family or group modality, in addition to individual cases	4a) expand variety of clients and treatment modalities. 4b) expand and continue to improve communication and interviewing skills. 4c) continued focus on assessment skills, treatment planning, and service delivery. 4d) begin to understand and work within new treatment modality.	V - A, B, C, D

Objectives: 1, 5, 12	5) continued discussion of macro project assignment and time table.	5) begin looking at agency gaps in preparation for macro project assessment (Refer to foundation year macro project assignment in field manual).	III - A, B V - E
Objectives: 1, 2, 3, 4, 11	6) integrate professional values into practice	6a) maintain a respect for client self-determination; 6b) identify ethical dilemmas and boundary conflicts within a professional relationship; 6c) begin discussing transference and counter-transference issues.	I - A, B V - A
Objectives: 1, 2, 4, 5, 8, 9, 11, 12	7) begin preparation for winter recess by mid November.	7) review termination issues and impact on clients and agency of planned absence. Review "holiday" issues with clients.	V - D

<u>TIME PERIOD</u>	<u>ACTIVITIES/ASSIGNMENT</u>	<u>LEARNING OBJECTIVES/EXPECTATIONS</u>	
<u>DECEMBER</u>			
Objectives: 1, 2, 3, 5, 7, 9, 12	1) liaison visits continue.	1) participate in educational planning with liaison and field instructor; review learning agreement and performance to date, identify issues/concerns.	II - A, B, C
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12	2) expand use of weekly process recordings.	2a) share and risk more actively and openly for purposes of evaluation and learning. 2b) begin to understand and recognize process as well as content in interviews. 2c) begin to recognize and understand patterns, themes, and defense mechanisms within the therapeutic process 2d) begin to integrate theory with practice. 2e) begin to understand the purposeful use of self in work with clients.	II - A, B, C V - D V - D V - B V - A, B, D

Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12	3) continue with one and one half (1 ½) hours of individual field instruction incorporating weekly process recordings for teaching and case discussion.	3a) participate more actively in supervisory conferences, bring questions, and demonstrate application of learning to work with clients. 3b) continue to practice case presentation skills with field instructor.	II - A, B, C
Objectives: 1, 2, 3, 10	4) continue group supervision to be held at least one hour, every other week (when there is more than one student); can be facilitated by an allied professional.	4) opportunities for case presentation, discussion, role play, didactic presentation in group setting.	II - A, B
Objectives: 1, 2, 3, 4, 5, 7, 8, 9, 11, 12, 13	5) Mid Year Evaluation to be reviewed between student, field instructor, and, if applicable, the preceptor. (Each person keeps a copy. The field instructor retains signed original and a copy is submitted to school with process recording log and macro-project topic and timeline).	5a) Students prepare for mid-year evaluation meeting with field instructor by independently completing the evaluation form and assessing their strengths and weaknesses. 5b) engage in evaluation process with field instructor and participate in planning for further learning in Spring semester.	II - B, C IV - A, B
Objectives: 1, 2, 3, 8, 12	6) continued group work assignment discussion	6) student should be developing a plan for a group to start in Spring semester, if not already working with a group.	II - A V - D
Objectives: 1, 2, 3, 8, 9, 12, 13	7) finalize macro-project plan.	7) Identify macro-project topic and tools needed to conduct the assessment.	V - E
Objectives: 1, 2, 3, 4, 8, 9, 11, 12	8) finalize preparation for winter recess (student, client, agency).	8) review issues of planned absence with field instructor and clients and the impact this may have on clients, self and agency.	I - A, B V - A, C, D

<u>TIME PERIOD</u>	<u>ACTIVITIES/ASSIGNMENT</u>	<u>LEARNING OBJECTIVES/EXPECTATIONS</u>	
<u>JANUARY</u>			

Objectives: 1, 2, 3, 6, 11, 13	1) review educational goals for Spring semester, utilizing learning agreement and Mid-Year Evaluation forms.	1) continue to focus on learning objectives with field instructor and develop an educational plan to accomplish objectives.	II - A, B, C V - A - E
Objectives: 1, 2, 3, 4, 5, 7	2) continue direct service multi-modality practice. Assign two additional hours, which includes group work assignment. Student should have maximum case load of SIX to EIGHT (6-8) hours per week. Fifty percent (50%) of time is spent in direct practice.	2a) manage increased assignments and expectations efficiently. Continue work on direct practice skills in assessment and treatment. 2b) begin to understand and exercise skills and knowledge related to group experience.	V - A, B, C, D
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12	3) on-going work with clients and client systems.	3) maintain and deepen relationships with client systems: a) continue to deepen and improve diagnostic skills. b) elicit deeper and more sensitive issues and feelings in all modalities. c) integrate understanding and recognition of transference/counter-transference issues.	V - A, B, C, D
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13	4a) continue to submit weekly process recording; 4b) Use group process recording form intermittently, in lieu of individual process recording.	4a) increase skills in identifying feelings, interviewing skills, and interventions 4b) further examine own process in relation to client and client systems.	I - A, B II - B IV - A, B V - B, C, D
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	5) continue with one and one half (1 ½) hours of individual field instruction incorporating weekly process recordings for teaching and case discussion.	5a) continue to participate more actively in field instruction meetings, bring questions, and demonstrate application of learning to work with clients. 5b) continue to practice case presentation skills with field instructor; begin to link theory to case presentations.	II - A, B, C IV - A, B V - A, B, C, D

Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13	6) introduction of audio/video tape recordings and use of tape process recording form in lieu of individual or group process recording form.	6) increase self-exploration and self-assessment	I - A, B II - B IV - A, B V - B, C, D
Objectives: 1, 2, 3, 10	7) continue group supervision to be held at least one hour, every other week (when there is more than one student); can be facilitated by an allied professional.	7) opportunities for case presentation, discussion, role play, didactic presentation in group setting.	II - A, B
Objectives: 1, 2, 5, 12, 13	8a) exposure to different agency programs (i.e. intake, crisis, short-term service, varied programs) 8b) interact with different professional role models (i.e. co-therapist, co-workers, allied professionals).	8a) increase understanding of agency system and ability to transfer skills and understanding to other programs and assignments. 8b) be able to relate to, and learn from, different professional role models.	II - A III - A II - A III - A IV - B
Objectives: 1, 2, 5, 11, 12, 13	9) participation in inter- and intra-agency systems	9) increase awareness and knowledge of agency in relation to the community.	III - B
Objectives: 1, 2, 3, 8, 9, 12, 13	10) implement macro-project plan.	10) begin macro-project assessment.	V - E

<u>TIME PERIOD</u>	<u>ACTIVITIES/ASSIGNMENT</u>	<u>LEARNING OBJECTIVES/EXPECTATIONS</u>	
<u>FEBRUARY</u>			
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13	1a) continue to submit weekly process recording;	1a) continue to increase skills in identifying feelings, interviewing skills, and interventions 1b) continue deeper examination of own process in relation to client and client systems. 1c) integration and application of theory into practice	I - A, B II - B IV - A, B V - B, C, D

Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	2) continue with one and one half (1 ½) hours of individual field instruction incorporating weekly process recordings for teaching and case discussion.	2a) continue to participate actively in field instruction meetings, bring questions, and demonstrate integration of theory into practice utilizing intermediate and advance interviewing skills with clients and client systems. 2b) integrate theory into case presentations.	II - A, B, C IV - A, B V - A, B, C, D
Objectives: 1, 2, 3, 10	3) continue group supervision to be held at least one hour, every other week (when there is more than one student); can be facilitated by an allied professional.	3) opportunities for case presentation, discussion, role play, didactic presentation in group setting.	II - A, B
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11	4) maintain maximum case load of SIX to EIGHT (6-8) hours per week , including varied modalities. Fifty percent (50%) of time is spent in direct practice.	4a) increase purposeful use of self in work with clients and client systems. 4b) increase integration of theory and practice. 4c) increase self-awareness (knowledge of self). 4d) continue skill development. 4e) improve time management skills.	V - A V - B II - B V - C & D IV - C
Objectives: 1, 2, 3, 5, 7, 9, 12	5) liaison conducts agency visit and conference with student, field instructor, and if applicable, preceptor (February through April)	5) participate in educational planning with liaison and field instructor; review learning agreement, mid-year evaluation, and performance to date, identify issues/concerns.	II - A, B, C
Objectives: 1, 2, 3, 5, 6, 7, 8, 9, 11, 12, 13	6) active participation in staff development, training, and group supervision (i.e., case presentation, case consultation, etc.)	6) increase autonomy in conducting assessments and in understanding, implementing, and presenting advanced clinical interventions.	II - A, C V - A, C, D
Objectives: 1, 2, 5, 11, 12, 13	7) continue active participation in inter- and intra-agency systems	7) continue to develop macro practice skills and begin building leadership skills.	III - B V - E

Objectives: 1, 2, 3, 5, 8, 9, 12, 13	8) actively involved with implementation of macro-project plan.	8a) continue with macro-project assessment. 8b) begin to identify the impact of systems and how they interact.	V - E
--------------------------------------	---	---	-------

<u>TIME PERIOD</u>	<u>ACTIVITIES/ASSIGNMENT</u>	<u>LEARNING OBJECTIVES/ EXPECTATIONS</u>	
<u>MARCH-APRIL</u>			
Objectives: 1, 2, 3, 5, 7, 9, 12	1) liaison visits continue.	1) participate in educational planning with liaison and field instructor; review learning agreement, mid-year evaluation, and performance to date, identify issues/concerns.	II - A, B, C
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13	2a) continue to submit weekly process recording;	2a) continue to increase skills in identifying feelings, interviewing skills, and interventions 2b) continue deeper examination of own process in relation to client and client systems. 2c) integration and application of theory into practice	I - A, B II - B IV - A, B V - B, C, D
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	3) continue with one and one half (1 ½) hours of individual field instruction incorporating weekly process recordings for teaching and case discussion.	3a) continue to participate actively in field instruction meetings, bring questions, and demonstrate integration of theory into practice utilizing intermediate and advance interviewing skills with clients and client systems. 3b) integrate theory into case presentations.	II - A, B, C IV - A, B V - A, B, C, D
Objectives: 1, 2, 3, 10	4) continue group supervision to be held at least one hour, every other week (when there is more than one student); can be facilitated by an allied professional.	4) opportunities for case presentation, discussion, role play, didactic presentation in group setting.	II A & II B

Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11	5) maintain maximum case load of SIX to EIGHT (6-8) hours per week , including varied modalities. Fifty percent (50%) of time is spent in direct practice.	5a) increase purposeful use of self in work with clients and client systems. 5b) increase integration of theory and practice. 5c) increase self-awareness (knowledge of self). 5d) continue skill development. 5e) improve time management skills.	V - A V - B II - B V - C, D IV - C
Objectives: 1, 2, 3, 5, 8, 9, 11, 12	6) termination with clients (i.e. individuals, couples, families, group)	6a) identify and understand clients' and own feelings about termination process. 6b) process these feelings with field instructor. 6c) prepare client for termination; including transfers and referrals as appropriate.	V - A, D II - C V - A, C, D
Objectives: 1, 2, 3, 5, 8, 9, 11, 12	7) termination with field instructor, agency, staff.	7a) review and evaluate own skill progress with field instructor. 7b) identify and process feelings with field instructor regarding termination	II - C
Objectives: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13	8) Final Evaluation to be reviewed between student, field instructor, and, if applicable, the preceptor. (Each person keeps a copy. The field instructor submits signed original to school with process recording log.)	8a) Students prepare for final evaluation meeting with field instructor by independently completing the evaluation form and assessing their strengths weaknesses, and learning needs. 8b) engage in evaluation process with field instructor and participate in planning for further learning needs in concentration year.	II - B, C IV - A, B
Objectives: 1, 2, 3, 5, 8, 9, 12, 13	9) completion of macro project.	9a) integration of macro skills through completion of project. 9b) presentation in agency to staff.	V -,E

I. FOUNDATION YEAR MACRO PROJECT: COMMUNITY RECORDING ASSIGNMENT

The Macro Project is a vital part of the curriculum and the student's education as a social worker. It brings richness and understanding to the fundamental social work principle that individuals, families, groups and communities exist in relationship to one another and to larger systems in the social environment. In addition to equipping our students with clinical practice skills, we want them to view themselves as having a role in the macro environment, developing skills in the practice of planning, community organizing and administration.

Each student is expected to spend an average of one to two hours per week, throughout the academic year, on this indirect practice assignment. The macro practice project will total approximately thirty hours of field placement time. It is task oriented, beneficial to the agency, and involves planning, time management and organizational skills that will be discussed in supervision. It may be necessary for the student to work with preceptors in administrative positions to fulfill this requirement.

Social work agencies increasingly find that they must form collaborations in order to provide comprehensive services to their community. One agency is not able to meet all the needs of their client populations. Funding resources are scarce, and duplication of services may often be ineffective. Funders are increasingly requiring agencies to form collaborations and collaborative linkages in order to receive monetary resources. This assignment is focused on helping the student to look at the needs of the agency's community, the resources available, and how these resources are, or are not, linked and coordinated to provide a comprehensive system of care.

FOUNDATION YEAR COMMUNITY RECORDING ASSIGNMENT:

Purpose of Assignment: To Develop Macro Practice Skills

The Learning Objectives are:

To define the agency's mission and populations served.

To identify and define the service community.

To understand the concept of a networking system that is developed to provide comprehensive services.

To examine the collaborative model developed with your agency, and how it works or does not work in providing a network system.

To develop leadership skills.

To develop an understanding of political reality in the agency and community.

To advocate for change and to enhance social justice.

To increase awareness of the political boundaries and how they impact the agency, agency staff and community.

Assignment:

Your field agency serves target population(s). In order to meet the needs of these populations has your agency linked with other organizations and care providers within their community? Has your field agency developed a networking system, sharing resources and expanding their ability to meet the needs of their clients through these linkages?

Complete macro assessment of your agency by answering the following:

Describe the networking system.

Is there a key agency/group or person responsible for coordinating services? Describe.

Evaluate the effectiveness of the current care system.

Identify gaps in this networking system.

Make suggestions for change by identifying un-met needs. (Through this process the student may discover how relationships are built and maintained, please site examples that are pertinent.)

Identify agencies/organizations within the community that can provide needed resources.

Discuss barriers/reasons why the field agency has not linked with these agencies/resources or

Develop a plan for collaboration to develop a system of care in this community.

This assignment is due in March to your field seminar instructor. It is to be a creative dynamic presentation, which could include photographs, video/audio tape recording, diagrams and/or maps, in a poster presentation format. Be sure to answer all of the questions asked in the assignment. Your answers maybe written, and/or demonstrated in audio/visuals. A written one page abstract is required that summarizes your project. Include:

- 1) identification of agency and its mission; and
- 2) brief answers to the questions posed above.

These posters will be presented in your last two field seminars. It is strongly recommended that you present this poster project to your field agency's staff. These posters may be displayed at the Annual Field Instructor's Luncheon in May.

You will be asked to participate in an evaluation of this assignment at the end of the year.

J. CONCENTRATION YEAR MACRO SERVICE AREAS

Students in their concentration are required to complete a minimum of 30 hours in macro practice per semester. Students may select from the areas below to develop a project in consultation with their Field Instructors. They will be expected to submit a summary of their macro work to the Field Instructor and Field Liaison at the end of the year. Indirect services fall within one of the following six areas (not examples):

1. Program Planning and Development

- identify and define problem, using agency or community data and research to support assessment of needs (e.g. a support group for abuse survivors or families of suicide victims, car seat loan program, etc.)
- formulate goals, objectives, resources, and methodology for expanding an existing program or adding a new service component for the agency (e.g. a systems information group for new DCS clients).
- write a two-five page program development proposal (e.g. for an expanded or new service delivery component).

2. Community Networking

- visit social, health, welfare or legislative agencies providing services to same or similar client population and compile and organize information needed by your agency.
- attend meetings of community-wide group, or group of service providers, observing process and roles, representing your agency, taking minutes and functioning as liaison.
- identify community systems and networks of which agency and clients are a part (if agency is unaware) and compile/organize information for agency's use.

- develop resource directory of referral sources and procedures, eligibility criteria, fees, services, expertise program.
3. Organizational Development/Agency/Administration/Board or Committee Work
- participate as a staff member of a task group (e.g. planning a workshop or conference, working on intra-organizational issues, fundraising project, etc.)
 - write a job description for existing or proposed professional or paraprofessional job.
 - design, organize and/or deliver volunteer recruitment and training project.
4. Advocacy
- do legislative tracking and reporting on progress of bills concerned with services to client population, through professional and advocacy agencies, legislator's offices, news reports.
 - attending community or provider meetings, public hearings, etc. represent the agency, report back or prepare testimony
 - work on development of community-based coalition.
 - attend meetings with agency clients such as medical or social security eligibility hearing.
5. Research
- develop data collection methods to help in needs assessment.
 - design methods of evaluating program effectiveness, efficiency, and adequacy, or implement a program evaluation, or write an evaluation report.
 - analyze the process of a specific service delivery.
 - research and report on changes in laws, regulations, or procedures, etc. for eligibility for social security, AFDC, Medical, etc.
6. Marketing
- write, design, or edit an agency flyer, newsletter, brochure, press release, or public service announcement.
 - identify means of marketing a particular service (including costs in time and money).calendar time frames and deadlines.

K. THE WISCONSIN GUIDE

This guide is given to both the student and the field instructor as an aid in determining appropriate expectations, and in evaluating student performance in the areas listed. The guide should be applied to the foundation year course outline objectives and course outline contained in this packet.

UNIVERSITY OF WISCONSIN-SCHOOL OF SOCIAL WORK
 CRITERIA FOR GRADUATE FIELD EDUCATION IN TREATMENT SETTINGS

I. Setting

	1st Semester	2nd Semester	3rd Semester	4th Semester
Community Interdependence	The student should be aware of the agency's purpose as it relates to community needs and of how it and other agencies providing similar and/or different services fit into the human services network. In addition, s/he should have a beginning understanding of how s/he might use these various resources to help his/her clients.	The student should have broadening knowledge of other services available both within the agency and within the community as a whole. S/he should increasingly be able to recognize when other resources are needed and be able to utilize these with the help of his field instructor, in his/her work with clients.	Knowledge of community should be carried over from the previous placement or, if in a new city of placement, quickly learned. by the end of the third semester s/he should recognize when other resources are needed in a particular case and take initiative in using them and/or helping the client to use them.	The student should have a good understanding of community resources and are able to utilize them easily and appropriately where indicated except in unusual situations where consultation and/or advice may be needed. Student should have ideas for developing programs in the community to meet unmet needs.

II. Work Management

	1st Semester	2nd Semester	3rd Semester	4th Semester
Use of Time	Student questions and clarifies with field instructor (1) what is expected of student and (2) what student needs and expects in placement (i.e., learning plan).	Performs tasks and client services as have been defined with field instructor.	Student takes responsibility for defining tasks and client services prior to conferences with field instructor. Proceeds independently after consultation with field instructor.	Same as 3 but with application to other social work roles. utilizes creativity in work with clients.

III. Practice (Social Treatment)

	1st Semester	2nd Semester	3rd Semester	4th Semester
Interviewing Skills	Student would be able to utilize: exploration, questioning, restatement, summarization, information giving, suggestion, discussion, and ventilation in interviews.	Student should be able to utilize: empathetic understanding, encouragement, assurance and reassurance, explanation, amplification, reinforcement, clarification, generalizing, and universalization in interviews.	Student should begin to utilize: reflection, interpretation (verbal and non-verbal), connecting comments, insight, silence/pauses, confrontation, directive comments, humor in interviews.	Student should begin to skillfully utilize skills identified in previous semester.

1st Semester

2nd Semester

3rd and 4th Semesters

<p>Diagnosis/ Assessment</p>	<p>The person who bears the problem and seeks or needs help with the problem. considering his social and psychological situation and functioning;</p> <p>Student should be able to look at past, similar crises and experiences, how client dealt with them, how situation worked out.</p> <p>Student must appreciate what client is bringing to current situation: linkage with past experience: use of defense mechanisms.</p>	<p>Student should be able to consider the significance of available information about:</p> <p>(1) the client (2) the environment (including the agency) (3) the dynamic interaction between them and (4) the client-worker transactions.</p> <p>Should be able to differentiate between pertinent and irrelevant data.</p>	<p>Students should be able to recognize and utilize signs and indicators</p> <p>(1) of client strengths in functioning. (2) of certain needs and forms of behavior that characterize client malfunctioning.</p> <p>The student is careful to stay with the evidence but can make reasonable hypotheses which s/he seeks to test by action and/or further evidence.</p>
----------------------------------	--	--	--

IV. Practice

	1st Semester	2nd Semester	3rd Semester	4th Semester
<p>Ongoing Treatment: Implementation and Intervention</p> <p>Attention to process</p>	<p>Student begins to attend to the process of treatment as well as the content. Students discuss initial hypotheses with field instructor.</p>	<p>Student gains in awareness of deeper or more expanded issues for client exploration, looking at process as well as content.</p>	<p>Student sharing observations and helping clients expand their view of situation with regularity and at client pace.</p>	<p>Student able to focus on process, dynamics, and content. Offers and assists clients in viewing situation differently.</p>

V. Learning/Supervision

	1st Semester	2nd Semester	3rd Semester	4th Semester
Analysis of Practice Skills	Student should be able to share what he sees, his thinking, with field instructor.	Student should be able to share his thinking, plus form generalizations, raise questions.	Should show evidence of learning carried over from one case to another, and its relationship to theoretical concepts.	Should show evidence of being able to conceptualize learning. Student should be able to share his thinking, plus form generalizations, raise questions.

VI. Professional Self

	1st and 2nd Semesters	3rd and 4th Semesters
Application Use of Self	Develops awareness of self, one's own needs, feelings, biases, etc., and how they may affect relationship with client. This includes differentiating one's own feelings, values, attitudes and behavior from that of others.	<p>Demonstrates an awareness of use of self, limitations, strengths, and concentration on further developments, i.e., recognition of rigidity, blocking, etc.</p> <p>Work reflects a striving to attain a greater mastery of own feelings and attitudes, including ability to use humor appropriately, share personal information selectively, tolerate painful material and to use self differentially in response to need.</p>

CHAPTER V

CONCENTRATION YEAR FIELD INSTRUCTION

A. CONCENTRATION--GENERAL INFORMATION

Concentration year field instruction takes place within the framework of the concentration the student has selected for advanced, specialized study. The student may select one of the following: Community Organization Planning Administration, Social Work Practice with Families and Children, Social Work Practice in Health, Social Work Practice in Industry, or Social Work Practice in Mental Health.

Each concentration differs in its specific field learning objectives, placement agencies, and types of assignments and experiences. However, each one builds on the generalist foundation of the first year and continues to build on and evaluate students in five core areas:

- 1) Development of Professional Responsibility and Identity
- 2) Development of Responsibility as a Learner
- 3) Development of Knowledge of the Field Work Agency and the Community
- 4) Development of Organization, Work Management and Communication Skills
- 5) Development of Practice and Intervention Skills.

Each concentration has developed a roster of approved field placements that meet its special requirements. There is close coordination and communication between the practicum and academic faculties. Integration is further facilitated by periodic joint meetings and by other combined activities which vary with the different concentrations. All the student's classes as well as field experiences, are organized around concentration content.

Each concentration has a designated field coordinator/s who carries responsibility for its field program. This responsibilities includes: selection and evaluation of placements; assignments of students to agencies; liaisoning or monitoring of liaisoning of agencies through site visits and other contacts; advisement and review of students' performance in the field; participation in concentration meetings and activities; coordinating concentration field seminars, and linkage between the concentration and field components of the curriculum.

Placement procedures differ in the concentration year; the students, in contrast to the foundation year, have an active role in their field assignment decision. They have the opportunity to select three agencies, from a list of approved concentration placements, that they want to explore. They then interview at these agencies. The concentration field coordinator makes the final assignment based on the following data: feed-back from the student, feed-back from the agency, information available on the student's field placement form, knowledge of the student's educational needs and goals, and her/his judgment as to whether a particular field instructor and/or agency can meet these needs. Active student and agency participation in the concentration year placement process is required.

Each concentration has a specific set of objectives and a course outline for field practicum, as well as a specific evaluation instrument. These are all built on the foundation year, and are structured around the five core areas.

B. CONCENTRATION – SPECIFIC INFORMATION:

Community Organization, Planning and Administration (COPA)

COPA prepares students to become administrators, planners and community organizers in urban settings. Emphasis is placed on a macro practice – one that focuses on the big-picture service

improvements and policy changes that aid individuals and enhance the well-being of communities. Students develop skills in management and finance, program development and evaluation, and community organization.

Families and Children

This concentration emphasizes a “family-centered” model and prepares students for practice with families and children in multicultural urban communities. Students learn developmental/preventive services, problem solving, crisis and remedial services, and protective services for children and adolescents. Graduates are trained to work in schools, health or mental clinics, child guidance clinics, juvenile justice or child protection agencies and community-based organizations.

Health

Health social workers help people navigate an increasingly complex health care environment and make thoughtful decisions about treatment options. Students learn to offer culturally sensitive services in a variety of health care systems to a range of diverse consumers and have the opportunity to earn a case management certificate. The curriculum emphasizes interdisciplinary practice and integration of ethically driven psychosocial services that promote health and improve quality of life.

Mental Health

With an estimated one in five American adults suffering from a diagnosable mental disorder in any given year, the role of mental health social workers is crucial. Students develop skills in the psychosocial assessment of commonly encountered mental health problems, design of appropriate intervention plans and delivery of preventive and rehabilitative mental health services. They learn to deal with issues relating to outreach, advocacy, program evaluation and organizational or governmental policies.

Work & Life

One of the nation’s few social work programs that prepares students for careers in the workplace, this concentration teaches students how to deliver such services as mental health counseling, family therapy, crisis intervention, program development and organizational consulting within a work setting. Because work influences self-image and family and social relationships, social work can play a vital role in enabling employees to handle work-related challenges such as stress, restructuring and unemployment and personal issues such as disability and substance abuse, which can affect job performance.

For more Concentration Specific Information please visit:

<http://sowkweb.usc.edu/academic/fieldforms.html>

For information on our subconcentrations please visit:

<http://sowkweb.usc.edu/academic/subconcentrations.html>

Chapter VI

Learning Styles

The Adult Learner

A. **Stages of Learning.** Bertha Reynolds in *Learning and Teaching in Social Work* describes five stages of learning, from stage fright to teacher of others. It is unlikely that the new student will move through all the stages within the year, but will most likely experience the first three stages. Students may also move back and forth as new situations for learning are presented. The following describe the stages and ways field instructors can help guide the student:

1. The stage of acute consciousness of self. Stage fright is the classic example of this stage. There is a feeling of danger to one's sense of self, of being immobilized. Individuals respond differently: some may be quiet, others talk excessively, make jokes, or become overly assertive, and others may flee - the fight or flight response. The stage may last four to six weeks.

The field instructor must take caution not to join the student's feeling of panic or insecurity. The field instructor's role is *security-giving*. Help the student find areas of adequacy, strengths, and successful past experiences on which to build future successes.

2. The stage of sink-or-swim adaptation. In this stage the student is barely keeping up with the situation demands from moment to moment, although some students may appear quite competent because they have acquired the jargon of work. The field instructor in case discussion and conferences encourages the student to apply what is appropriate from the student's past experience and help him adapt to the demands of new learning. This is similar to the reflective stage of learning in which the field instructor encourages discussion of feelings, relevancy of past experiences and spontaneity. The stage gives opportunity for the field instructor to develop a protective, stimulating and trusting relationship which "gives some picture of what fine accomplishment is, along with reassurance that one is not expected to reach it immediately." (Reynolds, p. 78).
3. The stage of understanding the situation without power to control one's own activity in it. In this stage, the student feels that he/she has suddenly seen the light, that "its come alive." In practice, however, mastery is still lagging. There is conscious knowledge of what needs to be done, but uneven ability in practice. The supervisor may feel disappointment and frustrated that after months of supervision, the student's work may be poor. The field instructor can now utilize the intellectual knowledge of the student. When the student's spontaneous responses have failed, what new knowledge can be applied? How can it be done differently? The student or social worker may remain in this stage for months or years before mastery is achieved.
4. The stage of relative mastery, in which one can both understand and control one's own activity in the art which is learned. The student feels comfortable with himself/herself. "Conscious intelligence and unconscious responses are working together in an integrated wholeness of functioning." (Reynolds, p. 81). There exists a feeling of adequacy, that one

can deal with the demands of the situation. The social worker can self-evaluate interventions and consciously alter approaches to meet new situations. One is functioning as a competent professional, utilizing the self as an instrument. The supervisor's role is to stimulate or consult in new areas of interest for in this stage there may no longer be need for a teacher.

5. The stage of learning to teach what one has mastered. The learner is now sufficiently freed from the subject matter and own personal learning to focus on how other learners learn, their motivations strengths and weaknesses. The learner, now teacher, may find himself/herself in Stage II, a feeling of floundering with respect to his teaching, but knows he/she will work through that stage toward understanding and mastery.

B. Learning Styles

Sidney Berengarten many years ago studied learning patterns of social work students and recognized three distinct learning styles which hold today as guidelines for assisting student learning. Once the learning style of a student is discovered, that is, the ways in which the student learns best, activities and the supervisor's approach can then be individualized to meet each student's needs.

Since students learn differentially, different approaches need to be directed to different learning needs. The three learning styles Berengarten described are the experiential-empathic, the doer, and the intellectual-empathic.

1. The Experiential-Empathic Learner: is characterized by the dependence upon feelings and intuition. The student is self-focused and early feeling are reactivated. This student may act first and think later, or, on the other hand may be paralyzed with anxiety at the beginning. The supervisor of this student needs to offer support, encourage reflection and ventilation of feelings in case situations. The student learns from reflection on repetitive experiences over time.
2. The Doer: is action-oriented and seeks to conform with agency ways of doing things. The doer may be dependent at first on the directives and close supervision of the field instructor. He/she will seek help with procedure, rules and regulations. The supervisor can assist the doer learner through directive teaching, providing a positive, supportive relationship, behavior modeling, and encouraging identification with the supervisor. The supervisor should also reinforce the student's feelings of adequacy through praise for accomplishment of assignments. This learner learns best from well-planned, structured assignments, repetitive experiences, and carefully selected cases which reinforce a sense of adequacy. A few well-defined experiences serve better than a large number of experiences.
3. The Intellectual-Empathic: This learner is characterized by initiative, self-mobilization and self-critique. This learner conceptualizes, is imaginative and readily integrates theory and practice. The role of the supervisor is to provide opportunities for a wide range of experiences in which theories and concepts may be tested by the learner. This learner responds to reading assignments for additional ideas to apply, exploration of

issues in conferences, and motivation through client need. The supervisor should assign a range of activities with multi-levels of involvement, exploration, and testing of theory and self-evaluation. Since this learner can often handle many projects at a time, the supervisor has to be alert when the intellectual-empathic learner is overloaded and becomes overwhelmed to the detriment of optimum learning.

The following chart summarizes leaning styles, their characteristics, the supervisor's role and the nature of learning activities.

C. LEARNING PATTERNS AND ROLE OF THE SUPERVISOR

Learning Style	Characteristics	Supervisor Role	Activities
Experiential-empathic	Self focused, intuitive, reflective, early feelings reactivated, fearful of confrontation, authority issues, slow start due to early anxiety	Supportive, reflective, allow ventilation of feelings in case situations, explore basis of client reaction	Learns from reflection on repetitive experiences over time
Doer	Conformer, action-oriented, early dependence upon supervisor's directives, seeks help with procedure, steady progress	Supportive, directive active teaching, provide positive relationship, reinforce feelings of adequacy through accomplishment, encourage identification	Learns from well-planned opportunities, repetitive experiences, careful case selection, concrete services reinforce sense of adequacy
Intellectual-empathetic	Initiative, self-critical, self-mobilizing, conceptualizes, imaginative, readily integrates theory and practice, anticipates	Provide opportunity to test theory before accepting it, reading assignments, explore issues, encourage motivation through client need	Learns from range of activities and levels of involvement, learns from exploring issues and theories with supervisor, testing and self-evaluation

Behavioral Modeling and Shaping. This learning approach is based upon the theoretical assumptions that people learn not just by understanding principles and concepts, but also by observing others behavior (live or on film), getting opportunities for practice, receiving feedback about one's behavior from superiors and peers, and having desired behaviors reinforced. Most students, for example, find it helpful to observe another practitioner in an assessment interview or treatment session prior to doing it alone. The field instructor assist the student in integrating these experiences by exploring: What was the best part of the interview? What was the part the student liked least or the most uncomfortable with? Why was that? What would the student do differently? Observing the student's work gives opportunity for the field instructor to offer suggestions for improvement, to role play particularly difficult learning areas, and to reinforce desired behaviors. These techniques are useful for skill-building and competency building, particularly in those areas where competency-based learning is becoming more and more the norm.

CHAPTER VII

OVERVIEW OF THE EVALUATION PROCESS IN FIELD EDUCATION

A. OVERVIEW

The process of evaluation of student performance in the field is a continuing one which is pursued consciously and actively throughout the program. This process is both informal and ongoing as well as formal and periodic.

On-going evaluation occurs through the individual conferences between the student and field instructor. Formal evaluations occur at two scheduled times during the academic year and are shared verbally and in writing with the school.

All evaluations are expected to be mutual undertakings in which both parties participate with the field instructor carrying final and major responsibility. The evaluation process is an integral part of the teaching-learning experience, and helps determine the extent of the student's progress in relation to expectations, and to plan next steps in his/her education.

Expectations for student performance are organized on the basis of continuity and sequence over the two years of the practicum. Therefore, they are progressive in nature, building on the preceding period. The rate of this progression will vary with the particular individual, but each student should achieve minimum expectations for each semester and should show sustained growth throughout the year.

Basic expectations in each of these five core areas for each of the four semesters have been delineated. Each core area contain particular objectives and behavioral measures that are used to structure the field experience and to evaluate the student's performance. A student must demonstrate an adequate performance/skill in all five areas to pass field.

The following evaluation key is used to rate the students performance.

Evaluation Key

NA - No opportunity to develop this skill in this setting as of yet/or the field instructor does not have evidence needed to make a judgment. Comments are required for each NA grade.

U - Unacceptable: Student shows little evidence of understanding the concept and/or demonstrating the skill.

B. - Beginning Skill Development: Student shows some understanding of the concept and is beginning to recognize in hindsight how it might have been applied in practice situations.

P. - Progressing in Demonstration: Student understands the concept and demonstrates the skill but performance is uneven. Needs time and practice to be more consistent.

Significant Demonstration of Skill Development: Student shows progress in an increased understanding of concepts and demonstrates the skill with greater consistency. Still needs time and practice.

C. - Consistent Demonstration of High Level of skill Development. Understands the concept and demonstrates the skill with consistency.

In the first semester, the expected levels of performance for students are levels B, P (with no more than 50% B's in any core area). In the second semester, a student is expected to perform more consistently at levels P and C (with no more than 25% B's in one core area). The expected level in third semester is B, and P, (with no more than 25% B's in any core area) and in fourth semester between levels P and S with occasional C's.

Each concentration has developed particular objectives that pertain to its own core content in each skills area. These have been integrated into the generalist instrument in third and fourth semester. Further individualization of the evaluation instrument maybe adhered through addition to the objectives in any core area by the field instructor and student, in consultation with the field liaison.

B. LEARNING AGREEMENT

The learning agreement provides each student with the opportunity to participate in the planning of his or her field education experience, clarifying expectations for the student, the field instructor, the preceptor, and the field education coordinator. A structure is thus provided for the field education experience.

In addition to its usefulness in monitoring student's progress during the academic year, the learning agreement will also be used by the student's field instructor in completing the mid-year evaluation and the final evaluation at the end of the academic year. It will also serve as a basis for the two evaluation conferences (one each semester) that the student, the field instructor, and the field education liaison will have in the agency.

The Learning Agreement addresses the five core areas found in the Evaluation Instrument and allows the student to individualize her learning agreement to a degree.

C. MID YEAR EVALUATION

The Mid Year Evaluation, which is completed in the month of December, is the first formal evaluation in field instruction. The purpose of this report is to identify and make a beginning assessment of the student's learning progress in relation to the opportunities provided in field instruction, the tasks delineated, the goals achieved and the expectations during this period. This assessment is made within the context of the basic expectations for field performance plus the special expectations of the foundation year generalist and second year concentration curricula.

The Mid Year Evaluation is tentative rather than a definitive statement about the student's performance. It provides an opportunity to share with the student areas of progress and those needing further work together as of that time. It also provides the student with an opportunity to share with his/her teacher his/her own self-evaluation and his/her reaction to the setting and the teaching. Part of the intent of this process is to strengthen the two way communication and develop a working alliance between the student and field instructor.

The Mid Year Evaluation also calls to the school's attention both the student's areas of competence as well as trouble spots suggesting the need for special attention from the field teacher and, possibly, the liaison. The timing of this evaluation is purposely designed to afford enough time to introduce remedial actions, if necessary.

The Mid Year Evaluation is discussed by the field instructor and student in a specially scheduled evaluation conferences. Responsibility for clarifying the purpose of the evaluation in advance, and

setting up the structure to carry it out, rests with the field instructor. Both parties individually prepare for the conferences by reviewing the teaching-learning experiences to date, reviewing the learning agreement, reviewing the evaluation instrument, reviewing educational recordings, conferences, notes, and any other relevant materials.

The evaluation conference should be a summation of what has gone on in weekly individual conferences and should introduce nothing new. It should focus on an assessment of the student's progress in the five core areas. This progress should be viewed within the framework of the learning experiences available in the agency. From this joint stock-taking should emerge clearer directions and plans for future work together.

The Mid Year Evaluation is written by the field instructor and is a summation of the considered judgments derived from the conference between the student and field instructor. It should also reflect the evaluation conference and should not alter their significance in any way or introduce any new material. It should also spell out the teaching-learning goals for the next period of field instruction.

If the student is working with a preceptor, the evaluation should reflect this experience as well. The field instructor is responsible for facilitating a meeting with the student, the preceptor and herself, to evaluate the student's performance. The field instructor then must incorporate this evaluation into the mid-year student evaluation.

The field instructor completes the Mid-year Evaluation Instrument provided by the school, and uses the narrative sections to clarify, elaborate and personalize the evaluation. The evaluation is accompanied by a grade sheet. The field instructor recommends a grade, however it is the liaison who actually assigns the grade.

Both field instructor and student sign the evaluation that is submitted to the school. The student's signature attests to his/her having read it; it does not necessarily signify approval. If there should be a serious or irreconcilable difference in the two points of view, the student has the option of writing an addendum that should be shared with the field instructor, just as the field instructor shared the evaluation with the student. Both should be submitted to the school, and both filed in the student's record. The evaluation is reviewed by the liaison and filed in the student's record. Special attention is paid to those students with problems indicating the need for some additional or different kind of help. The liaison will use his/her judgment as to how and whether to become involved; whether to meet with the field instructor, with the student, with both or with neither. He/she will, however, be alerted. The student receives a copy of the written evaluation.

D. MID YEAR TELEPHONE CONFERENCE

The mid-year conference occurs in late January or February. This process provides an opportunity to review the experience in the second phase of learning and to delineate plans and goals for the remaining time in field placement. It follows the revision of the learning agreement by the student in January.

The purpose, preparation, focus and content of this evaluation conference are essentially the same as those of the Progress Report. Again, learning achievements needs to be documented in relation to expectations. The foundation year student should have achieved not only the expectations of the first semester, but should be on the way to achieving the expectations of the second semester, or the foundation year. The concentration year student should have achieved not only the expectations of the third semester, but should be on the way to achieving the expectations of the fourth semester which coincides with the awarding of the MSW degree and entry into Social Work practice.

This evaluation is not written into a formal report to be forwarded to the school. It is a verbal assessment and planning conference. The content of the mid-year evaluation is shared with the school through telephone discussions with the liaison. If new or continuing concerns are identified at this time, the liaison may intervene more directly through conferences with the field instructor and/or student.

E. FINAL EVALUATION

The final evaluation conference is scheduled between February and April before the termination of field placement. This conference is an important dynamic in ending the year, and concluding a significant learning-teaching cycle. The student and field instructor review and summarize the experience of the entire year, affirming what knowledge, values and practice skills have been achieved and what level of practice has been attained. For the foundation year student, this enables him to pinpoint the experiences he requires in the concentration year field placement to achieve his objective and to complete school educational requirements. For the concentration year student, this evaluation should help him integrate his total learning, and project his continuing needs for professional growth as he/she enters Social Work practice.

The evaluation conference itself follows the same process as previous formal evaluation conferences. The difference is that this is a review of the field experience of the entire academic year, and constitutes a more comprehensive and definitive assessment of the student's performance.

The written report follows a designated format and includes two parts:

1. A grade sheet.
2. A comprehensive skills evaluation and narrative summary that reflects the shared content of the final evaluation conference. This evaluation covers the same five areas included in the Mid Year Evaluation. In addition, for foundation year students, the narrative summary should include experiences needed by the student in the concentration year of study.

Again, the evaluation document is signed by the field instructor and student; the student receives his own copy; the original is sent to the school to be included in the student's academic file.

For foundation year students, this final evaluation assists in the decision about the field placement assignment for the concentration year. A copy of this evaluation is forwarded to the new concentration year field instructor to aid in early educational planning. For concentration year students, this final evaluation acts as a guide in career planning and professional development.

You can access our evaluations at: <http://sowkweb.usc.edu/academic/fieldforms.html>

CHAPTER VIII

SPECIAL SITUATIONS IN FIELD INSTRUCTION

Academic Progress Evaluation and Review Policy

A. The USC Catalogue cites the following:

Academic Warning and Dismissal of Graduate Students

Faculty advisors and departments take factors other than satisfactory grades and adequate GPAs into consideration in determining a student's qualifications for an advanced degree. A student's overall academic performance, specific skills and aptitudes, and faculty evaluations will be considered in departmental decisions regarding a student's continuation in a master's or doctoral degree program.

Satisfactory progress toward an advanced degree as determined by the faculty is required at all times. Students who fail to make satisfactory progress will be informed by their department or committee chair or school dean. The faculty has the right to recommend at any time after written warning that a student be dismissed from a graduate program for academic reasons or that a student be denied readmission. Procedures on disputed academic evaluations are described in SCampus.

The graduates of the University of Southern California School of Social Work must enter the profession meeting the highest professional and academic standards. As such, the School bears a responsibility to ensure that students meet the standards for acceptable professional and academic performance.

As defined by the School of Social Work, five areas comprise satisfactory professional and academic progress:

- Abiding by the USC Student Conduct Code,
- Abiding by the USC policies regarding academic integrity,
- Maintaining an acceptable cumulative grade point average,
- Acting in accordance with professional ethics, and
- Mastering professional competencies.

Violations of the Student Conduct Code and policies regarding academic integrity are governed by policies outlined in the University SCampus Student Guidebook under University Governance, Academic Policies. A student's ability to maintain an acceptable cumulative grade point average, act in accordance with professional ethics (in accordance with the National Association of Social Workers' Code of Ethics), and master professional competencies is initially governed by the School's procedures for review. Students wishing to appeal must follow procedures in the USC Graduate School in accordance with SCampus Student Guidebook under University Governance, Academic Policies.

Satisfactory professional and academic progress is monitored by the School for all students each semester. A Foundation Year Review is conducted on all students at the completion of Foundation Year courses (including field instruction) to ascertain satisfactory Foundation Year performance. Students are determined to have made satisfactory professional and academic progress at the end of the Foundation Year if:

- 1) They have attained an overall GPA-3.0 or better;" and

2) They have met foundation year competencies in field as indicated by the Final Foundation Year Field Evaluation. Students with satisfactory field performances have performed at least a level B (Beginning Skill Level Development) on all behavior measures, and above a B level on at least 75% of the behavioral measures in any one of the core areas.

3) They have acted in accordance with Professional Ethics including compliance with the NASW Code of Ethics as indicated by the Final Foundation Year Field Evaluation and classroom requirements.

Students who do not meet satisfactory professional or academic performance requirements at the end of Foundation Year are notified and are subject to the School's Student Review Process. These students will receive a letter scheduling them for a Level III review. The goal of the level III review is to remediate any deficits no later than the end of the first semester of the Concentration Year.

B. Student Review Process

To ensure the integrity of the academic process, every effort shall be made to ensure a fair, just and expeditious review process. This document represents the official professional and academic review process for the School of Social Work.

The Review Process can be initiated by a faculty member regarding grades in a course; field work evaluation; project, examination or other assignment. The Assistant Dean of Field Instruction or the Assistant Dean of Student Affairs can initiate a review in cases when a student has not met satisfactory professional or academic performance requirements. Several levels of review are initiated based on the type and severity of the student issue. Very serious breaches of professional standards including violations of the NASW Code of Ethics are subject to an immediate Level III review and may be grounds for immediate dismissal from the program.

In cases when a student review and/or appeal will be convened, the School of Social Work has charged the Office of Student Affairs to inform students in advance of their rights and responsibilities, and provide information and clarification on the professional and academic review process.

Types of Review:

Level I: If a problem is identified with student grades, professional ethics, and/ or professional competencies, the individual academic faculty or field instructor will meet with the student.

Level II: If the problem with student grades, professional ethics, and/ or professional competencies persists, the individual academic faculty or field instructor and the academic advisor or field liaison will meet with the student.

Level III: If the problem with student grades, professional ethics, professional competencies is still not resolved, the Assistant Dean of Field Instruction (in cases related to fieldwork), or the Assistant Dean for Student Affairs (in cases related to coursework) and the advisor will meet with the student.

Level III reviews are also held when students do not meet satisfactory professional or academic performance requirements at the end of Foundation Year and will include both the Assistant Dean of Field Instruction and the Assistant Dean for Student Affairs.

After a Level III review, the student will receive a written warning from the Assistant Dean of Student Affairs or Field Instruction, whichever is appropriate, (with a copy to the faculty advisor, and a copy to the student's file) that failure to make satisfactory academic progress could result in dismissal from the graduate program for academic reasons. This written warning will include the School's expectations on the length of time by which improvement must be made and the specifics of academic outcomes to be expected.

Students who have been identified during the Foundation Year Review as not meeting satisfactory professional or academic performance will receive a written warning after their Level III Review. In these cases the expectations for improved performance must be met no later than the end of the first semester of the Concentration Year.

C. Students Appeals Process

In compliance with the academic policies outlined in the University SCampus Student Guidebook under University Governance, Academic Policies, the School of Social Work has two levels of appeal for disputed evaluation after the instructor: 1) Dean and 2) Office of the Provost. In the School of Social Work, appeals to the Dean will be handled by the Dean's Student Appeals Panel.

D. Dean's Student Appeals Panel

Students wishing to appeal to the Dean's Student Appeals Panel must submit to the Assistant Dean for Student Affairs a detailed narrative explaining the reason(s) for the appeal. The student should also outline the outcome/resolution that he or she is seeking.

The Student Appeals Panel is chaired by the Dean or the Dean's designee, normally the Associate Dean for Academic and Student Affairs. This appeals panel shall hold a hearing. Only panel members will participate in deliberations. The Panel will consist of two faculty members of the School of Social Work, who have been uninvolved in the review process; a faculty member from another academic unit; a student representative; and a faculty member of the student's choice. In addition, the Assistant Dean for Student Affairs and the Assistant Dean for Field instruction should attend.

A written decision will be sent to the student after the Dean's Student Appeals Panel decision. Normally the decision should be sent to the student within approximately fifteen (15) days after the hearing. This time may be extended if necessary. The student should be informed in writing if the decision is delayed. Members of the Appeal Panel shall not discuss the case with persons who are not members of the panel.

E. Student Appeal to the Graduate School

If the student is dissatisfied with the decision of the Student Appeal Panel SCampus specifies that the student may then appeal to the Office of the Provost for Academic Year 2006-2007. That appeal should be sent to the Associate Vice Provost for Graduate Programs in the Graduate School.

F. Strike Policy

The Field Education Department's policy regarding student field placements and strikes/work actions is based on principles of educational integrity, and focuses on how educational expectations, goals and objectives can be met and maintained. The interest of the students educational experience rather than the merits of any given strike or work action are of primary consideration. It is the Department's belief that a strike bound agency is not able to provide a climate conducive to a sound educational experience.

If an agency is in a bona fide strike situation prior to the beginning of the field work placement period, no students will be placed for field work in that agency for that academic year. If the agency reaches resolution of the strike situation at some point during the academic year, the agency may be used for a mid-year placement depending on re-assessment of the agency and its ability to meet the learning and educational expectations of the department. This assessment will be completed by one of the field faculty.

If a strike or work action situation occurs in an agency where students are in placement during the course of the academic year. These options may be considered:

1. The student may request not to remain in the placement agency during the period of the strike or work action. The student will be supported in this decision by the department, and will suffer no academic consequences. The field hours missed during the strike period will need to be made up by the student during the regular semester, break periods, or in an extended placement through May/June of the academic year. A plan for missed hours make up will be developed by the student's field faculty liaison in consultation with the Assistant Dean for Field Education, the student and the field instructor.
2. The student may request to remain in the placement setting during the period of strike or work action. This option will be available **only** when the Department can be sure that the educational integrity of the field work placement can be maintained. This means that the supervisory requirements, caseload requirements and other expectations of field work can be consistently met by the agency during the strike or work action period and that there is no danger to the student. Students wishing to remain in the agency must discuss this plan with the field faculty liaison who will verify the agency's ability to provide appropriate supervision and educational experiences. The student will be supported in this decision, and will suffer no academic consequences.

If a strike or work action continues beyond a three week period, a reassessment of the ability of the agency to provide the appropriate supervision and educational experiences will be made by the Field Faculty Liaison. If the agency is found not able to meet the educational requirements of the field department, the student may be relocated to another agency site until the strike or work action have been resolved, and/or until the agency is able to provide the appropriate educational activities; or the student may be replaced.

It is expected that field seminars will devote time and attention to issues around strikes, work actions, and the subsequent professional dilemmas surrounding these situations. In all cases, it is the responsibility of the field department to meet with students who are confronted with a potential or actual strike situation in order to assist the student in developing a clear understanding of the relevant issues in regard to the strike, and an understanding of the implications of the strike for the student's field education experience. Issues around responsibility to clients during strike situations will also be discussed in field seminars or in special departmental meetings with students.

CHAPTER IX

PROCESS RECORDINGS

A minimum of one written process recording per week is required from every student in field. The Field Instructor and/or Field Liaison may require additional recordings any time during the course of field placement. Recordings made from audio and/or videotapes may be included as part of the student's required process recording. It is expected that students will start writing process recordings the second week of placement. **If a student does not have an assigned client by the second week, it is expected that he/she will do a process recording from an observation of a client session.** Students are expected to keep a folder that is current with all their process recordings, the field liaison may ask to review these recordings at any time. **In order to pass field students must have a minimum of 80% of the process recordings required.** Fall semester requires is a minimum of (12) recordings completed and Spring semester is a minimum of (11) recordings completed throughout the semester.

Recording is a written description of dynamic interaction that has taken place in the interview – an analysis of observations and reactions.

A. Value of Written Recordings

1. Gives reality to concepts which might otherwise seem academic -- i.e. resistance, denial, depression.
2. Requires that you rethink each interview consciously. This provides a direction and structural framework for the supervisory conference.
3. Your supervisor can more quickly assess progress as well as difficulties.
4. In writing you bring together your thinking and doing. You can stand back and look at (and process) what has happened i.e. clues given and missed, response of client to your method, etc.
5. Recording is a mirror for self awareness provides a picture of your self as a worker.

B. Principles of Learning from Recordings

1. The student should learn something from every recording.
2. It should be case learning, not case review.
3. Learning should be pro-active, not merely re-active.
4. Learning should deal with themes and patterns rather than specific isolated points.
5. Learning should be selective and focused.
6. Learning should occur in both the particular and general levels.
7. Learning should be progressive and sequential.
8. Learning should be geared to strengths as well as problems.
9. The student should be an active participant in the education process.
10. Learning should employ a range of methodologies.

Students are asked to identify feelings in their recordings. The following vocabulary of feelings is designed to help students in this process.

The Vocabulary of Feelings

LEVELS OF INTENSITY	HAPPY	CARING	DEPRESSED	INADEQUATE	FEARFUL	CONFUSED	HURT	ANGRY	LONELY	GUILT-SHAME
STRONG	thrilled	tenderness	desolate	worthless	terrified	bewildered	crushed	furious	isolated	unforgiving
	on cloud nine	toward	dejected	good for nothing	frightened	puzzled	destroyed	enraged	abandoned	humiliate
	ecstatic	affection for	hopeless	washed up	intimidated	baffled	ruined	seething	all along	disgraced
	overjoyed	captivated by	alienated	powerless	horrified	perplexed	degraded	outraged	forsaken	horrible
	excited	attached to	depressed	helpless	desperate	trapped	pain(ed)	infuriated	cut off	mortified
	elated	devoted to	gloomy	impotent	panicky	confounded	wounded	burned up		exposed
	sensational	adoration	dismal	crippled	terror-stricken	in a dilemma	devastated	pissed off		
	exhilarated	loving	bleak	inferior	stage fright	befuddled	tortured	fighting		
	fantastic	infatuated	in despair	emasculated	dread	in a quandary	disgraced	mad		
	terrific	enamored	empty	useless	vulnerable	full of questions	humiliated	nauseated		
	on top of the world	cherish	barren	finished	paralyzed	confused	anguished	violent		
	turned on	idolize	grieved	like a failure			at the mercy of	indignant		
	euphoric	worship	grief				cast off	hatred		
	enthusiastic		despair				forsaken	bitter		
	delighted		grim				rejected	galled		
	marvelous						discarded	vengeful		
	great							hateful		
MODERATE	cheerful	caring	distressed	inadequate	afraid	mixed-up	hurt	resentful	lonely	ashamed
	light-hearted	fond of	upset	whipped	scared	disorganized	belittled	irritate	alienated	guilty
	happy	respectful	downcast	defeated	fearful	foggy	shot down	hostile	estranged	remorseful
	serene	admiration	sorrowful	incompetent	apprehensive	troubled	overlooked	annoyed	remote	crummy
	wonderful	concern for	demoralized	inept	jumpy	adrift	abused	upset with	alone	to blame
	up	hold dear	discouraged	overwhelmed	shaky	lost	depreciated	agitated	apart from others	lost face
	aglow	pride	miserable	ineffective	threatened	at loose ends	criticized	mad	isolated from others	demeaned
	glowing	taken with	pessimistic	lacking	distrustful	going around in circles	defamed	aggravated		
	in high spirits	turned on	tearful	deficient	risky	disconcerted	censured	offended		
	jovial	trust	weepy	unable	alarmed	frustrated	discredited	antagonistic		
	riding high	close	rotten	incapable	butterflies	flustered	disparaged	exasperated		
	elevated		awful	small	awkward	in a blind	laughed at	belligerent		
	rest		horrible	insignificant	defensive	ambivalent	maligned	mean		
			terrible	like		disturbed	mistreated	vexed		
			blue	unfit		helpless	ridiculed	spiteful		
			lost	unimportant		embroiled	devaluated	vindictive		
			melancholy	incomplete			scorned			
			no good			mucked				
			immobilized			scoffed at				
						used				
						exploited				
						slammed				
						slandered				
						impugned				

STRUCTURE FOR RECORDINGS

1. Purpose of Session:
Statement of the purpose that is concise, clear and specific in relation to the actual session.
 - a) relatedness between this session, and the previous session(s); and
 - b) relate purpose to the particular function of the agency, and the client's capacity and motivation to utilize the services.
2. Content:
 - a) using the process recording outline form (next page), record one significant exchange in the beginning, in the middle, and at the end of the interview.
3. Impression/Assessment:
Your impressions starting with facts about expanding into a theoretical context.
 - a) what did you observe throughout the session -- behavior and affect;
 - b) was the behavior/affect appropriate, explain;
 - c) how does this behavior/affect fit with what you know about the client's past behavior/affect and
 - d) identify the major themes/issues that emerged.
4. Identify the Major Themes/Issues that Emerged:
 - a) patterns observed in client;
 - b) theoretical/practice connections you notice; and
 - c) defense mechanisms observed in client.
5. Interventions:
 - a) choose two significant interventions;
 - b) what was your impression of your effectiveness;
 - c) describe any areas of concern or discomfort raised for you during this particular intervention; and
 - d) what would you change, if anything.
6. Professional Use of Self:
Describe your role in the session, paying particular attention to:
 - a) your body language;
 - b) your feelings/values (did they help or hinder the process); and
 - c) how did you handle/deal with your own feelings.
7. Plan:
 - a) brief statement of your plans for next session; and
 - b) long range goals that you perceive are relevant for this client.
8. Issues, Questions or Problems:
 - a) indicate areas you want to discuss/explore in supervision; and
 - b) include value dilemmas, counter-transference issues, diversity issues.

Process Recording Outline

The following paragraphs provide an explanation of each item that appears in section II of the process recording outline.

INTERVIEW CONTENT: Record in this section, using a dialogue format, significant ongoing exchanges that you thought were important in your interaction with the client(s).

DESCRIBE CLIENTS FEELINGS/AFFECT: Record how you perceived the client(s) was feeling moment-to-moment as the activity or verbal interchange was taking place.

DESCRIBE YOUR GUT LEVEL FEELINGS: Record how you were feeling as the activity or verbal interchange was taking place. Do not use this column to analyze the client's reactions -use it to identify and look at your feelings. Be as open and honest as you can and don't worry about having to use any special professional language-tell it as you feel it.

WHAT INTERVIEWING SKILLS DID YOU USE DURING THIS INTERACTION: Label the interviewing skills you used in your interaction with the client(s) (e.g. exploration, summarization, clarification, etc...). See the Wisconsin Guide Section III in your field manual as a reference.

SUPERVISORY COMMENTS: The supervisor will use this section to provide written commentary and feedback on your interactions with the client(s) in order to help you move towards greater proficiency in your knowledge, skills, and planning.

III. IMPRESSIONS/ASSESSMENT:

A. Identify presenting issues. Include clients' cognitions (basic beliefs about self, others, and the world), and the impact those had on you.

B. Describe the clients' affect and behaviors and what effect they had on you. _____

C. Identify any recurring themes and patterns if applicable. _____

D. What cultural factors were you aware of during the interaction? How did these factors influence the session? _____

IV. INTERVENTIONS:

A. Describe how at least one of your interventions was effective/not effective to the needs of the client(s). _____

B. What would you change and why? _____

V. PROFESSIONAL USE OF SELF:

A. How did you use your own body language, space, and voice? _____

B. Describe your own feelings and how they impacted the interview process and client(s). _____

VI. Issues, Questions, or Problems: List questions for supervisory discussion.

VII. Plan (complete in supervision): Make plans with supervisor regarding future contact(s) and intervention(s) with client(s).

III. IMPRESSIONS/ASSESSMENT:

- A. How did the client present appearance, behavior and affect? _____

- B. What did you observe throughout the session, recurring issues, themes, behavior, affect? _____

- C. Was the clients behavior and affect appropriate? _____

- D. How does the client's behavior and affect observed in this session fit with their previous behavior and affect? _____

IV. INTERVENTIONS: (choose two interventions you made that you felt were significant and that you would like to discuss)

- A. Identify/describe: _____

- B. What was your impression of their effectiveness; and why? _____

- C. What would you change and why? _____

V. PROFESSIONAL USE OF SELF:

A. How did you observe and use body language, space/voice? _____

B. What was your own feelings: _____

C. Examine your own feelings, how aware were you of them during the session; how did you deal with these feelings, and how did they impact your work with your client? _____

VI. PLAN: Brief statement of your plans for the next session, identify short term and long term goals that you and your client have developed.

VII. ISSUES QUESTIONS OR PROBLEMS: Identify at least two areas to explore in supervision. These may include diversity, value dilemmas, counter-transfer, questions regarding alternative interventions, strategies etc. _____

Process Recording for Groups

- I. Identify Data:
 - Student Name:
 - Group Name:
 - Date:
 - Time:
 - Place:
 - Session Number:

- II. Group Members Present:
 - Code/ID:
 - Age:
 - Gender:
 - Ethnicity:
 - Reason for being in group:
 - Group members absent & why?

- III. Are you the leader or co-leader?

- VI. Describe purpose of group session and any planned activities.

- V. Group As a Whole:
How did the group session start? Describe significant events, occurrences, behaviors, changes or shifts during the session. How did the group session end? Summarize the content of this session.

- VI. Group Themes:
What patterns kept repeating in different ways?

- VII. Emotional Tone of the Group:
Describe the positive and negative responses to the group process, quality of affect of group members.

- VIII. Interventions of Worker:
Describe two interventions you made and why?

- IX. Analysis and Assessment:
How would you evaluate the group at this point? What changes have you observed in the group? Consider objectives, norms, functions, controls, rewards, needs, defense, communication, phases of development.

- X. Summary of Individual Participation:
List the participants and briefly summarize their individual contributions and changes in this session. Consider the individual's goals.

- XI. Summary and Future Plans:
Summarize the inter-relatedness of this and previous sessions. What needs to be considered for the next session?

This form can be used as an alternate of supplemental recording instrument.

PRACTITIONER SELF-ASSESSMENT FORM

1. How long did the interview last? _____

2. Do you feel the interview was:

A. Too short

B. Too long

C. Just about right

If you checked A or B, explain what factors contributed to the interview being too short or too long. Who contributed most to this? What could have been done to overcome this?

3. Did the interview have a focus? Yes No

If yes, what was the focus? _____

If no, what prevented a focus being developed? What could have been done to focus the interview more? _____

4. Do you feel the client or patient got what he, she, or they came for?

Yes No

If yes, what did he, or she, or they get? _____

If no, what prevented them getting what they came for? _____

5. Did the interview have a flow or interaction or continuity?

Yes No

If yes, generally describe this flow and how it was achieved.

If no, what prevented flow and continuity? _____

6. Describe generally how you felt *prior* to the interview. _____

7. Describe generally how you felt *during* the interview. _____

8. Describe generally how you felt *after* the interview. _____

9. Describe your behaviors during the interview you felt good about. _____

10. Describe *patient* behaviors during the interview you felt good about.

11. Describe your behavior during the interview you felt bad about.

12. Describe patient behaviors during the interview you felt bad about.

13. Are there any gestures or behaviors on your part that you are aware of that detracted from the communication process? _____
14. Are there any gestures or behaviors on the part of the patient(s) that you are aware of that detracted from the communication process? _____
15. Are there any gestures or behaviors on the part of the patient(s) that you are aware of that enhanced the communication process? _____
16. Are there any gestures or behaviors on the part of the patient(s) that you are aware of that enhanced the communication process? _____
17. Are there any problems associated with this interview you would like help with?

18. Now that you have had time to think about it, what would you have done differently in this interview if you could do it over? _____
19. Based on what you know now, what are your plans for the next interview?

EDUCATIONALLY BASED MEETING RECORDING

Name: _____

Field Instructor: _____

Agency: _____

Name of Group that is meeting: _____

Purpose of meeting
Please attach an Agenda

A. Expectations prior to the meeting

1. What are the goals (stated and unstated) of the meeting? How were they derived?
2. Do you expect that these goals will be met?
3. What role do you expect to play during the meeting?

B. Meeting description and dynamics

1. Describe the role of the Chairperson(s).
2. Briefly describe the main topics discussed.
3. What decisions were made or actions taken during the meeting?
4. What future plans were made?
5. a) How did the meeting close?
b) Did the meeting end on time? Yes No
c) Duration of meeting: _____

C. Analysis

1. Describe the decision making process of the group.
2. Evaluate the leadership roles and styles in the group.
3. Describe the patterns of interaction (e.g., was communication open? were cliques formed? what was the general atmosphere?)
4. Were the goals you listed in Part A. No. 1 met? If they were not, why were they not met?
5. Did you play the role you expected to play? If you did not, explain further.

Discussion

Correctional Facilities

It has been frequently said that prisons and jails have become the new mental institutions of our times. According to the CDCR, the number of inmates with severe mental illness is increasing, and as of 2006 is estimated to be at 20%.¹ In juvenile facilities, the number is approximately 13%.² There is an estimated 80% recidivism rate for prisoners with severe mental illness.

Being imprisoned has a big impact on mental health, especially considering that California's jails and prisons are severely overcrowded. With the state budget situation, cuts to CDCR are certain but may not severely impact mental health services due to the California Prison Health Care Receivership. The Receivership was established by U.S. District Court Judge Thelton E. Henderson as the result of a 2001 class action law suit (*Plata v. Schwarzenegger*) regarding the quality of medical (including mental health) care in the prison system. The court found that the care was in violation of the U.S. Constitution, which forbids cruel and unusual punishment of the incarcerated.

The state agreed to a range of remedies, though later failed to comply with the court's direction. This led to Judge Henderson deciding in June 2005 to establish the Receivership. That ground breaking arrangement strips the state of its authority to manage medical care operations in the prison system, and hands that responsibility over to the Receiver. The Receiver's plan includes the creation of new mental health beds within the prison system.

Medical Facilities

Social workers have played an important role by providing services in hospitals since the early 1900's. However, with California's aging population, the growing evidence that mental health and physical health are closely tied, the growing complexity of the U.S. health care system and financing, clinical social workers are increasingly fulfilling a critical role. Clinical social workers often work as part of a multidisciplinary team in all types of medical facilities and generally assist patients, families and caregivers to cope with the social and emotional issues related to the patient's health. They also perform assessment and provide counseling, patient education, discharge planning, continuity of care and advocacy.

Schools

It is estimated that 12% to 22% of youth under age 18 need services for mental, emotional or behavioral problems.³ Psychosocial and mental health issues can greatly impact learning and academic achievement. The focus for a clinical social worker in a school setting is to support students' academic achievement by providing mental health care and to access resources for the student and family. There has been increasing focus on student mental health especially in the wake of incidences of school violence, the growing high school dropout rate and other issues. Most schools now have some programs to address a range of mental health and psychosocial concerns and many include a focus on prevention and early intervention.

Jobs in the educational system often require clinical social workers to obtain a "pupil personnel services" credential, which authorizes the holder to perform the following functions:

- Identify and provide intervention strategies for children and their families, including counseling, case management, and crisis intervention
- Consult with teachers, administrators, and other school staff regarding social and emotional needs of students
- Coordinate family, school, and community resources on behalf of students

¹ Incarcerated Mentally Ill: A Growing Issue In California (CDCR)

² Mental Health Items (Corrections Standards Authority, CDCR)

³ Frequently Asked Questions About Mental Health in Schools (Center for Mental Health in Schools, UCLA)

Attachments

Correctional Facilities

1. Mental Health in Prisons, Information Sheet (World Health Organization)
2. Forensic Social Work (by James Andrews in *The Pennsylvania Social Worker*)
3. Examination Announcement, Clinical Social Worker, Correctional Facility (Department of Corrections and Rehabilitation)
4. Job Description, Supervising Psychiatric Social Worker (Department of Corrections and Rehabilitation)
5. Job Description, Licensed Clinical Social Worker (American Correctional Solutions)

Medical Facilities

1. NASW Standards for Social Work Practice in Health Care Settings (NASW, 2005)
2. Social Workers — Vital to Multidisciplinary Hospital Teams (Social Work Today, 2004)
3. A Model for Social Work in the Health Care Setting (New York-Presbyterian New York Weill Cornell Center)
4. The Role of Social Workers in Hospice and Palliative Care (NASW)
5. Job Description, Medical Social Worker (City and County of San Francisco)
6. Job Description, Medical Social Worker (Woodland Healthcare)
7. Job Description, Medical Social Worker (Kaiser)

Schools

1. About Mental Health in Schools (Center for Mental Health in Schools, 2007)
2. Frequently Asked Questions About Mental Health in Schools (Center for Mental Health in Schools)
3. Executive Summary: School Mental Health Services in the United States, 2002–2003 (Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005)
4. Pupil Personnel Services Credential (California Commission on Teacher Credentialing)
5. Certificated Job Description, School Social Worker (California Association of School Social Workers)
6. Job Description, School Social Worker (Sacramento County Office of Education)
7. Job Description, School Social Worker (Vista Unified School District)

Other Resources:

General

National Association of Social Workers
www.nasw.org and www.helpstartshere.org

Correctional Facilities

California Department of Corrections and Rehabilitation

www.cdcr.ca.gov

California Prison Health Care Services

<http://www.cprinc.org/faq.aspx>

Council on Mentally Ill Offenders

<http://www.cdcr.ca.gov/COMIO/index.html>

National Commission on Correctional Health Care

<http://www.ncchc.org/>

National Institute of Corrections

<http://www.nicic.org/>

National Organization of Forensic Social Work

<http://www.nofsw.org/>

Medical Facilities

Association of Oncology Social Workers

<http://www.aosw.org/>

National Center for Gerontological Social Work Education

<http://depts.washington.edu/geroctr/About1/about.html>

Society for Social Work Leadership in Health Care

<http://www.sswlhc.org/index.php>

Schools

California Association of School Social Workers

<http://www.naswca.org/displaycommon.cfm?an=1&subarticlenbr=41>

School Social Work Association of America

<http://www.sswaa.org/>

UCLA School Mental Health Project

<http://smhp.psych.ucla.edu/>

INFORMATION SHEET

MENTAL HEALTH AND PRISONS¹

THE CHALLENGE

Mental disorders occur at high rates in all countries of the world. An estimated 450 million people world wide suffer from mental or behavioural disorders². These disorders are especially prevalent in prison populations³. The disproportionately high rate of mental disorders in prisons is related to several factors: the widespread misconception that all people with mental disorders are a danger to the public; the general intolerance of many societies to difficult or disturbing behaviour; the failure to promote treatment, care and rehabilitation, and, above all, the lack of, or poor access to, mental health services in many countries. Many of these disorders may be present before admission to prison, and may be further exacerbated by the stress of imprisonment. However, mental disorders may also develop during imprisonment itself as a consequence of prevailing conditions and also possibly due to torture or other human rights violations.

Prisons are bad for mental health: There are factors in many prisons that have negative effects on mental health, including: overcrowding, various forms of violence, enforced solitude or conversely, lack of privacy, lack of meaningful activity, isolation from social networks, insecurity about future prospects (work, relationships, etc), and inadequate health services, especially mental health services, in prisons. The increased risk of suicide in prisons (often related to depression) is, unfortunately, one common manifestation of the cumulative effects of these factors.

Prisons are sometimes used as dumping grounds for people with mental disorders: In some countries, people with severe mental disorders are inappropriately locked up in prisons simply because of the lack of mental health services. People with substance abuse disorders or people who, at least in part due to a mental disorder, have committed minor offences are often sent to prison rather than treated for their disorder. These disorders therefore continue to go unnoticed, undiagnosed and untreated.

¹ For simplicity, the terms 'Prison' and 'Prisoner' are used in this Information Sheet, but should be taken as applying to all persons detained, incarcerated or imprisoned in a facility on the basis of, or allegation of, a criminal offence, whether the facility is called a prison, jail, detention center or otherwise.

² World Health Report 2001: Mental Health: New Understanding, New Hope. Geneva, World Health Organization.

³ See Brinded PM et al. Prevalence of psychiatric disorders in New Zealand prisons: a national study. *Australia and New Zealand Journal of Psychiatry*. 2001;35:166-73. Brugha T et al. Psychosis in the community and in prisons: a report from the British National Survey of psychiatric morbidity. *American Journal of Psychiatry*. 2005;162:774-80. Holley HL, Arboleda-Flórez J, Love E. Lifetime prevalence of prior suicide attempts in a remanded population and relationship to current mental illness. *International journal of offender therapy and comparative criminology*, 1995, 39(3): 190-209.

People with mental disorders are exposed to stigma and discrimination: Within most societies, people with mental disorders face marginalisation, stigma and discrimination in the social, economic and health spheres, due to widespread misconceptions related to mental disorders. This stigma and discrimination usually persists in prison, with the person often facing still further marginalisation and isolation due to imprisonment.

Effective treatment is possible but too often the available resources are wasted: There are many effective treatments for mental disorders, but often the limited available resources are wasted in ineffective, expensive interventions and services that only reach a small proportion of those in need. The building of separate psychiatric prison hospitals in particular is not cost-effective, because they are very expensive to run, they have a limited capacity, are associated with low release rates, and they often leave the individual with a severe and persistent stigma. Many operate outside of the health departments responsible for controlling the quality of health interventions. Furthermore, there is no evidence that these expensive hospitals improve treatment outcomes. Rather, these hospitals can put prisoners at risk of human rights violations.

THE BENEFITS OF RESPONDING TO MENTAL HEALTH ISSUES IN PRISONS

For prisoners.... Addressing mental health needs will improve the health and quality of life of both prisoners with mental disorders and of the prison population as a whole. By promoting a greater understanding of the problems faced by those with mental disorders, stigma and discrimination can be reduced. Ultimately, addressing the needs of people with mental disorders improves the probability that upon leaving prison they will be able to adjust to community life, which may, in turn, reduce the likelihood that they will return to prison

For prison employees.... Prisons are often difficult and demanding working environments for all levels of staff. The presence of prisoners with unrecognised and untreated mental disorders can further complicate and negatively affect the prison environment, and place even greater demands upon the staff. A prison that is responsive to, and promotes the mental health of prisoners, is more likely to be a workplace that promotes the overall morale and mental health of prison staff and should therefore be one of the central objectives of good prison management..

For the community... Prison health cannot be addressed in isolation from the health of the general population since there is a constant inter-change between the prison and the broader community, be it through the guards, the administration, the health professionals and the constant admission and release of prisoners. Prison health must therefore be seen as a part of public health. Addressing the mental health needs of prisoners can decrease incidents of re-offending, reduce the number of people who return to prison, help divert people with mental disorders away from prison into treatment and rehabilitation and ultimately reduce the high costs of prisons.

WHAT CAN BE DONE?

The detection, prevention and proper treatment of mental disorders, together with the promotion of good mental health, should be both a part of the public health goals within prison, and central to good prison management. Even in countries with limited resources, steps can be taken that will improve the mental health of prisoners and prison staff, and these steps can be adapted to the cultural, social, political and economic context within that country.

Divert people with mental disorders towards the mental health system: Prisons are the wrong place for many people in need of mental health treatment, since the criminal justice system emphasizes deterrence and punishment rather than treatment and care. Legislation can be introduced which allows for the transfer of prisoners to general hospital psychiatric facilities at all stages of the criminal proceedings (arrest, prosecution, trial, imprisonment). For people with mental disorders who have been charged with committing minor offences, the introduction of mechanisms to divert them towards mental health services before they reach prison will help to ensure that they receive the treatment they need and also contribute to reducing the prison population. The imprisonment of people with mental disorders due to lack of public mental health service alternatives should be strictly prohibited by law.

Provide prisoners with access to appropriate mental health treatment and care: Access to assessment, treatment, and (when necessary) referral of people with mental disorders, including substance abuse, should be an integral part of general health services available to all prisoners. The health services provided to prisoners should, as a minimum, be of an equivalent level to those in the community. This may be achieved by providing mental health training to prison health workers, establishing regular visits of a community mental health team to prisons, or enabling prisoners to access health services outside the prison setting. Those requiring more specialist care for example, can be referred to specialist mental health providers where in-patient assessment and treatment can be provided. Primary health care providers in prisons should be provided with basic training in the recognition and basic management of common mental health disorders.

Provide access to acute mental health care in psychiatric wards of general hospitals: When prisoners require acute care they should be temporarily transferred to psychiatric wards of general hospitals with appropriate security levels. In accordance with the principles of de-institutionalisation, special psychiatric prison hospitals are strongly discouraged (see above under 'The Challenge').

Ensure the availability of psychosocial support and rationally prescribed psychotropic medication: Prisoners – through appropriately trained health care providers - should have the same access to psychotropic medication and psychosocial support for the treatment of mental disorders as people in the general community.

Provide training to staff: Training on mental health issues should be provided to all people involved in prisons including prison administrators, prison guards and health workers. Training should enhance staff understanding of mental disorders, raise awareness on human rights, challenge stigmatizing attitudes and encourage mental health promotion for both staff and prisoners. An important element of training for all levels of prison staff should be the recognition and prevention of suicides. In addition, prison health workers need to have more specialized skills in identifying and managing mental disorders.

Provide information/education to prisoners and their families on mental health issues: Prisoners and their families should receive information and education on the nature of mental disorders, with a view to reducing stigma and discrimination, preventing mental disorders and promoting mental health. Information can help prisoners and their families better understand their emotional responses to imprisonment and provide practical strategies on how to minimize the negative effects on their mental health and inform them as to when and how to seek help for a mental disorder.

Promote high standards in prison management: The mental health of all prisoners, including those with mental disorders, will be enhanced by appropriate prison management that promotes and protects human rights. Attention to areas such as sanitation, food, meaningful occupation, physical activity, prevention of discrimination and violence, and promotion of social networks are essential.

Ensure that the needs of prisoners are included in national mental health policies and plans: National mental health policies and/or plans should encompass the mental health needs of the prison population. Where policies and plans fail to do so it may be necessary to advocate for their inclusion. Whenever a mental health policy or plan is being developed, prisons (staff and prisoners) should be included as stakeholders in the development process.

Promote the adoption of mental health legislation that protects human rights: All prisoners, including those with mental disorders, have the right to be treated humanely and with respect for their inherent dignity as human beings. Furthermore, conditions of confinement in prisons must conform to international human rights standards (see below). Mental health legislation can be a powerful tool to protect the rights of people with a mental disorder, including prisoners, yet in many countries mental health laws are outdated and fail to address the mental health needs of the prison population⁴. The development of legal provisions that address these needs can help to promote the rights of prisoners, including the right to quality treatment and care, to refuse treatment, to appeal decisions of involuntary treatment, to confidentiality, to protection from discrimination and violence, and to protection from torture and other cruel, inhuman and degrading treatment (including abusive use of seclusion, restraints and medication, and non-consensual scientific or medical experimentation), among others. Legislation should provide prisoners with mental disorders with procedural protections within the criminal justice system equivalent to those granted other prisoners. The protection, through legislation, of other basic rights of prisoners, such as acceptable living conditions, adequate food, access to the open air, meaningful activity, and contact with the family are also important and can further contribute to the promotion of good mental health. Independent inspection mechanism such as mental health visiting boards can also be established through legislation, to inspect prisons as well as other mental health facilities in order to monitor conditions for people with mental disorders.

Encourage inter-sectoral collaboration: Many problems and issues can be solved by bringing relevant Ministries and other actors together to discuss the needs of prisoners with mental health disorders. Different stakeholders should meet to discuss mental health in prisons and to plan an inter-sectoral response.

⁴ WHO Resource Book on Mental Health, Human Rights and Legislation, World Health Organization 2005

USEFUL RESOURCES

International Committee of the Red Cross (www.icrc.org)

International Council of Nurses (www.icn.ch)

- Position Statement on Nurses and Mental Health (adopted 1995, revised 2002)
- Position Statement on Nurses' Role in the Care of Prisoners and Detainees (adopted 1998)
- Position Statement on Torture, Death Penalty and Participation by Nurses in Executions (adopted 1998)

www.prisonstudies.org

- Making Standards Work: An International Handbook on Good Prison Practice - Penal Reform International 2001
- Report of the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Geneva, Economic and Social Council, Commission on Human Rights, E/CN.4/2005/5
- General Comment 14 on the right to the highest attainable standard of health adopted by the Committee on Economic, Social and Cultural Rights in May 2000), (E/C.12/2000/4, CESCR dated 4 July 2000)

Relevant UN Standards (www.unhchr.ch)

- Principles for the protection of persons with mental illness and the improvement of mental health care (Adopted by General Assembly resolution 46/119 of 17 December 1991)
- Standard Minimum Rules for the Treatment of Prisoners (Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolution 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977)
- Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (Adopted by General Assembly resolution 43/173 of 9 December 1988)
- Basic Principles for the Treatment of Prisoners (Adopted and proclaimed by General Assembly resolution 45/111 of 14 December 1990)
- United Nations Rules for the Protection of Juveniles Deprived of their Liberty. (Adopted by the United Nations General Assembly on 14 December 1990)
- UN Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Adopted by General Assembly resolution 37/194 of 18 December 1982)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by General Assembly resolution 39/46 of 10 December 1984
- International Covenant on Economic, Social and Cultural Rights (1966). Adopted by UN General Assembly Resolution 2200A (XXI) of 16 December 1966.
- International Covenant on Civil and Political Rights (1966). Adopted by UN General Assembly Resolution 2200A (XXI) of 16 December 1966.

World Health Organization (http://www.who.int/mental_health/en/)

- The World Health Report 2001 – Mental health: new understanding new hope. Geneva, World Health Organization, 2001
- WHO Mental Health Policy and Service Guidance Package, Geneva, World Health Organization 2003
- WHO Resource Book on Mental Health, Human Rights and Legislation, Geneva, World Health Organization, 2005
- Mental Health Promotion in Prisons - Consensus Statement of WHO (Regional Office for Europe) Health in Prisons Project. The Hague. November 1998.
- WHO Mental Health Care Law; Ten Basic Principles
- WHO Guidelines for the Promotion of Human Rights of Persons with Mental Disorders
- A Human Rights Approach to Prison Management: Handbook for Prison Staff - Andrew Coyle, International Centre for Prison Studies, London 2002

World Medical Association (www.wma.net)

- World Medical Association Statement on Ethical Issues Concerning Patients with Mental Illness. (Adopted by the 47th General Assembly Bali, Indonesia, September 1995)
- World Medical Association Declaration Guidelines for Medical Doctors Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment – The Declaration of Tokyo (Adopted by the 29th World Medical Assembly Tokyo, Japan, October 1975)

World Psychiatric Association (www.wpanet.org)

- Declaration of Hawaii (As approved by the General Assembly of the World Psychiatric Association in Vienna, Austria, on 10th July 1983)
- Madrid Declaration on Ethical Standards for Psychiatric Practice (Approved by the General Assembly on August 25, 1996 and amended by the General Assembly in Yokohama, Japan, in August 2002)
- WPA Statement and Viewpoints on the Rights and Legal Safeguards of the Mentally III (adopted by the WPA General Assembly in Athens, 17th October, 1989)

FURTHER INFORMATION AND FEEDBACK

Health Unit

International Committee of the Red Cross, Geneva

E-mail: EN_health.gva@icrc.org

FR sante.gva@icrc.org

SP salud.gva@icrc.org

Department of Mental Health and Substance Abuse

World Health Organization, Geneva

E-mail: MNH@who.int

Forensic Social Work

BY JAMES H. ANDREWS, LCSW, BCD, CAC-DIPLOMATE

What is forensic social work? What is a forensic social worker?

I am often asked these questions. According to the National Organization of Forensic Social Workers (NOFSW) the practice of "forensic social work is the application of social work to questions and issues relating to law and legal systems" (www.nofsw.org). A much broader definition would include any social practice related to legal issues and litigation, both criminal and civil. Examples of this would include areas such as child custody issues, separation negotiation, divorce proceedings, neglect accusations, termination of parental rights along with the implications of child and spousal abuse. Also falling under this broader definition would be juvenile and adult justice services, elder care, corrections, and mandated treatment. It is not unusual for social workers to work in the area of forensic social work and not actually realize they are forensic social workers.

From a clinical point of view, the DSM-IV-TR states that there are "dangers" that arise due to the "imperfect fit between the questions of ultimate concern to the law and the information contained in a clinical diagnosis."¹ It is in this gap that a forensic social worker operates.

Can any social worker be a forensic social worker?

No. At least not right away. According to NOFSW, forensic social work practice is based on specialized knowledge drawn from established principles and their application, familiarity with the law, painstaking evaluation, and objective criteria associated with treatment outcomes. The DSM-IV-TR states that the standards of the court exceed the diagnostic standards as put forth in the DSM-IV-TR. Forensic social workers bridge this gap through advanced clinical skills and knowledge of the legal system. Forensic social workers must offer their knowledge framed in language and concepts that the courts comprehend. Their conclusions and recommendations must withstand intense critical review and rebuttal from opposing parties through the processes of direct examination and cross examination. The traditional training of social work practitioners does not adequately prepare them for this adversary process nor for the issues that civil and criminal justice systems confront. Without such training, social workers called on to provide forensic services to the court may find themselves at a disadvantage.

While forensic social workers adhere to social work values and utilize such tools as the biopsychosocial assessment process, they need to go beyond these standard

practices. Forensic social workers must expand upon the biopsychosocial assessment process taking into account far more detailed information than is usually considered in a traditional clinical assessment. For example, they would need to consider the details of a crime scene or assault and relate this to the overall assessment process. In my practice for example, I often must utilize such skills as trace evidence analysis and crime scene photo analysis when conducting a forensic case assessment. Additionally, forensic social workers must be very comfortable with the adversarial process of the courts and must be skeptical of all they learn through their data collection.

Functions of forensic social workers

Forensic social workers may provide consultation, education, or training to professional colleagues in the fields of criminal justice, juvenile justice, and correctional systems, as well as to law makers, law enforcement personnel, attorneys, law students, paralegals and members of the public. They may provide screening, evaluation, and/or treatment to law enforcement and other criminal justice personnel. Forensic social workers may also provide treatment services to criminal and juvenile justice populations. This is important because the thought process of the criminal offender is unusual and not amenable to regular treatment approaches.

Sentence mitigation

Forensic social workers will often provide expert witness services to the courts. In fact, courts, such as New York State have stated that "clinical social workers are uniquely suited to assist the courts as forensic experts because they have particular competence in assessing the impact of a person's mental and physical condition on his or her social functioning, a key element in rendering forensic mental health assessments and opinions." One of the more interesting and challenging areas where forensic social workers will provide consultation is in sentence mitigation.

(Continued on page 22)



¹ American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (rev. 4th ed.) Text Revision. Washington, DC: Author. pp. xxxvii - xxxviii.

FORENSIC SOCIAL WORK

Continued from page 21

Forensic social work is recognized by many courts across the United States as the preferred and best trained profession to provide this service.

The provision of sentence mitigation reports in death penalty cases is critical to the court process. In the case of *Wiggins vs. Smith*, argued before the United States Supreme Court in 2003,² it was ruled that the defense counsel's failure to provide expert testimony of a forensic social worker concerning the mitigating evidence of the defendant's dysfunctional background constituted ineffective counsel. Interestingly, the American Bar Association (ABA) Guidelines for the mitigation specialist identifies the following skills as critical to sentence mitigation work:

- compiling of a comprehensive and well-documented psycho-social history of the client based on an exhaustive investigation;
- an analysis of the significance of the information in terms of impact on development, including effect on personality and behavior;
- identification of mitigating themes in the client's life history;
- identification of the need for expert assistance;
- assistance in locating appropriate experts;
- provision of social history information to experts to enable them to conduct competent and reliable evaluations;
- working with the defense team and experts to develop a comprehensive and cohesive case in mitigation.³

It is evident that these are skills in which social workers, particularly forensic social workers, are highly proficient.

Forensic social work is a little known, yet fascinating subspecialty of the social work profession. It offers intriguing and challenging work opportunities to the practitioner in this area as all the skills of social work are called upon.

The author is a forensic social worker and the current president of NASW-PA. He operates a forensic consulting practice. He can be reached at jbandrews@forensicbehavioral.com with questions about this area of social work practice.

² WIGGINS v. SMITH, WARDEN, ET AL. CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT, No. 02-311. Argued March 24, 2003—Decided June 26, 2003.

³ ABA Guidelines for the Appointment and Performance of Defense Counsel in Death Penalty Cases, Commentary, p. 33 February 2003 (available at <http://www.stateil.us/defender/ABAdeth.pdf>)



Community-Based Doula Programs

Maria is a small, 35-year-old woman who learned she was 5 months pregnant when she was arrested and incarcerated for a probation violation in September 2008. Until her arrest she had been homeless and living in an abandoned building with her boyfriend. She was shocked to learn she was pregnant with her first child because she was told she would never be able to conceive a baby. She received no prenatal care and knew nothing about the experience of pregnancy.

During her incarceration Maria enrolled in Maternity Care Coalition's unique MOMobile® program at Philadelphia's Riverside Correctional Facility. The MOMobile is a service that offers targeted case management, education, and a host of supports to pregnant and newly parenting women living in high-risk neighborhoods in Philadelphia and nearby counties. In 2006, with the support of the Robert Wood Johnson Foundation, the MOMobile opened a site within the walls of Riverside so that inmates like Maria had access to prenatal supports typically not available to incarcerated women. MOMobile staff made sure that she was connected with the prison's health services to receive prenatal care. Maria also worked with a MOMobile doula (labor support coach) so that she would not have to deliver her baby alone (family and friends are prohibited from attending childbirth with incarcerated women).

When Maria went into labor she was still at Riverside, and corrections officers called MOMobile case manager/doula, Althea Elliott. By the time Althea arrived at the hospital, Maria was settled into her room and was in active labor with contractions only 3 minutes apart. There were two prison corrections officers guarding the room, but the ankle shackles and handcuffs used during transport had been removed, and Maria was able to move freely and reposition herself on the bed for comfort.

After four hours of strenuous labor, Maria gave birth to a healthy baby girl. With Althea's support, Maria was able to follow through with her birth plan and used no medication during her labor. Maria remained without restraints for the first hours after the birth, allowing her to comfortably hold and successfully breast-feed her new baby.

Maria's story is an example of how the support of a doula can help women improve their birth experience and their birth outcomes. Randomized controlled trials conducted over 20 years have shown that the presence of a doula during birth brings about a host of immediate benefits such as shorter labors and fewer Cesarean births as well as important benefits



BY KAREN POLLACK, MSW
Director of Staff and Program Development,
Maternity Care Coalition

in the postpartum period. Women whose births were attended by a doula have shown increased breast-feeding initiation and duration at six weeks, better maternal infant interaction, higher levels of self-esteem, more positive assessments of the baby's behavior, greater satisfaction with the birth experience, and decreased postpartum depression and anxiety. This body of evidence suggests that the presence of a doula can be an innovative strategy to support at-risk families.

However, many women cannot afford the cost of a doula. Recently, women of means who use doula services pay as much as \$1,500 per birth. This fee makes most doula services out of reach for low-income women. While community-based doula programs have been emerging around the country, providing free doula services to low-income women is not a high priority. Recently, the federal government's Department of Health and Human Services, Health Resources and Services Administration funded six new community-based programs in the United States.

Social workers can play an important role in providing doula services. Some local community-based doula programs are volunteer efforts, with community members serving as doulas and coordinators, receiving intensive training, and then providing services in local hospitals, birthing centers, and prisons. With their expertise in providing comfort and empathy to clients, social workers are perfectly positioned to become volunteer doulas and provide support to low-income, laboring women.

If you are interested in learning more about doulas or would like to receive training to become a doula, contact Jenna Mehnert at exec@nasw-pa.org.

High Fidelity Wraparound and the Role of Social Workers in Pennsylvania

BY SHERRY PETERS, MSW

The Children's Bureau in the Office of Mental Health and Substance Abuse Services (OMHSAS) has been working with the University of Pittsburgh and its community partners to develop, implement, and manage the Pennsylvania Youth and Family Training Institute. This Institute is the next phase in the evolution of the children's behavioral health movement in Pennsylvania. It builds on the work of the former CASSP Institute, and will be the centerpiece of the OMHSAS effort to transform Pennsylvania's children's behavioral health system. The Institute is providing training, technical assistance and monitoring to engage and empower youth and their families in the treatment and recovery process.

The Institute has an Advisory Board, composed of equal representation of youth, families, and professionals, that includes Jenna Mehnert, executive director of the Pennsylvania Chapter of NASW. Shannon Fagan, former Westmoreland County CASSP coordinator, is the executive director of the Youth and Family Training Institute. The Institute, in conjunction with the Children's Bureau, is working with five "early implementer" counties and is beginning to work with the next round of counties that have expressed interest using the high fidelity wraparound practice model. The five counties are Allegheny, Chester, Erie, Fayette, and Montgomery.

In addition to working with these counties, the Institute will continue to provide an orientation and training on the high fidelity wraparound model to all interested parties. Public information efforts have been held as the Institute becomes established and begins to marshal the energy and dedication of so many people who are committed to transforming the children's behavioral health system in Pennsylvania.

In general, the high fidelity wraparound practice model can be described as a "process" for service delivery and acquisition for youth and families with multifaceted behavioral health needs. It is not a specific service or intervention. The need for the services of a social worker may rise out of this process since the high fidelity wraparound process is *not intended to take the place of more formal services*. The model was formally defined by the U.S. National Wraparound Initiative. Members of this initiative have identified standards for conducting high fidelity wraparound and means for measuring successful outcomes. The process of high fidelity wraparound must involve family voice and choice, be a team-based approach, use natural supports, facilitate collaboration and integration, be community-based, be carried out in a culturally competent manner, be individualized, strengths-based and persistent, and be based on outcome measures and cost effectiveness.

High fidelity wraparound is intended to be carried out in four distinct phases. Each phase consists of specific tasks, which are essential to maintaining fidelity to the model. The need for the services of a social worker could be identified in any of these phases and those services may continue well beyond the transition phase of the high fidelity wraparound process. The philosophy of high fidelity wraparound is very aligned with the strengths-based, person-in-environment values that serve as the cornerstones of the social work profession. ☉



CLINICAL SOCIAL WORKER (HEALTH/ CORRECTIONAL FACILITY) - SAFETY

Final Filing Date: Continuous

OPEN

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER - Equal opportunity to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.

EXAMINATION BASE DEPARTMENTAL FOR:
DEPARTMENT OF CORRECTIONS AND REHABILITATION

WHO SHOULD APPLY Applicants who meet the minimum qualifications as stated below and who have not previously tested with the Department of Corrections and Rehabilitation (CDCR) during this testing period. CDCR testing periods for this examination are **January – June** and **July – December**. Applications will not be accepted on a promotional basis.

HOW TO APPLY Submit an Examination Application (Std. Form 678) and a Supplemental Application for Clinical Social Worker (H/CF) - Safety to:

By mail with: **or** **In person with:**
Department of Corrections and Rehabilitation **Department of Corrections and Rehabilitation**
Selection Services Section **Selection Services Section**
P.O. Box 942883 **1515 "S" Street, Room 522-N**
Sacramento, CA 94283-0001 **Sacramento, CA 95811-7243**
(916) 322-2545 **(916) 322-2545**

If you are personally delivering your application(s), you must do so between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, to the same street address as listed above for the Selection Services Section.

The Supplemental Application for CSW (H/CF) - Safety can be downloaded from State Personnel Board's website at www.spb.ca.gov or CDCR's website at www.cdcr.ca.gov, or a copy may be obtained by calling or going to either the address above or one of the institutional personnel offices.

NOTE: Only applications with an original signature will be accepted.

APPLICATION DEADLINE/ REQUIREMENTS Applications will be accepted on a continuous basis. All applicants must meet the education and/or experience requirements for this examination at the time they file their application.

SALARY RANGE(S) As of September 1, 2007
Salary for Adult Institutions(except the 3rd Day Visiting Program), Division of Adult Parole Operation, Division of Juvenile Justice and Division of Correctional Health Services Only

Range P: \$5,551.00 - \$6,747.00 (This range applies to non-licensed Clinical Social Workers)
Range Q: \$5,971.00 - \$7,233.00

An additional bonus is offered as indicated below (as of January 1, 2007):

- A pay differential of 3 percent of the base pay will apply to positions in the Division of Correctional Health Care Services, headquarters mental health management and policy development.

As of September 1, 2007
Salary for Board of Parole Hearings and the Third Day Visiting Program in Division of Adult Institutions

Range A: \$3,554.00 - \$4,430.00

It is anticipated that positions utilized by the Board of Parole Hearings and the Third Day Visiting Program will also receive a pay increase in the near future.

BENEFITS

- Deferred Compensation Plans (Savings pool, 401k and 457 plan)
- \$100 monthly Bilingual Differential Pay
- 75% Reimbursement of Van Pool, \$65 maximum per month (\$100 primary driver)
- 75% Reimbursement of Public Transit Passes, \$65 maximum per month
- Flexible work hours (Management discretion)
- Pre-tax parking (Where applicable)
- Fourteen (14) paid holidays
- Generous paid vacation/sick leave or annual leave
- Jury duty/military/bereavement leave
- Health, Dental and Vision Care Plans (Rural Health Care Equity Program for areas without HMO's)
- Pre-retirement death benefit
- Dependent Care Benefit
- Long term Insurance (CalPERS)
- Home Loan Program (CalPERS)
- Legal Services
- Employee Assistance Program
- Work and Family Advisory Committee
- Professional education and training (five days per fiscal year)
- License or certificate renewal fee reimbursement (Actual cost)
- Continuing Education (18 hours per fiscal year)
- California Public Employees' Safety Retirement System (Exempt from paying into the Federal Social Security System)

**MINIMUM
QUALIFICATIONS**

Possession of a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners. [Individuals who do not qualify for licensure by the California Board of Behavioral Science may be admitted into the examination and may be appointed but must secure a valid license within four years of appointment; however, an individual can be employed only to the extent necessary to be eligible for licensure plus one year. An extension of the waiver may be granted for one additional year based on extenuating circumstances, as provided by Section 1277(e) of the Health and Safety Code. The time duration for unlicensed employment does not apply to active doctoral candidates in social work, social welfare, or social service, until the completion of such training.]

[Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of one year, at which time licensure shall have been obtained or the employment shall be terminated; an extension of the waiver may be granted for an additional one year based on extenuating circumstances, as provided by Section 1277 (e) of the Health and Safety Code. Individuals granted an additional one year based on extenuating circumstances may be appointed for a maximum of two years at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.] **And**

Education: Completion of a master's degree program from an accredited school of social work, approved by the Council on Social Work Education.

Special Personal Characteristics: An objective and empathetic understanding of individuals with the mental, developmental, or physical disabilities; flexibility to alter hours as needed; tolerance; tact; emotional stability; and respect for persons from diverse backgrounds.

Special Physical Characteristics: Persons appointed to class of Clinical Social Worker (Health/Correctional Facility) – Safety are reasonably expected to have and maintain sufficient strength, agility and endurance to perform during physically, mentally, and emotionally stressful situations encountered on the job without compromising their health and well-being or that of their fellow employees, patients, or inmates. Assignments may include sole responsibility for the control of patients, clients, or inmates and the protection of personal and real property.

Drug Testing-Applicants for positions in this class are required to pass a drug-screening test. Testing of current employees who are applicants in an examination or who are transferring is permitted only if the person does not have a current appointment to a class for which drug testing is a requirement.

**EXAMINATION
PLAN**

This examination will consist of Training and Experience Evaluation (supplemental application) weighted 100%. To obtain a position on the eligible list, applicants must achieve a minimum rating of 70% on the supplemental application. See section titled "How to Apply" for information on where to obtain a copy of the supplemental application and other needed materials.

Candidates who meet the "Minimum Qualifications" will have their supplemental application graded. If they pass the examination, they will be placed on an eligible list. **RETURN OF THE SUPPLEMENTAL APPLICATION IS MANDATORY.** Candidates who do not return the completed supplemental application will be eliminated from this examination.

Training and Experience Evaluation (Supplemental Application) -- Weighted 100.00%

Scope: Emphasis in the examination will be on measuring competitively, relative to job demands, each candidate's:

A. Knowledge of:

1. Principles, procedures, techniques, trends, and literature of social work with particular reference to clinical social work
2. Psycho/social aspects of mental and developmental and physical disabilities
3. Community organization principles
4. Scope and activities of public and private health and welfare agencies
5. Characteristics of mental, developmental, and physical disabilities
6. Current trends in mental health, public health and public welfare, and Federal and State programs in these fields

B. Ability to:

1. Utilize and apply effectively the required technical knowledge
2. Establish and maintain the confidence and cooperation of persons contacted in the work
3. Secure accurate psycho/social data and record such data systematically
4. Prepare clear, accurate, and concise reports
5. Work family and community agencies in preparation for discharge
6. Develop and implement programs
7. Provide professional consultation
8. Analyze situations accurately and take effective action
9. Communicate effectively

**ELIGIBLE LIST
INFORMATION**

The resulting eligible list will be established to fill vacancies for the Department of Corrections and Rehabilitation. Names of successful candidates are merged into the list in order of final scores, regardless of date. Eligibility expires **12** months after establishment, unless the needs of the service and conditions of the list warrant a change in this period.

**POSITION
DESCRIPTION AND
LOCATION(S)**

A Clinical Social Worker (Health/Correctional Facility) - Safety, under general direction in a State correctional facility or outpatient clinic, conducts responsible psychiatric social work with and on behalf of mentally, physically, or developmentally disabled persons and their relatives; maintains order and supervises the conduct of inmates and/or youthful offenders; protects and maintains the safety of persons and property and does other related work.

Positions exist at various institutions and parole outpatient clinics statewide with the Department of Corrections and Rehabilitation.

**VETERANS POINTS/
CAREER CREDITS**

Veteran's Preference Points will be granted in this examination. Due to changes in the law, which were effective January 1, 1996, veterans who have achieved permanent civil service status are not eligible to receive Veteran's Preference Points. Career credits will not be granted in this examination.

GENERAL INFORMATION

It is the candidate's responsibility to contact the Department of Corrections and Rehabilitations' Selection Services Section at (916) 322-2545 four weeks after filing his/her application if he/she has not received a progress notice.

The Department of Corrections and Rehabilitation reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revisions will be in accordance with civil service laws and rules and all competitors will be notified.

Examination Locations: If this examination requires a written test and/or oral interview, they will be scheduled throughout the State at the correctional institutions and/or parole regions. However, locations of the written test and/or oral interview may be limited or extended as conditions warrant.

Eligible Lists: Eligible lists established by a competitive examination, regardless of date, must be used in the following order: 1) subdivisional promotional; 2) departmental promotional; 3) multidepartmental promotional; 4) servicewide promotional; 5) departmental open; 6) open. When there are two lists of the same kind, the older must be used first.

Veteran's Preference: California law allows the granting of Veteran's Preference Points in **Open Entrance** and **Open, Non promotional Entrance** examinations. Veterans Preference Points will be added to the final score of all competitors who are successful in these types of examinations and qualify for and have requested these points. Credit in **Open Entrance** examinations is granted as follows: 10 points for veterans, widows and widowers of veterans and spouses of 100% disabled veterans; and 15 points for disabled veterans. Credit in **Open, Nonpromotional Entrance** examinations is granted as follows: 5 points for veterans; and 10 points for disabled veterans. Directions to apply for Veterans Preference Points are on the Veterans Preference Application (Std. Form 1093) which is available from Ste Personnel Board, P.O. Box 944201, Sacramento, CA 94244-2010 and the Department of Veteran's Affairs, P.O. Box 942895, Sacramento, CA 94295-0001.

General Qualifications: Competitors must possess essential personal qualifications including integrity, initiative, dependability, good judgment, ability to work cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination and fingerprinting may be required. In open examinations, an investigation may be made of employment records and personal history.

IT IS AN OBJECTIVE OF THE STATE OF CALIFORNIA TO ACHIEVE A DRUG-FREE WORK PLACE. ANY APPLICANT FOR STATE EMPLOYMENT WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THIS OBJECTIVE BECAUSE THE USE OF ILLEGAL DRUGS IS INCONSISTENT WITH THE LAW OF THE STATE, THE RULES GOVERNING CIVIL SERVICE AND THE SPECIAL TRUST PLACED IN PUBLIC SERVANTS.

ONLY INDIVIDUALS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES WILL BE HIRED

FOR CURRENT CDCR TESTING INFORMATION CALL (916) 322-2545
California Relay Service for the Deaf or Hearing Impaired: 1-800-735-2929
www.cdcr.ca.gov

THIS CANCELS AND SUPERSEDES ALL PREVIOUSLY ISSUED BULLETINS

SPEC: SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORR. FACILITY
CALIFORNIA STATE PERSONNEL BOARD

SPECIFICATION

Schematic Code: XP19
Class Code: 9291
Established: 6/15/93
Revised: --
Title Changed: --

SUPERVISING PSYCHIATRIC SOCIAL WORKER I, CORRECTIONAL FACILITY

DEFINITION

Under general direction, in a State correctional facility or outpatient clinic in the Department of Corrections, to provide supervision to psychiatric social workers working with and on behalf of mentally, physically or developmentally disabled persons and their relatives and where there is no higher level psychiatric social work supervisor, to plan, organize, and direct the psychiatric social work program; to maintain order and supervise the conduct of inmates; to protect and maintain the safety of persons and property; and to do other related work.

DISTINGUISHING CHARACTERISTICS

The class of Supervising Psychiatric Social Worker I, Correctional Facility, is the first supervisory level in this series. Employees in the class must be licensed and supervise a staff of licensed Psychiatric Social Workers, Correctional Facility, and clerical personnel and where there is no higher level psychiatric social work supervisor, plan, organize, and direct the psychiatric social work program.

Employees in the next lower class of Psychiatric Social Worker, Correctional Facility, personally carry a caseload requiring the more difficult and responsible casework and clinical services, but normally do not supervise other Psychiatric Social Workers, Correctional Facility.

Employees in the next higher class of Supervising Psychiatric Social Worker II, Correctional Facility, must be licensed and are responsible for directing the psychiatric social work program in addition to providing supervision in facilities where there are at least two subordinate supervising psychiatric social workers.

TYPICAL TASKS

Provides supervision to a psychiatric social work staff; in an institution or clinic for the mentally and emotionally disordered or physically disabled; plans, organizes, and directs the psychiatric social work program; assigns cases and supervises social workers on casework and clinical services problems; maintains adherence to social work policies of the department; conducts staff meetings; trains staff, evaluates staff performance and takes or recommends appropriate action; supervises the training of psychiatric social work students; personally performs or supervises research relating to psychiatric social work; participates in staff conferences; assists in the development of effective social work procedures; works with institutional and headquarters staff for the purpose of improving policies and procedures as they relate to the social work program; establishes and maintains cooperative working relations with community agencies; assists in the development of programs of community planning, education, and consultation in mental and physical health; develops and directs discharge planning and arranges for referral of patients and/or inmates for placement and community resources; addresses groups on the psychiatric social work program; dictates correspondence and prepares reports; maintains order and supervises the conduct of persons committed to the California Department of Corrections; prevents escapes and injury by these persons to themselves, others or to property; maintains security of working areas and work materials; inspects premises and searches inmates for contraband, such as weapons or illegal drugs.

MINIMUM QUALIFICATIONS

Possession of a valid license as a Licensed Clinical Social Worker issued by the California Board of Behavioral Science Examiners. (Applicants who are in the process of securing their license from the California Board of Behavioral Science Examiners will be admitted to the examination, but must secure a valid license before they will be considered eligible for appointment.)

(Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of one year at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.)

and

Education: Completion of a master's degree program from an accredited school of social work, approved by the Council on Social Work Education or equivalent degree approved by the California Superintendent of Public Instruction under the provisions of California Education Code Section 94310.

and

Two years of post-licensed or post-certified experience as a clinical social worker meeting the supervisor requirements of Section 4980.40(f)(3) of the Business and Professions Code.

and

Either I

Two years of experience performing the duties of a Psychiatric Social Worker, Correctional Facility, in the California state service.

Or II

Experience: Four years of experience in psychiatric social work, at least one year of which must have been as a social work supervisor and at least two years of which must have been in a child guidance or psychiatric clinic, in a psychiatric outpatient program, in a psychiatric hospital, or in a psychiatric department of a hospital.

KNOWLEDGE AND ABILITIES

Knowledge of: Principles, procedures, techniques, trends and literature of social work with particular reference to psychiatric social work; community organization principles; applying the principles of mental health education; characteristics and social aspects of mental and emotional disturbances and physically disabled; scope and activities of public and private health and welfare agencies; current trends in mental health, public health and public welfare and Federal and State programs in these fields; principles and practices of administrative and clinical supervision, evaluating subordinates work, and giving in-service training; the Department's Affirmative Action Program objectives; a supervisor's role in the Affirmative Action Program and the processes available to meet affirmative action objectives.

Ability to: Supervise licensed staff providing psychiatric social work services, including group and individual psychotherapy, case management, and discharge planning; apply the principles of mental and physical health education; supervise others, evaluate their work, and give in-service training; establish and maintain effective working relationships with those contacted in the work; secure accurate social data, record such data systematically, write clear, accurate and concise reports, and interpret statistical data; give field work training to psychiatric social work interns; analyze situations accurately and adopt an effective course of action; communicate effectively; effectively contribute to the Department's affirmative action objectives.

SPECIAL PERSONAL CHARACTERISTICS

Empathetic understanding of patients of a State correctional facility; willingness to work in a State correctional facility; tact; emotional stability; patience; alertness; and keenness of observation.

SPECIAL PHYSICAL CHARACTERISTICS

Persons appointed to this position must be reasonably expected to have and maintain sufficient strength, agility and endurance to

perform during stressful (physical, mental and emotional) situations encountered on the job without compromising their health and well-being or that of their fellow employees or that of inmates.

Assignment may include sole responsibility for the supervision of inmates and/or the protection of personal and real property.

Licensed Clinical Social Worker: American Correctional Solutions

Company Name American Correctional Solutions

Job Category Healthcare

Location Soledad, CA

Position Type Full-Time, Contract

Experience 0-1 Years Experience

Date Posted March 5, 2009

[View American Correctional Solutions profile and job listings](#)

Licensed Clinical Social Workers needed at Department of Mental Health Hospital in Coalinga CA



American Correctional Solutions, a

correctional healthcare provider, is currently seeking

Licensed Clinical Social Workers

(LCSW's) for openings a California Department of Mental

Health hospital located within Salinas Valley State Prison.

Requirement:

Must be currently licensed by the state of California Board of

Behavioral Sciences.

Job Description:

LCSW shall provide services as permitted within the scope of

practice for a Licensed Clinical Social Worker which includes, but are not limited to the following:

- Performing clinical intake assessments, develop treatment plans, monitor progress, and perform case reviews.
- Provide direct treatment to patients in the caseload including individual and group psychotherapy.
- Work with treatment team to develop aftercare or clinical pre-release for patients in caseload.
- Provide crisis intervention including suicide assessment and intensive counseling and screens requests for services of patients.
- Coordinate with staff to establish linkage to all hospital services called for in comprehensive treatment plans such as education, AA, recreation, life skills.

Yahoo! HotJobs

- [Resumes](#)
- [Top 100 Companies](#)
- [Interviewing](#)
- [Salary Resumes](#)

- [Career Articles](#)
- [Browse Jobs](#)
- [Hiring Solutions](#)
- [Post Jobs, Search](#)

Also on Yahoo!

- [Homes for Sale](#)
- [Local Business Guide](#)
- [Business News](#)
- [Small Business](#)

- [Finance](#)
- [Y! Maps](#)
- » [All Y! Services](#)

Other Resources

- [Yahoo! HotJobs Canada](#)
- [Site map](#)
- [Add Toolbar](#)
-  [Send us feedback](#)

Find a [job](#), post your [resume](#), research [careers](#) at featured companies, compare [salaries](#) and get [career advice](#) on Yahoo! HotJobs. Start your [job search](#) now on Yahoo! HotJobs - thousands of [jobs](#) listed daily.

Top keyword searches: [part time jobs](#) • [receptionist jobs](#) • [nurse jobs](#) • [medical assistant jobs](#) • [sales jobs](#) • [parttime jobs](#) • [warehouse jobs](#) • [customer service jobs](#) • [driver jobs](#) • [truck driver jobs](#)

Top cities: [Jobs in Atlanta](#) • [Jobs in New York](#) • [Jobs in Houston](#) • [Jobs in San Antonio](#) • [Jobs in Dallas](#) • [Jobs in Austin](#) • [Jobs in Los Angeles](#) • [Jobs in Denver](#) • [Jobs in Chicago](#) • [Jobs in Tampa](#)

Copyright © 2009 Yahoo! Inc. All rights reserved. [Copyright/IP Policy](#) | [Terms of Service](#) | [Guidelines](#)

NOTICE: We collect personal information on this site. To learn more about how we use your information, see our [Privacy Policy](#).

[About Yahoo! HotJobs](#) | [Affiliate Program](#) | [Advertise with us](#)

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NASW Standards for
Social Work
Practice

in Health Care Settings



2005

NASW Standards for

Social Work Practice

in Health Care Settings

National Association of Social Workers

Elvira Craig de Silva, DSW, ACSW

NASW President (2005-2008)

Elizabeth J. Clark, PhD, ACSW, MPH

Executive Director

Health Standards Working Group

Nancy Campbell, MSW, LISW

Nancy F. Cincotta, MSW

Lisa E. Cox, PhD, LCSW, MSW

Stuart Kaufer, ACSW, LMSW

Carol P. Marcusen, MSW, LCSW, BCD

Shirley Otis-Green, MSW, ACSW, LCSW

NASW Staff

Nancy Bateman, LCSW-C

Evelyn P. Tomaszewski, ACSW

Karyn Walsh, ACSW, LCSW

Contents

5	Introduction
6	Background
8	Social Work Guiding Principles
9	Definitions
14	Standards for Professional Practice
14	Standard 1. Ethics and Values
15	Standard 2. Health Disparities
17	Standard 3. Cultural Competence
18	Standard 4. Confidentiality
19	Standard 5. Knowledge
20	Standard 6. Assessment
21	Standard 7. Intervention and Treatment Planning
22	Standard 8. Case Management
24	Standard 9. Empowerment and Advocacy
24	Standard 10. Client and Community Education
25	Standard 11. Teamwork and Collaboration
26	Standard 12. Workload
27	Standard 13. Documentation
28	Standard 14. Research
29	Standard 15. Performance Improvement
30	Standard 16. Access to Information and Technology
31	Standards for Professional Development, Education and Leadership
31	Standard 17. Qualifications
31	Standard 18. Continuing Education
32	Standard 19. Supervision
33	Standard 20. Leadership
34	References
36	Acknowledgements

Introduction

The constant growth, demands, and changes in health care have had a serious impact on the viability and need for social workers in all areas and settings of health care. More than 15 percent of the population or 45 million people in the United States were without health insurance coverage during 2003 (U.S. Census Bureau, 2004). Access to timely, comprehensive, and equitable health care for individuals in the United States varies considerably, with significant percentages of many populations having only limited access to health care. The growth in medical technology has offered hope and improved quality of life to many people; yet, the advances in technology have also raised health care costs and introduced social, legal, and ethical dilemmas for individuals, families, and health care providers. These psychosocial implications of health care are what social workers are trained to address.

Currently, health care social workers provide services across the continuum of care and in various settings. Social workers are present in public health, acute, and chronic care settings providing a range of services including health education, crisis intervention, supportive counseling, and case management. In response to critical incidents that are both global and national, health care social workers are increasingly trained to provide interventions to prepare for and respond to traumatic events and disasters.

The health care system in the United States is complex and multidisciplinary in nature, and

may include a network of services such as diagnosis, treatment, rehabilitation, health maintenance, and prevention provided to individuals of all ages and with a range of needs. Multiple sources of financing, ranging from Medicare and Medicaid to private insurance, provide further challenges. Many consumers lack health insurance or have inadequate coverage, which causes financial stress on consumers and providers.

Professional social workers are well equipped to practice in the health care field, because of their broad perspective on the range of physical, emotional, and environmental factors that have an effect on the well-being of individuals and communities. These standards are developed to meet the needs of social workers in multiple health care practice settings and to help the public understand the role of the professional social worker. The National Association of Social Workers (NASW) recognizes that standards alone cannot improve the quality of practice unless they are disseminated and implemented at the practice level. Client satisfaction and improved quality of care result when social workers and administrators recognize and use these standards.

Background

Social workers have been involved in the health care field since the turn of the 20th century. The profession's earliest concerns were with making health care services available to the poor and with improving social conditions that bred infectious diseases such as

tuberculosis. As the social work role expanded, social workers joined other health professions in the delivery of high quality services. Today, social workers can be found in every component of the health care system. In 1977, NASW published *Standards for Hospital Social Services*. In 1980, the *Standards for Social Work in Health Care Settings* were developed and replaced the hospital standards. Between 1981 and 1982, the NASW Board of Directors approved the new standards, and three subsections were developed, approved, and added to the health care standards. The subsections included the *Standards for Social Work in Developmental Disabilities*, *Standards for Social Work in End-Stage Renal Disease Treatment Settings*, and *Standards for Social Work in Public Health Settings*.

In the early 1980s, a capitated system for payment of Medicare services in acute health care settings, known as diagnostic-related groups (DRGs), was initiated by the federal government. This initiative, generically known as managed care, fundamentally altered health care financing for both public and private health care systems. Managed care focused on reducing the length of stays in acute care facilities, and this led to a fundamental shift in the role of social workers in acute health care. Social workers became more focused on planning for an individual's transition to home or to another level of care. Social work services disappeared entirely from some health care settings due, in part, to a lack of data demonstrating the efficacy of social work services and loss of funding for those services. Yet, in other settings, social workers have prospered, gaining recognition through the

provision of specialized services in multiple health care arenas such as palliative care, ethics, ambulatory care, rehabilitation, and geriatric services.

The *NASW Standards of Social Work Practice in Health Care Settings* are based on the consensus of expert health care social workers from across the country and are designed to enhance social workers' knowledge, skills, values, and methods necessary to work effectively with individuals, families (broadly defined), health care providers, and the community when practicing in health care settings.

Social Work Guiding Principles

The basic values of social work, from promoting an individual's right to self-determination to having an attitude of empathy for the individual, are the foundation of social work practice. When confronting dilemmas or needs in health care, social workers can use the principle of client self-determination in matters where clients or their proxies are faced with such issues (NASW, 2004).

Social workers have skills in cultural awareness and cultural competence, in which social work practice respectfully responds to, and affirms, the worth and dignity of people of all cultures, languages, classes, ethnic backgrounds, abilities, religions, sexual orientation, and other diverse features found in individuals (NASW, 2001). Social workers look at the person-in-environment, including all of the

factors that influence the total health care experience. Social workers practice at the macro and micro level of health care and thus have the ability to influence policy change and development at local, state, and federal levels and within systems of care. Social work research in health care benefits not only individuals and families, but also the very existence, effectiveness, and validation of the profession. These standards offer a guide for social workers practicing in any health care setting.

Definitions

Bioethics

Bioethics is the analysis and study of moral, legal, social, and ethical considerations involving the biological and medical sciences. Many health care settings have organized forums such as bioethics committees, institutional review boards, or consultation processes to address ethical dilemmas and questions.

Biopsychosocial–spiritual Perspective

The biopsychosocial–spiritual perspective recognizes that health care services must take into account the physical or medical aspects of ourselves (bio); the emotional or psychological aspects (psycho); the sociocultural, sociopolitical, and socioeconomic issues in our lives (social); and how people find meaning in their lives (spiritual). This approach draws from the strengths perspective of social work practice. The strengths perspective recognizes an individual's strengths and abilities to cope

with problems; and awareness and use of the client's strengths is part of the foundation of social work theory and practice. The strengths perspective is seen in social work practice through our role of enhancing personal strengths and resources, helping clients solve both interpersonal and environmental problems, and helping clients mobilize for change. The strengths perspective helps clients use their past successful choices and behaviors, skills, and insights to resolve or "work through" a current crisis (Tomaszewski, E. P., 2004; Saleebey, 2003).

Case Management

Case management, sometimes used interchangeably with care management, is the collaborative process of assessment, planning, and facilitation for options and services to meet an individual's complex needs. When appropriate, this would include arranging, coordinating, monitoring, evaluating, and advocating on behalf of the client and/or his or her family for the multiple services needed from a variety of social service and health care agencies. Case management addresses both the individual client's biopsychosocial-spiritual status (micro level) as well as the state of the social systems in which the services operate (macro level).

Client/Patient/Consumer

These terms refer to the person receiving care and treatment from physicians and allied health care personnel. Social workers generally use the term client to identify the individual, group, family, or community who seeks or is provided with professional services. The client is often seen as both the individual and the

client system or those in the client's environment. The term consumer is also used in settings that view the client as the consumer, that is, one capable of deciding what is best for her or himself and encourages self-advocacy and self-judgment in negotiating the social service and welfare system. The term *patient* is more commonly used by social workers employed in health care settings (Barker, 2003).

Continuum of Care

The care continuum includes the specialized health, social work services, rehabilitative, and home-based services that a seriously or chronically ill or injured person might need. This continuum addresses both the medical care and the other services that promote the patients' well-being (Barker, 2003).

Continuity of Care

Continuity of care ensures the coordination of care within an organization or across different agencies or settings to reduce duplicate services, to address gaps in existing services, and to ensure consistent and continuous services for the client as they transition in care or are discharged.

Disabling Condition

A disabling condition is considered a temporary or permanent reduction in a client's capacity or functioning based on the inability to perform some activities that most others can perform. A disabling condition can be congenital, can be the result of an accident or trauma, or more frequently is the result of chronic illness (that is, diabetes, hypertension).

Health Care Settings

Health care settings are practice areas in which assessment, care, and treatment address the physical, mental, emotional, and social well-being of the person; and address prevention, detection, and treatment of physical and mental disorders with the goal of enhancing the person's biopsychosocial and spiritual well-being. The health care setting includes personnel who provide the necessary services (for example, physicians, social workers, nurses, hospital attendants); appropriate service delivery facilities (for example, hospitals, hospice, assisted living, medical centers, and outpatient clinics); and educational and environmental facilities that work to help prevent disease (Barker, 2003).

Health Planning

Health planning is conducted in government organizations, medical and research organizations, and educational institutions and in prevention, early intervention, treatment, and follow-up. Planning should involve determining and ensuring the number of necessary health care personnel presently and in the future, and how to both finance and control costs. It includes where to locate facilities, how to provide the most effective means of service delivery, and how to provide services in a cost effective manner (Barker, 2003; NASW, 1987).

Managed Care

Managed care is a process designed to manage health care costs primarily through the private sector, although Medicaid's or Medicare's capitated systems are a form of managed care. It is a technique used by insurance carriers

and characterized by preauthorization to qualify the patient for particular services; preauthorization for a given amount of care; review of treatment and patient response(s); utilization review; pre-discharge planning to ensure the patient is ready to be released (having received the care required) and has an aftercare plan. Managed care plans include preferred provider organizations (PPOs), health maintenance organizations (HMOs), or a combined version through a point-of-service (POS) plan.

Medicaid

Medicaid is a government-funded health insurance program that provides payment for hospital, nursing home, home care, dental, and medical services to people who meet disability guidelines and income eligibility requirements. The Medicaid program is a shared federal/state/county program and although there are certain federal standards, states have a choice of benefits which they can choose to cover or not. Medicaid, administered by the Centers for Medicare and Medicaid Services (CMS), is the largest source of funding for medical and health-related services for people with a limited income (Centers for Medicare and Medicaid Services, 2004b).

Medicare

Medicare is a national health care program, administered by CMS, for most people age 65 and older, people with a variety of disabilities who are under age 65, and people with end-stage renal disease (ESRD), which is permanent kidney failure requiring dialysis or a kidney transplant (CMS, 2004a). Medicare is funded through a combination of

employer–employee contributions (as part of the person’s Social Security), from earmarked taxes, and general federal revenues. Since Medicare is a federal program, benefits are the same in all 50 states.

Public Health Model

The Public Health Model of services focuses on the health of the individual, the family, and the larger community or general public and is administered by federal, state, and local agencies. The goal of programs, policies, and health care personnel is to prevent and treat disease, identify and eliminate environmental hazards, prolong life, and promote better health (Barker, 2003; NASW, 1987).

Standards for Social Work Practice in Health Care Settings

Standard 1. Ethics and Values

Social workers shall have knowledge of and practice according to the guidelines established by the *NASW Code of Ethics* (NASW, 1999).

Interpretation

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs of people who are vulnerable, disenfranchised, oppressed, and living in poverty. The mission is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence

In a health care system increasingly driven by technological advances, the ethical and moral questions and dilemmas raised for clients, families, and health care professionals are numerous and complex. Health care settings have designed a number of different systems to ensure ethical behavior among health care practitioners. Ethics committees are often used to provide “objective” reviews to health care providers and clients and families, when there is conflict between providers or providers, clients, and families. Institutional review boards are used to protect clients from the potential of experimentation in research projects. Social work supervision and peer consultation can also be used to discuss ethical issues facing practitioners.

Standard 2. Health Disparities

Social workers practicing in local, state, national, and international health care settings require knowledge and skills to help them recognize and address inequalities and injustices directed toward clients, organizations, and communities related to access to care and provision of health services.

Interpretation

Many social workers have historically delivered services as part of community-based organizations and public health programs to address health disparities among those who

are least likely to be able to gain access to adequate care. Social workers have an ethical obligation to address the health care needs of these groups and advocate for change to ensure access to care. Training of health care professionals to achieve a level of cultural competence—an understanding of practice patterns and attributes of diverse groups—is an essential part of basic and continuing education for all health care professionals, including social workers (Gilbert, 2003).

Health is a matter of both economics and social well-being. Both domestically and internationally, health care social workers strive to gain knowledge about health care: behavior, expenditures, reforms, systems, teams, insurance, health maintenance organizations, health protective behaviors, and more. Social workers also help clients to gain access to health care as they navigate between and among complex service delivery systems and entitlements.

Different entities shape public and global policies in every country. Therefore, social workers must keep abreast of policies to competently help clients and to assess physical, environmental, historical, situational, cultural, and structural factors that affect health care systems.

Accessibility to preventive, palliative, and curative health care depends largely on the client's ability to pay, and often, people cannot afford existing fees. In many nonprofit community-based clinics, services are provided on a “first come–first serve” basis (often with a long wait or long lines) and are limited by

a shortage of supplies and equipment. Increasingly, private systems of care emerge alongside public systems and other health care providers to care for the uninsured or underinsured who need health services, yet prefer to care for those who can pay fee-for-services. When these realities exist, social workers shall act as brokers, advocates, and mediators for clients.

Standard 3. Cultural Competence

Social workers shall develop and maintain an understanding of the history, traditions, values, and family systems of client groups as they relate to health care and decision-making. In compliance with the *NASW Standards for Cultural Competence in Social Work Practice* (NASW, 2001), social workers shall have a sensitivity to and awareness of the diversity in cultural groups and integrate this knowledge into their practice.

Interpretation

The importance of recognizing, respecting, and understanding other cultures and related health beliefs lays a foundation to build therapeutic alliances with clients and families. Social workers are responsible for self-reflection regarding the impact of their own cultural beliefs on their professional and personal life.

Social workers in health care shall approach each client and family interaction from a perspective of cultural respect and awareness. This implies reluctance to stereotype individuals based on assumed group similarities and seeks instead to ask individuals what aspects of their cultural experience are

meaningful in understanding a particular health care need. Social workers recognize that ethnic, cultural, spiritual, and religious factors can have an impact on health care choices and adherence to regimens of care.

Appreciation of cultural influences is especially important for clients at critical health junctures, such as birth, diagnosis of a major illness, and facing the end of life. Social workers have a responsibility to assist the client and family system in observing culturally meaningful practices whenever possible. When delivering culturally competent services, social workers should be guided by the *NASW Standards for Cultural Competence in Social Work Practice* (NASW, 2001).

Standard 4. Confidentiality

Health care social workers shall maintain appropriate safeguards for the privacy and confidentiality of client information.

Interpretation

Social workers must be familiar and comply with local, state, and federal mandates related to confidentiality. Professional judgment in the use of confidential information shall be based on best practice, ethical, and legal considerations (including the federal Health Insurance Portability and Accountability Act [HIPPA] regulations). Clients, families, and other professionals should be informed of the confidentiality limitations and requirements before services are initiated and in all phases of the health care experience.

Standard 5. Knowledge

Social workers in health care settings shall demonstrate a working knowledge of current theory and practice and integrate such information into practice.

Interpretation

The social worker uses knowledge about, and psychosocial implications of, illness, injury, and health conditions to provide social work services to clients and families to help them manage and cope with the impact of such health matters. Social workers have expertise in communication; navigating systems of care, resources, client and family coping skills; and the comprehensive impact of health conditions on the client. With the person-in-environment perspective, social workers look at all of the influences and aspects of a person's life to complete a thorough assessment and treatment plan with the client, family, and other health care professionals.

Essential areas of knowledge and understanding about health care include:

- the roles and functions of social work in health care
- the biopsychosocial needs of clients and families
- the physiological elements of illness and their impact on psychosocial functioning
- the psychological and spiritual needs of clients and families and how to ensure that they can be addressed
- community resources to assist clients and families
- the disparities across cultures and economic groups in gaining access to and funding for health care

- ethical and legal questions and dilemmas
- laws, regulations, and policies affecting clients, families, and social work practice
- the accreditation and regulatory standards governing settings providing health care
- evidence-based practices and social work research in health care
- the needs of special populations.

Standard 6. Assessment

Social workers shall provide ongoing assessment, including gathering comprehensive information to use in developing interventions and treatment strategies.

Interpretation

Assessment is a fundamental process of social work practice. Treatment and intervention strategies/plans require that social workers both assess and reassess client needs and modify plans accordingly. Social work assessments in health care settings include considering relevant biomedical, psychosocial, and spiritual factors and the needs of the individual client and the family (as defined by the client) (NASW, 2004).

A comprehensive, culturally competent assessment includes:

- past and current health status including genetic history of family health
- the impact of health conditions or treatments on cognitive, emotional, social, sexual, psychological, or physical functioning
- the impact on body image, intimacy, and sexuality

- social history, including current living arrangement and household environment
- work, school, or vocational history
- stage in the life cycle and related and relevant developmental issues
- cultural values and beliefs, including views on illness, disability, and death
- family structure and the client's role within the family
- social supports, including formal and informal support systems
- behavioral and mental health status and current level of functioning, including history, suicide risk, and coping styles
- financial resources, including access to and type of health insurance.

Comprehensive assessments shall address unique needs relevant to special populations, including children, people with severe and persistent mental illness, immigrants and refugees, people with substance use disorders, victims of violence or trauma, homeless people, and people with physical or psychiatric disabilities.

Standard 7. Intervention and Treatment Planning

Social workers implement intervention and treatment plans that promote client well-being and ensure a continuum of care. Planning shall be based on a comprehensive, culturally competent assessment with interdisciplinary input.

Interpretation

Intervention and treatment plans are steps identified by the health social worker, in collaboration with the client and with other

members of the team, to achieve objectives identified during assessment. Social workers shall be able to adapt practice techniques to best meet client needs within their health care setting to work effectively with individuals across the life-span, with different ethnicities, cultures, religions, socioeconomic and educational backgrounds, and across the range of mental health and disability conditions (NASW, 2004).

Intervention or treatment plans may include:

- strategies to address needs identified in the assessment
- information, referral, and education
- individual, family, or group counseling
- vocational, educational, and supportive counseling
- psychoeducational support groups
- financial counseling
- case management
- discharge planning
- interdisciplinary care planning and collaboration
- client and systems advocacy
- goals and objectives.

Standard 8. Case Management

Social work case management shall optimize client functioning. Case management facilitates collaboration among providers to address the client's biomedical and psychosocial needs to better provide efficient, appropriate, and beneficial health care services to a client with (often) multiple needs.

Interpretation

Social work case management requires the professional social worker to develop and maintain a therapeutic relationship with the client, which includes linking the client with resources that provide a range of services, resources, and opportunities to enhance successful quality outcomes for the client. Culturally competent case management is both micro and macro in nature and requires interdisciplinary care planning and collaboration with other professionals to maintain a team-oriented approach. Case management may include having regular meetings with the client and family and assisting the client to navigate systems.

The scope of services would include the following:

- psychosocial assessment, including diagnoses, interventions, and treatment plans
- financial assessment, planning, and intervention
- case facilitation
- patient and family counseling
- crisis intervention
- quality improvement
- resource brokering/referral/development
- continuity of care planning
- system integration
- outcome/practice evaluation
- teamwork/collaboration
- patient/family education
- patient/family advocacy

Standard 9. Empowerment and Advocacy

Social workers have a responsibility to advocate for the needs and interests of clients and client systems in health care, including advocating for larger system change to improve access to care and improved delivery of services.

Interpretation

Social workers have a special responsibility to advocate for the needs of the disenfranchised or the most vulnerable of the population at both the micro and macro levels. Social workers will identify barriers to services and actively seek to resolve them. The responsibility to advocate for quality improvement also implies a responsibility for health social workers to act as advocates to expand the role of the profession, develop leadership programs, and mentor new professionals.

Standard 10. Client and Community Education

Social workers act as educators for clients, families, the community, and other professionals regarding disease prevention, impact of illness and disease progression, advocacy for benefits, health maintenance, and adherence to treatment regimens.

Interpretation

Social workers have a formal role as educators. Social workers gain knowledge and expertise in the health practice setting from other professionals and from formal education, work, or teaching experience. They have the knowledge and skill to implement the principles of learning theories in education programs, activities, and resources. They

communicate and collaborate with departments and other staff to foster client education. They serve with other members of the health care team for program and resource development, planning, implementation, and evaluation.

Social workers use a variety of methods to define and identify learning needs of individuals and families. Assessment identifies the educational needs based on the expressed needs of individuals, family members, and significant others. The social worker identifies deficiencies in the knowledge base of the client and works with the client to obtain the needed information and resources. Social workers collaborate with the health care team to design educational activities to meet the client's needs, to deliver the activities in a method that facilitates the learning needed, and to evaluate the process in an integral, ongoing, and systematic manner.

Standard 11. Teamwork and Collaboration

Social workers shall participate in care teams, and collaborate with other professionals, volunteers, and groups in and outside of their practice setting to enhance all aspects of the client and family system's care.

Interpretation

Social workers participate in multiple care teams, which are typically interdisciplinary. These teams often provide comprehensive care and information in a client's home, in outpatient or inpatient health, and mental health care settings.

As part of such teams and collaborations, social workers shall demonstrate the ability to:

- understand the mission and functions of the service organization or group for which the social worker is employed
- understand the role of other relevant professions and organizations
- communicate and cooperate appropriately with other disciplines and agencies
- ensure that the social work role and responsibilities are clearly delineated and communicated to other members of the team
- ensure that the roles and responsibilities of each collaborating organization are clearly delineated and communicated
- advocate for changes in care that reflect the interests of the client and client system
- communicate the client's information in a respectful and objective manner and protect the client's confidentiality and privacy
- share leadership and decision-making functions

Standard 12. Workload

Health care social workers shall maintain a workload that allows for efficient and quality social work service delivery. The size of the social work staff shall represent the scope and the complexity of the organization and the nature and numbers of the populations served.

Interpretation

Both the health care organization or setting and the social work leader and staff have joint responsibility for establishing and maintaining a workload that allows for adequate and appropriate interventions and monitoring of

services and outcomes. A workload consists of any social work function performed for the purpose of the social work position, including direct practice, administration, policy, research, or education. The workload also reflects the demands of the population served and may include social work coverage outside of regular office hours. It is the joint responsibility of the organization and the social worker to resolve issues of workload concerns.

Standard 13. Documentation

Social workers shall maintain records or documentation of social work services, which reflect the client and client systems' pertinent information for assessment and treatment; social work involvement and outcomes with and for clients; and in accordance with care goals and legislative and administrative regulations and policies.

Interpretation

The importance of clear, concise, and organized documentation reflects the hallmark of quality social work services and often serves as the mode of communication between a social worker and other professionals and clients. There are core elements that need to be included and responsibilities to follow in record keeping. The elements and responsibilities of thorough and comprehensive documentation include the following:

- comprehensive assessment and services delivered to the client and client systems, including the development of a plan of care

- ongoing assessments, interventions, and treatment planning
- goals and planning that reflect an explicit statement of agreement with client, client systems, and team input
- referral sources and collaborations
- dates, times, and descriptions of client and client system contacts
- documentation of outcomes
- reason for case closure or transfer
- written permission to release and obtain information, where appropriate
- documentation of compliance with confidentiality rights and responsibilities
- documentation of receipts and disbursements

Standard 14. Research

Health care social workers shall understand research planning, methodology, evidence-based outcomes, and program evaluation.

Interpretation

Social workers have a responsibility to be familiar with the literature crucial to their area of practice. As professionals, social workers in all settings have a mandate to improve the knowledge of the field, and this can best be accomplished through participation in research activities.

Venues where health care social workers might help to develop, implement, or evaluate research include inpatient and outpatient hospital-based settings, community or home health agencies, and federally funded clinical trial research networks. Rich data sources that permit opportunities for quantitative and qualitative research exist within these entities.

Clinical trials (methodological assessments of the safety and efficacy of new treatments or new methods for administering existing treatments) help answer scientific questions and greatly depend on study participants' committed participation. Social workers may help physicians, nurses, pharmacists, and others recruit individuals and encourage study participation and adherence to medication regimens; they can also help clients manage problems that may hinder adherence and retention, such as challenging life circumstances and demands from family members.

Standard 15. Performance Improvement

Health care social workers shall be a part of ongoing, formal evaluation of their practice to assess quality and appropriateness of services, to improve practice, and to ensure competence.

Interpretation

Social workers are trained to facilitate improvements that alter the processes in which health care is delivered. They are ethically charged to promote process improvements that will enhance patient or consumer safety, satisfaction, efficient and effective care, and identify and promote best practices and equitable care on a multidisciplinary basis.

The evaluation of social work practice is a vital part of social work service delivery. The methods to evaluate such practice include peer review, self-evaluation, supervision, and other research methods. Increasingly, social work outcomes from evaluations are used for position justification, performance review,

social work standards for practice, goal setting, and research efforts. Evaluation practices may include the following:

- using appropriate tools such as clinical indicators, practice guidelines, consumer satisfaction surveys and measures, and standardized performance assessments
- assessing both outcome and process objectives
- involving the client and client system and colleagues in the evaluation process
- protecting the privacy of the client and client system and other professionals
- disseminating evaluative data to clients, payers, and other professionals on request and adhering to privacy rights
- using external practice evaluators as appropriate
- participating in social work research.

Standard 16. Access to Information and Technology

Health care social workers shall have access to computer technology and the Internet, as the need to communicate electronically and to seek information on the Web for purposes of education, networking, and resources is essential for efficient and productive practice.

Interpretation

Health care professionals, including social workers, communicate, learn, educate, and document using computer technology on a daily basis. Social workers need initial and ongoing training in technology applications relevant to their practice, including clinical care, research, policy, education, resource finding, and administration. Social workers

shall continue to follow guidelines for privacy with regard to confidential information of the client, family, or health care providers.

Standards for Professional Development, Education, and Leadership

Standard 17. Qualifications

Health care social workers shall meet the provisions set for practice by NASW. A sufficient number of qualified social work personnel shall be on staff to plan, provide, and evaluate social work services.

Interpretation

Health care social workers shall have a social work degree from a school accredited by the Council on Social Work Education (CSWE). As a distinct specialty within the social work profession, health care social work requires specialized knowledge as outlined in these Standards. The social worker should receive this knowledge and skill set from involvement or internship in a health care setting, preferably under social work supervision.

Social workers functioning in leadership roles, such as managers or directors, should be licensed at the advanced practice level and able to provide supervision for licensure. Their experience shall show evidence of advanced practice skills and judgment demonstrating progressively more professional competence and supervisory and management skills.

Standard 18. Continuing Education

Health care social workers shall assume responsibility for their own continued

professional development in accordance with the *NASW Standards for Continuing Professional Education* (NASW, 2002) and state requirements.

Interpretation

Social workers shall remain knowledgeable about medical diagnoses and advancements, and the psychosocial implications of illness, injury, disability, and treatment. To accomplish this goal, social workers shall continually seek to improve their practice through education and training, and to share this knowledge with other colleagues. Opportunities for professional education are available through health care organizations; NASW Web courses and chapters; participation and contribution to professional conferences, training events, and other activities; ongoing psychosocial research; current practice models; and professional publications.

Social workers shall assist in identifying health care and psychosocial topics for professional development by participating in research; by encouraging organizations and institutions to collaborate, advocate, and provide appropriate education for the field; and from clinical practice.

Standard 19. Supervision

A social work leader or supervisor shall be available to supervise health care social work staff on their responsibilities in practice, research, policy, orientation, and education.

Interpretation

The purpose of supervision is to enhance the clinical social worker's professional skills and

knowledge, to enhance competence in providing quality patient care. Supervision aids in professional growth and development and improves clinical outcomes. Experienced social workers shall offer guidance and consultation to students, interns, and less experienced peers. Consultation and guidance are separate from supervision, and may be offered in mentoring opportunities.

Standard 20. Leadership

Social workers across all health care settings have a responsibility to provide leadership to ensure access to care and to improve and maintain the quality of care provided by an agency or institution. Leadership skills can be demonstrated in teams and groups across health care settings, and include mentoring others within and outside the social work profession.

Interpretation

Social work leaders typically demonstrate knowledge, skills, and abilities in the following areas:

- management/administration, which includes supervision, consultation, negotiation and monitoring
- specialized knowledge of how to function within care teams in which various disciplines are involved
- research and education
- legal, ethical, and professional standards applicable to health social work practice including standards of documentation (paper and computer) and quality improvement activities

- ability to prioritize needs for social work services and to recommend adjustments to staffing levels accordingly based on current literature and industry standards
- social work qualifications, productivity, and continuing education
- policies and regulations that affect social work practice, and patient and family care
- information on access to health care for the underserved and marginalized populations
- consultation to social workers and allied health professionals on relative health social work practice issues
- development of and adherence to organizational policies, procedures, and regulations by staff.

Free information on the Standards is located on the NASW Web site: www.socialworkers.org.

Purchase full document from NASW Press at 1.800.227.3590.

References

Barker, R. L. (2003). *The social work dictionary* (4th ed.). Washington, DC: NASW Press.

Centers for Medicare and Medicaid Services. (2004a). Medicare information resource. [Online]. Retrieved from <http://www.cms.hhs.gov/medicare/> on April 15, 2005.

Centers for Medicare and Medicaid Services. (2004b). Welcome to Medicaid. [Online]. Retrieved from <http://www.cms.hhs.gov/medicaid/> on April 15, 2005.

Gilbert, J. (Ed.). (2003). *Principles and recommended standards for cultural competence education of health care professionals*. Los Angeles: California Endowment.

National Association of Social Workers. (1987). *NASW standards for social work practice in health care settings*. Washington, DC: Author.

National Association of Social Workers. (1999). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.

National Association of Social Workers. (2002). *NASW standards for continuing professional education*. Washington, DC: Author.

National Association of Social Workers. (2001). *NASW standards for cultural competence in social work practice*. Washington, DC: Author.

National Association of Social Workers. (2004). *NASW standards for social work practice in palliative and end of life care*. Washington, DC: Author.

Saleebey, D. (2003). Strengths-based practice. In R.A.English (Ed.in Chief) *Encyclopedia of social work* (19th ed. 2003 supplement, pp. 150-162). Washington, DC: NASW Press.

Tomaszewski, E. P. (Ed.). (2004). *The role of social work in medication treatment adherence*. Washington, DC: National Association of Social Workers, HIV/AIDS Spectrum Project.

U.S. Census Bureau. (2004) *Health insurance coverage: 2003/highlights*. Retrieved April 15, 2005, from <http://www.census.gov/hhes/www/hlthins/hlthin03/hlth03asc.html>

Acknowledgements

NASW would like to acknowledge the work of the Health Standards Workgroup for their contributions to the *NASW Standards of Social Work Practice in Health Care Settings*. The workgroup was comprised of social workers experienced in all facets of health care. The following individuals comprised the workgroup:

Nancy Campbell, MSW, LISW
Chief of Social Work Services
Cincinnati VA Medical Center

Nancy F. Cincotta, MSW
Mount Sinai Medical Center
New York, New York

Lisa E. Cox, PhD, LCSW, MSW
Associate Professor
The Richard Stockton College of New Jersey

Stuart Kaufer, ACSW, LMSW
Regional Resource Development Specialist
Center for Independence of Disabled of NY

Carol P. Marcusen, MSW, LCSW, BCD
Director of Social Services, Case
Management, Patient Education
USC/Norris Cancer Hospital

Shirley Otis-Green, MSW, ACSW, LCSW
Senior Research Specialist
Nursing Research and Education Department
City of Hope National Medical Center



NATIONAL ASSOCIATION
OF SOCIAL WORKERS

750 First Street, NE

Suite 700

Washington, DC 20002-4241

202.408.8600

www.socialworkers.org

2004 Index of Articles

Listed in alphabetical order



[2001 Index of Articles](#)

[2002 Index of Articles](#)

[2003 Index of Articles](#)

Social Workers — Vital to Multidisciplinary Hospital Teams

Social Work Today

By Kim Schuetze, ACSW, CCM

Vol. 4 No. 3 p. 32

Hospital-based social workers have an important role to play as part of multidisciplinary teams that include physicians, nurses, respiratory and physical therapists, psychologists, dietitians, and other caregivers. By identifying the needs of the patient and/or the patient's family, hospital-based social workers bring core skills of nonjudgmental assessment, advocacy, and the ability to find appropriate solutions. This is not an ancillary strategy that is undertaken as a solo project. Rather, social workers strive to be highly effective members of teams that draw upon the strength and unique contribution of all parties, from a variety of professional backgrounds.

“For social workers working as part of teams, one of the challenges is to be a leader, even if they don't carry that title. Social workers must enhance their leadership skills; they must be able to lead and be comfortable with it,” observes Kathleen M. Wade, PhD, MSW, ACSW, director of social work, University of Michigan Hospitals, and assistant dean of hospital social work, University of Michigan School of Social Work. “There are times, however, when social workers feel like the least important people on the team. That's not true. Getting them to believe it is the challenge.”

Social workers must recognize that the value they bring to the team is equal to the clinical or rehabilitative skills that others possess. Their case management skills, obtaining both internal and external resources for the patient and/or the family, complement the clinical/medical efforts. While skill sets and care delivery differ from discipline to discipline, there is a common bond that unites and focuses the team: patient care. When teams base their attitudes and actions on this premise, conflicts can be resolved, compromises reached, and decisions made.

Working As a Team

“The physicians, nurses, and medical/clinical staff care deeply about all aspects of the patient,” says Deborah Campbell, RN, BSN, CCRN, the clinical manager for the pediatric intensive care unit at Kosair Children's Hospital in Louisville, KY. “But, we are so focused and busy running from one thing to the next that we are unable to meet all of the patient's needs outside of the basic clinical, medical, and nursing needs. Without the entire team working with us—including the social workers, who are an integral part—we are only taking care of part of that patient.”

Hospital-based social work has served as a model for other practice areas that now incorporate a team approach. “We know that many of the social work problems we deal with are so complex that one discipline alone cannot be as effective as all the disciplines coming together. We are beginning to see this in more and more settings, and we can thank hospital-based social work for getting us thinking along those lines,” says Karen M. Sowers, PhD, MSW, dean of the University of Tennessee College of Social Work. “From a bio-psycho-social model, social workers take a holistic view. So, who better to facilitate the disciplines coming together than social workers?”

Multidisciplinary teams in hospitals function differently, depending on the setting, the kinds of patients treated, and what team members have grown accustomed to over the years. In my personal experience, I have been part of a multidisciplinary team in the intensive care unit at Kosair Children's Hospital for the past four years. The only freestanding, full-service children's hospital in the region, Kosair serves children from Kentucky and neighboring states.

Our team spans the various medical and rehabilitative disciplines: physicians, nurses, respiratory and rehabilitative therapists (including physical, speech, and occupational), dietitians, psychiatry, cardiovascular, diabetic and pulmonary nurse educators, and social workers. With such a diverse team, any number of specialties can be brought in for any given



patient's needs.

As part of the team, I am welcome to make the medical rounds each day, though I typically do not because of the time involved. Rather, I join the rounds at specific times when a child or family is in need of my services. My colleagues and I may not see every patient, but we rely on referrals from physicians, nurses, or families.

By contrast, at Kindred Hospital in Louisville, a licensed, long-term acute care hospital, social workers do assessments of every patient within the first week of admission to identify the needs and concerns of the patient and/or family. "A family might come to us with particular concerns or Adult Protective Services may be involved," explained Maureen Chambers, MSW, CSW, director of the social work department at Kindred Hospital. "We handle any number of issues."

End-of-Life Care

One issue that is frequently dealt with by the Kindred Hospital team is termination of life support, a process that is physician-generated but that also involves nursing, respiratory therapy, and social workers. While Chambers and her colleagues handle the required paperwork, the services of these social workers encompasses so much more, including seeing to the emotional needs of both the family and staff.

"A couple of years ago, as we were talking about patient care, someone commented, 'We give a lot of care at the beginning of life. Why not at the end?' That's when I spoke up. We, as social workers, are the ones providing the intensity of service at the end of life," Chambers explains. "We are the ones who are facilitating the paperwork and guiding the family through the process and educating them. And, we are in the room holding their hands as they sit with the patient."

The "intensity of service" that Chambers describes means staying with the family beyond normal working hours, extending into nights and weekends if necessary. It also includes one-on-one intervention to address the basic needs—something as simple as ensuring tissues are available and lowering the patient's side bedrails. "I never want a family to say, 'The last thing I remember was that I had to reach for my mother's hand through a bedrail,' or, 'I couldn't even get a tissue.' We pull in chairs and pull down bedrails. The lasting impression for the family should be one of support."

Treating Patients and Their Families

Hospital-based social workers recognize that while the patient is the focus of the medical attention, it is often the entire family that needs to be treated. A patient's health issues extend into family systems. Problems may range from financial to social—from a lost job or lack of transportation to a sick child whose parent is in jail. As a social worker who provides case management services, my job is to help identify solutions.

"Adam" was a 10-year-old patient at Kosair whose adoptive mother lived in another town. She stayed with him for a few days and then had to go home. Immediately, Adam's behavior became atrocious; he refused to eat and urinated on the floor. One of the nurses contacted me to help get the boy's adoptive mother to return to the hospital.

As I became involved in the case, I learned the details of Adam's life. His birth mother had abused him. He suffered emotional and psychological problems, and his adoptive mother had abandoned him—or so it appeared. When I called the adoptive mother, I learned she had been ill and was briefly hospitalized herself. She was trying to arrange for someone to care for her other children while she recuperated.

Until his mother could come, we needed to devise another strategy to help Adam. Psychiatrists prescribed a behavior modification program, rewarding him with games when he behaved correctly. Dietitians prepared foods that he liked. Nurses did their charting in his room so he wouldn't be alone. Working together, we were able to do what we could with the situation at hand: trying to meet Adam's needs while his mother was away.

One of the most important contributions that social workers bring to hospital teams is a nonjudgmental attitude. In Adam's case, it would have been easy to assume his mother had "abandoned him," but that did not turn out to be the case.

Social Workers and Case Management

Assessing the needs of patients and their families and finding the appropriate resources in a timely and cost-efficient manner are part of another role that I fulfill—that of a case manager. Acting as an advocate for the patient and family is reflective of my roles as case manager and social worker. The two roles are distinct, yet intertwined. As my professional credentials reflect (I am an ACSW and a certified case manager), I see myself as a social worker who also provides case management services.

With its focus on the needs of the patient and commitment to obtain the resource at the right time, case management has a uniquely individual approach. As the healthcare system continues to operate under the glaring scrutiny of cost containment,

case management is one of the few areas that remain personalized. Thus, my case management services are enhanced by my professional role as a social worker, where patient advocacy is a top priority.

“Social workers are going to advocate for the patient, and at times, we may stand on the other side of clinical issues,” says Chambers. “To do that, social workers need to be confident about themselves and their skill set. For example, if I know that a patient is being restrained, I want to know why. I want to know for sure that there are legitimate reasons for the restraints, such as keeping a patient from dislodging life-sustaining medical lines/tubes.”

Case management skills also involve obtaining access to the right resources at the right time. When it comes to social or community needs, the resources may be a phone call away: transportation to bring a patient to follow-up appointments, food or utility bill relief, or low-cost counseling. Seeking external resources—if, when, and where they exist—is an extension of a social worker’s team approach. We cannot provide the services ourselves, but to the best of our ability, we can help patients and their families obtain the help they need, when they need it. And, when the resources do not exist, we must advocate for change on a broader, societal level.

“Advocacy is part of our [social work] code of ethics—to advocate for better conditions for all people,” Sowers observes. “We do that on a macro level dealing with policy and legislation and on a micro level with patients.”

Building a Team

As advocates and liaisons, social workers operate well in a team environment. Facilitating services, we naturally reach out to others. Thus, in a hospital where various aspects of patient care are coordinated and deployed, the team approach seems natural. Yet, not every hospital has a fully functioning multidisciplinary team.

Unfortunately, there are hospitals that tend to view social workers as only “resource getters and discharge planners,” Sowers says. “That’s short-sighted because social workers have so much more to offer.”

Social workers who are not part of a fully functioning multidisciplinary team should not give up the ideal of operating in a team environment. They can foster change by being good team players. For example, whenever a case is discussed, social workers should be prepared to make a meaningful contribution. That doesn’t mean they need to have an immediate answer for every question or a solution to every situation. But, it does mean making a commitment to investigate the problem, research potential solutions, and then report back in a timely fashion.

Communication among all parties is the difference between having a team in theory and one in practice. Many hospitals may claim to have a multidisciplinary team, but it is the day-to-day function of the team that determines whether or not it is effective. Do the various disciplines communicate with each other? Do they respect and value the unique contributions of each party? The multidisciplinary label is not enough; it must be demonstrated through practice.

Respect can become an issue. In the traditional hierarchy of a hospital environment, social workers may not think they are given the same respect as the medical/clinical personnel. The best strategy is to do respectable work in a predictable and proactive manner. No one likes to have to prove themselves, particularly when they possess the experience and expertise in their field. But, it is a fact of life in the real world of many hospitals.

Patient care is the unifying factor for all teams, even splintered ones. “The more you can work together in a collaborative way within the context of everyone’s unique skills, the better your patient care is,” says Wade. “People need to check their egos at the door and recognize what others can do. That approach adds to the depth of the team. Patient care is really served.”

Over time, mutual respect and sensitivity grow into a heightened awareness. Wade recalls her work with HIV/AIDS patients when the social workers asked for a moment of silence after the reading of the names of patients who had died. The doctors, she recalled, at first were uncomfortable and eager to fill up the silence with talk. But, after a few months, the physicians were the ones asking that the names be read and the moment of silence be observed.

“In time, there was a blurring of boundaries,” Wade adds. “The doctors were asking about patients who lived in third-floor walkups and social workers were inquiring about pain management.”

For members of a multidisciplinary team, this is perhaps the most vivid sign of success. Team members become so acutely aware of each other’s areas of expertise that they anticipate the questions that will be asked—and ask them on behalf of others. Distinctions among professional backgrounds, educational degrees, and even status at the hospital fall away. All that remains is a group of colleagues, equal in respect and contribution, focused on patient care.

— **Kim Schuetze, ACSW, CCM, is a hospital social worker at Kosair Children's Hospital in Louisville, KY. She also serves on the Commission for Case Manager Certification.**

For more information about the Commission for Case Manager Certification, please visit www.ccmcertification.org.

A Model for Social Work in the Health Care Setting

The material on this page is presented courtesy of the New York-Presbyterian New York Weill Cornell Center Department of Social Work. It is presented here as a possible model for utilization of social workers in health care settings.

The Mission

The mission of the Department of Social Work (at the New York-Presbyterian New York Weill Cornell Center) is consistent with that of the social work profession and the hospital. It emphasizes comprehensive patient care by:

- 1) enabling patients and families to identify and utilize their strengths to cope with illness and disability
- 2) assisting them in achieving the most effective and efficient plan for continuity of care
- 3) maximizing their use of the medical and psychosocial care they receive and
- 4) preventing and minimizing negative social and psychological consequences of illness and hospitalization.

The Hospital Social Worker— An integral member of the Interdisciplinary Team

Role and Functions:

Psychosocial Assessment:

Bio-psychosocial assessment of the whole person

- Advocacy-advocate for patients needs
- Medical Conditions and their impact
- Social supports
- Family relationships
- Insurance and financial situation
- Emotional strengths and deficits
- Housing and environment
- Life condition prior to hospitalization
- Initial discharge and continuity of care planning

Education:

- Helping patients and families understand the illness
- Educating families on levels of care for continuity of care i.e. acute, sub- acute, home care
- Treatments: consequences of various treatments/treatment refusal
- Entitlements
- Resources

Roles of team members

- Educating staff around the psychosocial issues and responses of friends and/or families
- Consultation to providers
- Advance Directives

Counseling:

- Crisis Intervention
- Initial adjustment to admission
- Exploring emotional/social responses to illness and treatment
- Using strengths and coping mechanisms to adjust and manage illness and treatment
- Understanding of and adjustment to possible role changes
- Problem definition and potential solution
- Diagnosing underlying mental illness
- Appropriate referrals

Communication:

- Communicate with team

- Assist patients and families in talking to one another and to members of inter-disciplinary team
- Formulating questions
- Interpreting information-separating emotion from fact
- Promoting communication and collaboration among team members
- Assisting team members in recognizing their responses to particular patients
- Facilitating decision making

Discharge Planning and Continuity of Care:

- Accessing needed services
- Planning for future needs
- Ensuring communication and understanding among participants
- Equipment as needed
- Assessing resources-funds, paying for medications, durable medical equipment
- Follow-up as needed

Advocacy:

- Directly representing patients and their rights in health care
- Championing the rights of patients through direct intervention or empowerment

High Risk Criteria for In-patients

If a patient meets any of the following criteria, they must be assessed by a social worker.

- 80 years old and over
- Undomiciled/homeless
- Impaired mental status
- Admitted with trauma, secondary to violence such as assault, rape or elder abuse
- Current drug, alcohol or psychiatric disorder
- Chronic medical conditions or surgical treatment that will significantly impair functional capacities post-hospitalization (i.e. amputation, CVA, etc.)
- Admissions from a nursing home, assisted living, adult home, community residence
- Receiving home care services prior to admission
- Evidence of lack of sufficient care in the community upon admission, i.e. dehydrated, infested, found lying on the floor, etc.
- Inadequate resources to fund post hospital care needs
- Child who has been abused, neglected, or abandoned or suspected victim of abuse or neglect
- High risk pregnancy/infant
- Failure to thrive, adult or child
- Mothers admitted with no prenatal care
- Mothers aged 18 and younger
- Suspected End Stage Renal Disease or HIV/AIDS

[Return to Home Page/Return to Social Work in Health Care](#)



Social Workers
Help starts here.



▶ Kids & Families



▶ Mind & Spirit



▶ Health & Wellness



▶ Seniors & Aging



▶ Issues & Answers



[Home](#) :: [Health & Wellness](#) :: [Death & Dying](#)

 [Print Version](#)

Death and Dying - How Social Workers Help - The Role of Social Work in Hospice and Palliative Care

By Mary Raymer, MSW, ACSW

- ▶ [Introduction](#)
- ▶ [How Do Social Workers Evaluate with Individuals and Families?](#)
- ▶ [Social Workers Are Part of a Hospice Team](#)

Introduction

The social work profession helps individuals, families, groups and/or communities enhance or restore their capacity for optimal psychological, emotional, spiritual, social and physical health. Social workers are a core service on hospice and palliative care teams. Their professional values and skills are a perfect match with hospice and palliative care programs, which are designed to treat the whole person in an interdisciplinary manner to enhance quality of life during challenging times.

Social workers are strong advocates for self-determination and culturally appropriate care. They are trained in evaluating the strengths of individuals and families and understand that good medical care requires that the wishes and needs of the individuals being served are respected. When cure is no longer possible, a host of psychological, physical, and spiritual stressors arise that social workers are specifically trained to assist the individual and family to cope and manage.

Social Workers assist individuals and families in the following areas:

- **Symptom Management.** Physical symptom management, such as relaxation exercises to help with nausea or [pain](#), is just one example of the services that social workers provide.
- **Psychological and Spiritual Stress.** Psychological/spiritual stressors such as anxiety, guilt, or depression can be addressed and managed through counseling (including emotional support), education, or short-term psychological techniques.
- **Ethical Dilemmas.** Ethical dilemmas (such as withdrawing or withholding treatment) may also arise, and social workers are adept at problem solving, advocacy and facilitating the proper resources to find solutions that are helpful for each family.
- **Financial Stress.** Financial concerns are often an issue at the end of life, and this is another area where social workers are extremely knowledgeable and successful at helping people navigate resources such as health insurance coverage, medical costs, and bills, or

accessing disability income.

- **Advance Care Planning.** Assistance with advance care planning to ensure that all treatments meet the wishes of the people receiving care is also within the purview of social work intervention. Advance care planning entails making decisions about treatment in end of care and funeral planning, and communicating this with loved ones and in legal documentation.
- **Grief and Bereavement.** Coping with loss and the ensuing grief process is another area in which social workers are well versed. Dealing with the intense emotions associated with grief can be overwhelming without the proper support and information. Social workers have information and skills that help facilitate grief and help people avoid obstacles that can lead to more complicated reactions like depression.

How Do Social Workers Evaluate with Individuals and Families?

Social workers on hospice and palliative care teams make an initial psychosocial evaluation that is essential to making medical care effective and appropriate for each unique family. In this evaluation, questions include spiritual and cultural beliefs so that social workers can help educate other team members as well as themselves about what each family wants, and even more importantly, what they might not want.

Past history is also crucial, because social work takes into account past strengths of the family, and identifies coping skills and strengths people have already utilized. These skills and strengths are drawn upon and enhanced to help people during their current challenge. If there are special difficulties, such as multiple losses or financial stresses, social workers help make plans to provide extra interventions, support, and/or resources.

Social Workers Are Part of a Hospice Team

As a part of the interdisciplinary team, social workers will represent the individual/family's wishes at every team meeting and advocate within other systems to enhance their responsiveness and insure that each family receives care that is hand tailored to fit their needs. After death, social workers provide bereavement information, education, and support to help survivors cope with the death and the subsequent adjustment ("new normal") to a life without their loved one.

A recent study (Reese and Raymer, "Relationships Between Social Work Involvement and Hospice Outcomes: Results of the National Hospice Social Work Survey", Social Work, 2004) showed, among other things, that there was higher client satisfaction and fewer nights of inpatient care when there was more frequent social work intervention on hospice teams. With about 2.4 million people dying each year in America, it is helpful to know that more and more social workers in the field are receiving even more specialized training to help people live the last days of life as fully as possible and to help survivors find a meaningful "new normal."

###

The opinions expressed in this article are those of the writer, and do not necessarily reflect those of the National Association of Social Workers or its members.

Related Articles:

- [About Death & Dying](#)
- [Death & Dying Current Trends](#)
- [Death & Dying: Your Options](#)
- [Tip Sheets on Coping with Death & Dying](#)
- [Resources on Coping with Death & Dying](#)
- [Death & Dying Real Life Stories](#)

Mary Raymer, MSW, ACSW, is a psychiatric social worker and marriage and family therapist who has served the terminally ill and their families for 25 years. Mary serves as president and chief clinician for Raymer Psychotherapy and Consultation Services, P.C., where she specializes in complicated grief issues and life-threatening illness.

[Back To Top](#)



Department of Human Resources

Medical Social Worker (#2920)

\$32.59-\$39.61 Hourly / \$5,648.00-\$6,866.00 Monthly / \$67,782.00-\$82,394.00
Yearly



[Email Me when a Job Opens for the above position\(s\)](#)

Definition

Under general supervision, the Medical Social Worker performs routine medical social work duties; evaluates social, emotional and physical needs of clients; interviews clients and their families and significant others; provides supportive counseling, or crisis intervention; conducts mandatory reporting activities; advocates on behalf of clients; provides discharge planning and case management; and performs related duties as required.

Distinguishing Features

Class 2920 Medical Social Worker is distinguished from class 2922 Senior Medical Social Worker, in that the class 2920 Medical Social Worker is the journey level classification in the series, performs the more routine cases and does not require licensure as a Clinical Social Worker (LCSW), which is required for the class 2922 Senior Medical Social Worker. Class 2920 Senior Medical Social Worker is distinguished from class 2924 Medical Social Work Supervisor in that the class 2924 Medical Social Work Supervisor provides clinical supervision to a group that may include class 2922 Senior Medical Workers and class 2920 Medical Social Workers and ancillary staff, and requires licensure as a Clinical Social Worker (LCSW).

Supervision Exercised

May supervise ancillary staff.

Examples of Important and Essential Duties

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to class 2920 Medical Social Worker are not intended to be an inclusive list.

1. Evaluates social, emotional and physical needs of clients by applying social work theories. Helps clients cope with the environmental and psychological issues of illness by explaining options and treatments as well as making appropriate referrals.
2. May provide supportive counseling or crisis intervention to clients and/or their significant others, families, or friends or may provide referral services to therapists or mental health providers.
3. Interviews clients, their families and significant others to obtain intake information; reviews financial status and screens eligibility for entitlement programs.
4. Collaborates with interdisciplinary health care teams to treat and plan for the social and medical needs of patients by consulting with other providers and making referrals. Devises, develops and implements treatment plans as necessary. May make a diagnosis as part of a treatment plan.
5. Conducts mandatory reporting activities by completing reports in specific timeframes and completing appropriate documents.
6. Prepares records to document case activity including pertinent statistical reports, chart notes, correspondence, and other agency forms to monitor and assess client's progress.

7. Advocates on behalf of clients with agencies, medical practitioners and within the community.
8. Conducts home visits when necessary to survey living situation of clients for accessibility and to determine the need for further services.
9. Provides discharge planning by analyzing client needs, coordinates with other members of treatment teams and refers clients to outside services and community agencies. Researches community resources, makes appropriate referrals and helps facilitate medical treatment and arranges follow-up care.
10. Performs related duties and responsibilities as assigned.

Knowledge, Skills and Abilities

Knowledge of: Social work theories, principles and techniques; Federal, State and local laws, administrative codes, rules and regulations; contemporary medical issues and health trends.

Ability to: Apply social work methodology; develop and maintain professional working relationships; written communication skills; oral communication skills; train and supervise others; be sensitive to cultural diversity.

Experience and Training

One year Medical Social Worker experience in a licensed health agency and possession of a Master's Degree in Social Work (MSW) from an accredited school of Social Work which included supervised field placement in a licensed health agency.

Disaster Service Workers

All City and County of San Francisco employees are designated Disaster Service Workers through state and local law (California Government Code Section 3100-3109). Employment with the City requires the affirmation of a loyalty oath to this effect. Employees are required to complete all Disaster Service Worker-related training as assigned, and to return to work as ordered in the event of an emergency.

CLASS: 2920
EEOC: 2

EST:

REV:
MEDICAL:

FORMERLY JOB TITLE:

REPLACES JOB TITLE:

Below, you'll find information on a current career opportunity with CHW. You can start the process of submitting your resume by clicking on the "Apply to this job" option. Alternately, you can add the listing to your job cart, or forward it to a friend, if you think they may be interested. From here, you may return to the results of your last search, or return to the Search page and begin a new search.

[Return to Job Search](#)
[Return to Job list](#)
[Help](#)

TITLE (REQ ID):	MED SOCIAL WORKER - MSW (72867)
DEPARTMENT:	ADULT DAY HEALTH CARE
EMPLOYMENT TYPE:	TEMPORARY
SHIFT:	DAY
HOURS PER PAY PERIOD:	80
SHIFT HOURS:	8HOUR
FACILITY:	WOODLAND HEALTHCARE
LOCATION:	WOODLAND, CA

Options
<ul style="list-style-type: none">Apply to this jobAdd to job cartSend job to a friend

FACILITY INFORMATION

Live and work in the cozy community of Woodland, located 20 miles from downtown Sacramento. You and your family will enjoy friendly, safe neighborhoods and great schools. Woodland Healthcare has been a part of the community since 1907, and has the most comprehensive services and specialties in the county. Woodland Healthcare is an integrated organization: its medical offices, health care providers, 108-bed hospital and surgery center are all part of one system. With nearly 50,000 patient visits and admissions annually, Woodland Healthcare is known for its women's and children's care, diagnostic imaging, cardiovascular, occupational health, and mental health services. www.woodlandhealthcare.org

POSITION REQUIREMENTS

GENERAL DESCRIPTION:

The Medical Social Worker conducts psychosocial evaluations and formulates treatment plans and goals to assist with resolving problems that impede the participants' rehabilitation and/or recovery process. The Medical Social Worker makes referrals to appropriate community resources, confers with other disciplines, conducts group work activities, provides one on one counseling, participates in internal meetings, generates referrals for Center and completes paperwork in a timely manner

QUALIFICATIONS:

Master's degree in social work with one year of postgraduate social work experience desired, with two (2) years in a health care setting preferred. Adapt knowledge/skill to community/home setting. Have knowledge and understanding of the principles of gerontology, community health administration and practice. Establish good working relationships with other professionals.

Knowledge of:

- The principles and practices of clinical social work in the healthcare setting.
- Individual and group consultation process.
- Principles of grief and loss counseling.
- Crisis intervention techniques.
- Participants' rights, ethical considerations and cultural differences in dealing with the hospitalized participant.
- Community health, welfare, and social agencies.
- Chemical dependency and mental disorders.

Ability to:

- Collaborate effectively with community agencies.
 - Demonstrate knowledge and skills relevant to the principles of growth and development over the life-span of the participant.
- Ability to interpret knowledge needed to identify each participant's requirements relative to his or her age specific needs.
- Perform psychosocial assessments and formulate appropriate plans.

- Assess and report incidences of suspected dependent adult/elder abuse and domestic violence.
- Communicate psychosocial needs of the participant and family to the interdisciplinary team.
- Develop and maintain a professional working relationship with Woodland Healthcare and medical staff members.
- Develop and maintain a professional relationship with community health, welfare and social agencies.
- Maintain participants' medical records.
- Maintain confidentiality.

JOB DUTIES

1. Provide psycho-social participant assessments.
 2. Develop collaboration with team, participant, family, and physician. POC to address participant needs as related to diagnosis.
 3. Provide appropriate intervention to include:
 - a. Referrals to community agencies.
 - b. Assist participant with completion of forms, etc.
 - c. Provide counseling.
 - d. Advocacy role with outside resources.
 - e. Financial counseling.
 - f. Assist with appropriate living environment.
 - g. Facilitate group work
 - h. Coordinate and facilitate support groups for community.
 4. Develop appropriate Plan of Care.
 5. Evaluate Plan of Care, make changes or adapt as participant and family needs change.
 6. Collaborate and educate team members to ensure appropriate psycho-social intervention/staff support to process referrals, i.e. APS/Ombudsman etc.
 7. Supervise social work staff including assistants, volunteers, and student interns.
 8. Responsible for program marketing to ensure sufficient levels of program participation.
 9. Submit timely and accurate documentation of interventions.
 10. Coordinates food distribution program.
 11. Educate community regarding issues of aging, caregiving, dementia, etc.
-

[Job opportunities](#)
[About us](#)
[Working here](#)
[Career events](#)
[Our regions](#)

- [Candidate home](#)
- [Job search](#)
- [How to submit](#)
- [Log in](#)
- [FAQs](#)



I have the power
to make a difference

Social Worker II

[Submit your resume](#)

Job ID: RW.0900011

Description:

DEPARTMENT: Social Services

SCHEDULE: On call, 0 hrs/week, Day shift. Must be willing to work occasional weekends and holiday in rotation with the Department team.

EDUCATION/LICENSE/CERTIFICATON: Master's Degree (M.S.W.). LCSW preferred. BLS (for Hospice/Home Health). Experience Requirement: * refer to the Minimum Qualifications section below

POSTION SUMMARY:

Hospital/Clinic:

The primary role of the Medical Social Worker II is to assist patients and families/caregivers to cope with the social/emotional issues and practical arrangements related to the patient's illness. Under general direction of the Social

Work Manager/LCSW, delivers age-appropriate social work care to patients and their caregivers in accordance with agency policy and procedure and state and federal regulations. The Medical Social Worker II serves as an integral member of the healthcare team providing assessments, coordination, treatment planing, information and referral to the complex needs of patients and families in the hospital and clinic settings.

Hospice/Home Health:

The primary role of the Medical Social Worker II in the Hospice/Home Health setting is to assist patients and families/caregivers to cope with the social/ emotional issues and practical arrangements related to the patient's illness.

Under general direction, delivers age-appropriate social work care to patients and their caregivers in their place of residence in accordance with agency policy and procedure and state and federal regulations. The Medical Social Worker

II serves as an integral member of the home health team providing assessments, coordination and implementation of social work services to meet the complex needs of patients in the home setting.

QUALIFICATIONS:

Hospital/Clinic:

- . Masters in Social Work accredited by the Council of Social Work Education.
- . Step I: Less than two (2) years' social work experience (M.S.W. field work not included).
- . Step II: Two (2) to four (4) years of social work experience within the last five (5) years (M.S.W. fieldwork not included).
- . Step III: Four (4) or more years of social work experience within the last ten (10) years (M.S.W. fieldwork not included).
- . At least one (1) year post MSW experience in a health care setting preferred- MSW internship may be considered in lieu of this requirement.
- . Demonstrated ability to work on a multidisciplinary team.
- . Must have solid psychosocial assessment skills.
- . Knowledge of chronic and acute disease and how it impacts patient and family functioning.
- . Demonstrated excellent oral/telephone communication skills and written documentation.
- . Must be computer-literate and, preferably, experienced in automated clinical information systems.
- . Must demonstrate ability to effectively and efficiently handle demanding workload involving multiple tasks.
- . Demonstrated ability to function independently as a collaborative, supportive team member.
- . Must be able to master detailed and complex information regarding benefits and coordination of care.
- . Must be willing to work in a Labor Management Partnership environment.
- . Also refer to Position Specifications outlined in the appropriate collective bargaining agreement.

Hospice/Home Health:

- . Masters in Social Work accredited by the Council of Social Work Education.
- . Step I: Less than two (2) years' social work experience (M.S.W. field work not included).
- . Step II: Two (2) to four (4) years of social work experience within the last five (5) years (M.S.W. fieldwork not included).
- . Step III: Four (4) or more years of social work experience within the last ten (10) years (M.S.W. fieldwork not included).
- . California Driver's License required for Hospice and Home Health positions.
- . One (1) year experience providing direct service in medical or home health related setting - MSW internship considered.
- . Home Health - Title 22 Requirement: "Social worker" means a person who has a masters of social work degree from a school of social work accredited or approved by the Council on Social Work Education and having one year of social work experience in a health care setting.
- . Hospice - California standards: "Social worker" means a person who has a master of social work degree from a school accredited by the Council on Social Work Education and clinical experience relevant to the counseling and case work needs of patients and families.
- . Demonstrated ability to work on a multidisciplinary team.
- . Must have solid psychosocial assessment skills.
- . Knowledge of chronic and acute disease and how it impacts patient and family functioning.
- . Demonstrated excellent oral/telephone communication skills and written documentation.
- . Must be computer-literate and, preferably, experienced in automated clinical information systems.
- . Must demonstrate ability to effectively and efficiently handle demanding workload involving multiple tasks.
- . Demonstrated ability to function independently as a collaborative, supportive team member.
- . Must be able to master detailed and complex information regarding benefits and coordination of care.
- . Must be willing to work in a Labor Management Partnership environment.
- . Also refer to Position Specifications outlined in the appropriate collective bargaining agreement.

DUTIES:

Hospital/Clinic:

Provide psychodynamic interventions, crisis intervention, grief/bereavement counseling, problem solving, stress reduction and developing healthy coping strategies in individual/family/group settings. Provide counseling for disease acceptance and understanding.

Responsible for developing and implementing individual Plan of Treatment which assist patients and families to cope and/or restore social, emotional, financial and environmental factors which affect and/or affected by illness.

Completes psychosocial assessments. Partners with patient to identify needs and develop and implement individual treatment plan based on mutually agreed upon treatment plan.

Discuss options for care proactively including Kaiser resources and external community/government resources to assist patient and family in developing short and long term care plans as appropriate. Team with other disciplines in assessing, planning and providing services for patients utilizing biopsychosocial information.

Assist patient in advocating for self to receive appropriate services within Kaiser and in the community. Assist patient and family with care planning and discharge plans.

Takes, reviews, evaluates and prioritizes written and oral referrals. Maintains documentation, records and data collections. Responsible for completion of required documents in a complete and timely manner.

Functions as part of the Skilled Nursing Facility Team to assure appropriate, timely placement of Kaiser members in nursing facilities. Liaison between patient and Kaiser maintaining positive relationship with Kaiser and providing for continuity of care.

Identifies appropriate levels of care and facilities for referred patients, where applicable. Obtains placements, where applicable.

Collaborate with internal and external resources in Kaiser and the community to meet mutually agreed upon goals and objectives. Provides information and referral to community resources as requested.

Coordinates exchange of information between Kaiser, families, members and skilled nursing facilities. Determines application of Kaiser, Medicare and Medi-Cal benefits to specific patient situations.

Participates in Utilization Management/Quality Assurance activities.

Assist in coordinating communication between regional offices, clinics, hospitals, and field staff, triaging of phone calls from members'/families. Works with referral sources to clarify and complete required clinical and psychosocial information.

Perform other related duties as necessary.

Hospice/Home Health:

Provide psychodynamic interventions, crisis intervention, grief/bereavement counseling, problem solving, stress reduction and developing healthy coping strategies in individual/family/group settings. Provide counseling to help patients cope with acute/chronic/terminal illnesses.

Responsible for developing and implementing individual Plan of Treatment which assist patients and families to cope and/or restore social, emotional, financial and environmental factors which affect and/or affected by illness.

Completes biopsychosocial strengths based assessments. Partners with patient to identify needs and develop and implement individual treatment plan based on mutually agreed upon treatment plan.

Discuss options for care proactively including Kaiser resources and external community/government resources to assist patient and family in developing short and long term care plans as appropriate. Team with other disciplines in assessing, planning and providing services for patients utilizing biopsychosocial information.

Assist patient in advocating for self to receive appropriate services within Kaiser and in the community. Assist patient and family in placing patient in higher level of care as determined by team and patient, if applicable.

Takes, reviews, evaluates and prioritizes written and oral referrals. Maintains documentation, records and data collections. Responsible for completion of required documents in a complete and timely manner.

Functions as part of the Home Health/Hospice Team to assure appropriate, timely placement of Kaiser members in nursing facilities. Liaison between patient and Kaiser maintaining positive relationship with Kaiser and providing for continuity of care.

Identifies appropriate levels of care and facilities for referred patients, where applicable. Obtains placements, where applicable.

Collaborate with internal and external resources in Kaiser and the community to meet mutually agreed upon goals and objectives. Provides information and referral to community resources as requested.

Coordinates exchange of information between Kaiser, families, members and skilled nursing facilities. Determines application of Kaiser, Medicare and Medi-Cal benefits to specific patient situations.

Participates in Quality Assurance activities as assigned.

Assist in coordinating communication between regional offices, clinics, hospitals, and field staff, triaging of phone calls from members'/families. Works with referral sources to clarify and complete required clinical and psychosocial information.

Perform other related duties as necessary.

Inpatient and Outpatient Critical Care: Experience and level of comfort with issues pertaining to death, dismemberment, disfigurement and disability. Experience with ethical issues and documented experience providing clinical services specific to anticipatory death, dying process and bereavement.

Medical Surgical: Experience in crisis, grief and family counseling. Experience with a wide variety of illnesses/condition and resulting needs.

Oncology: Experience in crisis, grief and family counseling. Experience with a wide variety of oncological diagnosis and the resulting coping and other psychosocial issues. Experience facilitating support groups.

HIV: Experience in crisis, grief and family counseling. Experience in counseling related to loss and other psychosocial issues specific to HIV/AIDS. Experience facilitating support groups.

Maternal/Child: Experience providing clinical counseling related to high risk pregnancy, diabetes, genetic defects, and substance abuse. Experience and knowledge of appropriate community resources specific to newborns and their families. Experience with adoption/surrogate birth laws.

Pediatrics: Experience providing clinical services to children with acute and chronic medical conditions. Knowledge and experience with child abuse reporting laws, procedures and agencies. Experience working with families of children diagnosed with a wide variety of illnesses including childhood cancers, Cystic Fibrosis and Diabetes.

Alzheimer's/Dementia: Experience working with the elderly and others diagnosed with a wide variety of dementia. Experience with a wide variety of community resources to meet the needs of this population. Experiences with the common stresses related to caregiving.

Chronic Conditions: Experience providing clinical services to patients with more than one ongoing health condition. Works in conjunction with nursing to insure patients are as active and healthy as possible.

Palliative Care: Experience in initiating and participating in end of life discussions with patients and families, and assisting in hospice referrals, holding family conferences, providing home visits and advanced care planning.

GMC(Geographic Managed Care): Experience in crisis intervention, counseling and referral services to socially high risk women who are pregnant and/or parenting children under the age of 5 years. Services are provided on an outpatient basis including transportation, home visits, housing, infant supplies and referral services.

Discharge Planning/UM: Experience in planning discharges and Utilization Management (if applicable)

Supervisory Responsibilities:

This job has no supervisory responsibilities.

Compliance Accountability:

Consistently supports compliance and the Principles of Responsibility (KP's code of conduct)

by maintaining confidentiality, protecting the assets of the organization, acting with ethics and integrity, reporting non-compliance, and adhering to applicable Federal and State laws and regulations, accreditation and licensure requirements, and KP policies and procedures.

Competencies:

To perform the job successfully, an individual should demonstrate the following competencies :

Analytical - Collects and researches data; uses intuition and experience to complement data.

Problem Solving - Identifies and resolves problems in a timely manner; gathers and analyzes information skillfully; develops alternative solutions.

Customer Service - In addition to defined technical requirements, accountable for consistently demonstrating service behaviors and principles defined by the Kaiser Permanente Service Quality Credo, the KP Mission as well as specific departmental/organizational initiatives. Also accountable for consistently demonstrating the knowledge, skills, abilities, and behaviors necessary to provide superior and culturally sensitive service to each other, to our members, and to purchasers, contracted providers and vendors.

Interpersonal Skills - Maintains confidentiality; treats co-workers, patients, and facility visitors with respect.

Oral Communication - Listens and gets clarification to ensure that instructions and requests are fully understood.

Written Communication - Writes clearly and informatively; reads and interprets written information.

Teamwork - Contributes to building a positive team spirit; balances team and individual responsibilities.

Physical Demands:

The physical demands described here are representative of those that must be met by an incumbent to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the incumbent is regularly required to stand; walk; use hands to finger, handle, or feel; reach with hands and arms and talk or hear. The incumbent is occasionally required to sit; climb or balance and stoop, kneel, crouch, or crawl. Specific vision abilities required by this job include close vision, color vision, depth perception and ability to adjust focus.

Work Environment:

The work environment characteristics described here are representative of those an incumbent encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, the incumbent is regularly exposed to moving mechanical parts. Frequent exposure to inpatients and outpatients who may be experiencing a wide range of acute and chronic medical conditions. The noise level in the work environment is usually moderate.

Supervisory Responsibilities: This job has no supervisory responsibilities.

Compliance Accountability :Consistently supports compliance and the Principles of Responsibility (KPs code of conduct) by maintaining confidentiality, protecting the assets of the organization, acting with ethics and integrity, reporting non-compliance, and adhering to applicable Federal and State laws and regulations, accreditation and licensure requirements, and KP policies and procedures.

PLEASE NOTE: - Kaiser Permanente is an AA/EEO employer -

Additional Information:

Region Northern California
Bargaining Unit United Healthcare Workers - West
Facility Redwood City
Shift Day
Benefited N
Employee Referral N
Area of Interest Behav-Mental Hlth - Medical Social Worker (MSW)
JobType On Call
State/City CA, Redwood City

Public Department Description: Social Services

[Refer this job to a friend](#)

[Return to job list](#)

[▲ Back to top](#)

[Terms & conditions](#) [Privacy practices](#) [Site policies](#) [Contact Web manager](#)
[Technical information](#) [Physician careers](#) [Dentist careers](#) [FAQs](#)



*From the Center's Clearinghouse ...**

An Introductory packet

About Mental Health in Schools

*The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563 (310) 825-3634 Fax: (310) 206-8716; E-mail: smhp@ucla.edu

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U45 MC 00175), U.S. Department of Health and Human Services.

Please reference this document as follows: Center for Mental Health in Schools. (2007). *About Mental Health in Schools*. Los Angeles, CA: Author.

Downloaded at no cost from: <http://smhp.psych.ucla.edu>

If needed, hard copies may be ordered from:

Center for Mental Health in Schools

UCLA Dept. of Psychology

P.O.Box 951563

Los Angeles, CA 90095-1563

The Center encourages widespread sharing of all resources.

Preface

Many issues arise when the topic of mental health in schools is discussed. Prominent are such matters as:

- > *Why should schools be involved with mental health?*
- > Is the focus of mental health *in schools* on
 - >> mental *illness*? mental *health*? *both*?
 - >> special education students or all students?
 - >> services or programs or a comprehensive system of supports?
- > What is the *context* for the work and who should be *responsible* for its planning, implementation, and evaluation?

Over the years, we have pursued the advancement of mental health in schools by fully integrating the work into school improvement policy and planning. One facet of that work has been to facilitate discussion of issues, write and share policy and practice analyses and recommendations, and develop prototypes for new directions.

To provide an overview of what the term *mental health in schools* means and about the current status of the field, we have compiled and highlighted a subset of the Center's resources on our website. You can access the following by clicking on the icon on the Center's home page labeled About Mental Health in Schools. After reading *Mental Health in Schools: An Overview*, go back and click on *More About Mental Health in Schools*. This section includes:

- A field-defining resource and reference work entitled: *Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations*
- A Center policy and practice report entitled: *The Current Status of Mental Health in Schools: A Policy and Practice Analysis*
- A paper entitled: *Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization* (Commissioned by the National Association of School Psychologists and the ERIC Clearinghouse on Counseling and Student Services)
- *Mental Health in Schools - A Sampling of References* (from the Center's Quick Find Collection)
- A Center report entitled: *Youngsters' Mental Health and Psychosocial Problems: What are the Data?*
- A Center policy tool entitled: *New Directions for School & Community Initiatives to Address Barriers to Learning: Two Examples of Concept Papers to Inform and Guide Policy Makers.*

- A set of continuing education modules entitled: *Addressing Barriers to Learning: A Comprehensive Approach to Mental Health in Schools*
- Information about *Annotated Lists of Empirically Supported/ Evidence-Based Interventions for School-Aged Children and Adolescents* and about *Empirically Supported Therapeutic Relationships*
- A Center brief entitled: *Mental Health of Children and Youth: The Important Role of Primary Care Health Professionals*
- A Center brief entitled: *Mental Health of Children and Youth: and the Role of Public Health Professionals*
- Several Center documents related to the Recommendations of the President's New Freedom Commission on Mental Health
 - > *Integrating Agenda for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health*
 - > *Resource Synthesis to Help Integrate Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health*
 - > *Gap Analysis of the Resource Synthesis Related to integrating Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health*
- Links to several other major reports on the topic

For your convenience, excerpts from some of the above resources are compiled in this introductory packet.

Note: A variety of related documents and resource aids have been developed for the *National Initiative: New Directions for Student Support* (see <http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm>)

Given the evolving nature of the field, we hope you will send us your ideas for enhancing our Center's discussion of Mental Health in Schools.

Howard Adelman & Linda Taylor
Center, Co-directors

CONTENTS

- Mental Health in Schools: An Overview 1
- A Broad Agenda for Mental Health in Schools 5
- Executive Summary – *Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations* 6
- Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization 12
- Mental Health in Schools - A Sampling of References (from the Center's Quick Find Collection) 24
- Executive Summary – *The Current Status of Mental Health in Schools: A Policy and Practice Analysis* 25
- Advancing the Field: Everyone Can Play a Role 29
- A brief overview about our Center 33

Mental Health in Schools: An Overview

Why mental health in schools?

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. Such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Because of all this, school policy makers, have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of counseling, psychological, and social service programs schools provide.

Adding to what school education support staff do, there has been renewed emphasis over the past 20 years in the health and social services arenas on increasing linkages between schools and community service agencies to enhance the well-being of young people and their families. This “school-linked services” agenda has added impetus to advocacy for mental health in schools.

More recently, the efforts of some advocates for school-linked services has merged with forces working to enhance initiatives for community schools, youth development, and the preparation of healthy and productive citizens and workers. The merger has expanded interest in social-emotional learning and protective factors as avenues to increase students’ assets and resiliency and reduce risk factors.

Thus, varied policies and initiatives have emerged relevant to efforts to enhance mental health in schools. Some directly support school programs and personnel; others connect community programs and personnel with schools. As a result, most schools have some programs to address a range of mental health and psychosocial concerns (e.g., school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, violence.)

*Advancing
mental health
in schools*

School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. And, available research suggests that for some youngsters schools are the main providers of mental health services. As Burns and her colleagues report from the study of children's utilization of MH services in western North Carolina, "the major player in the de facto system of care was the education sector – more than three-fourths of children receiving mental health services were seen in the education sector, and for many this was the sole source of care."

Clearly, mental health activity is going on in schools. Equally evident, there is a great deal to be done to improve what is taking place. The current norm related to efforts to advance mental health policy is for a vast sea of advocates to compete for the same dwindling resources. This includes advocates representing different professional practitioner groups. Naturally, all such advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this make some sense. But in the long-run, it may be counterproductive in that it fosters piecemeal, fragmented, and redundant policies and practices. Diverse school and community resources are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to redundancy, inappropriate competition, and inadequate results.

One response to this state of affairs is seen in the calls for realigning policy and practice around a cohesive framework based on well-conceived models and the best available scholarship. With specific respect to mental health in schools, it has been stressed that initiatives must connect in major ways with the mission of schools and integrate with a restructured system of education support programs and services.

From our perspective, it is time to take a close look at all the pieces. To date, there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a “big picture” analysis, policymakers and practitioners are deprived of information that is essential in determining equity and enhancing system effectiveness. The challenge for those focused on mental health in schools is not only to understand the basic concerns hampering the field, but to function on the cutting edge of change so that the concerns are effectively addressed.

Systemic changes must weave school owned resources and community owned resources together to develop comprehensive, multifaceted, and integrated approaches for addressing barriers to learning and enhancing healthy development. Moreover, pursuit of such changes also must address complications stemming from the scale of public education in the U.S.A. Currently, there are about 90,000 public schools in about 15,000 districts. Thus, efforts to advance mental health in schools also must adopt effective models and procedures for replication and “scale-up.”

Although efforts to advance mental health in schools often are hampered by competing initiatives and agendas, the diversity of initiatives has laid a foundation that can be built upon. There is a need, however, for increased emphasis on *strategic* approaches for enhancing policy and practice. Such strategic approaches can be fostered through efforts to unify thinking about mental health in schools, adoption of well-conceived guiding frameworks, and by support for development of focused networking. To these ends, the Center for Mental Health in Schools at UCLA (1) highlights the need for a broad perspective in thinking about and justifying “mental health” in schools, (2) promotes a working draft of comprehensive and multifaceted guidelines that provide a basis for operationally defining mental health in schools, (3) proposes an integrated framework for promoting healthy development and addressing barriers to learning at a school site in ways that can expand the impact of mental health in schools, and (4) pursues a wide variety of strategies designed to advance the field.

*Needed:
Strategic
approaches &
comprehensive
frameworks
to enhance
policy &
practice*

*Ending the
marginalization*

Clearly, enhancing mental health in schools in comprehensive ways is not an easy task. Indeed, it is likely to remain an insurmountable task until school reformers accept the reality that such activity is essential and does not represent an agenda separate from a school's instructional mission. For this to happen, we must encourage them to view the difficulty of raising achievement test scores through the complementary lenses of addressing barriers to learning and promoting healthy development. When this is done, it is more likely that mental health in schools will be understood as essential to addressing barriers to learning and not as an agenda separate from a school's instructional mission.

Then, we must show how all policy, practice, and research related to mental health in schools, including the many categorical programs funded to deal with designated problems, can be woven into a cohesive continuum of interventions and integrated thoroughly with school reform efforts. In the process, we will need to stress the importance of school-community-home collaborations in weaving together the resources for comprehensive, multifaceted approaches.

In sum, advancing mental health in schools is about much more than expanding services and creating full service schools. It is about establishing comprehensive, multifaceted approaches that help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and neighborhoods.

A BROAD AGENDA FOR MENTAL HEALTH IN SCHOOLS

Interest in advancing mental health in schools is growing. However, considerably different agenda are being pursued.

Over the years, we have pursued an agenda for advancing mental health in schools through (1) embedding the efforts into every school's broader need for addressing barriers to learning and teaching and promoting healthy development and (2) working to fully integrate this broad agenda into school improvement policy and practice. It should be stressed at the outset that such a broad agenda encompasses enhancing greater family and community involvement in education. And, it requires a fundamental shift in thinking about what motivates students, staff, and other school stakeholders.

This work has led us to understand that there are four fundamental and interrelated concerns school decision makers and planners must confront if schools are to be more effective in ensuring that every student has an equal opportunity to succeed at school and in life. Namely:

- 1) Policy for school (and community) improvement must be expanded to end the marginalization of interventions for addressing barriers to learning and teaching;
- 2) Current student/learning supports must be reframed into a unifying, comprehensive system of intervention;
- 3) The organizational and operational infrastructure for schools, feeder patterns, districts, and for school-community collaboration must be reworked to facilitate the development of the system;
- 4) New approaches must be adopted for planning essential system changes and for sustaining and replicating them to scale.

Without broadening the agenda, mental health in schools gets defined mainly as mental illness and the form of intervention tends to be case-oriented and clinical – providing services for a relatively few of the many students who need some form of intervention (but not necessarily clinical services). And, for the most part, efforts to promote social and emotional health and prevent problems are given short shrift. Policy makers and planners tend to approach all this in fragmented and piecemeal ways that contribute to a counterproductive competition for sparse funds. All this contributes to maintaining the long-standing marginalization of such efforts.

It is with a broad agenda in mind that we strive to advance mental health in schools by working for policy and practices to develop *a comprehensive system of learning supports*. The focus is on establishing an Enabling (often called a Learning Supports) Component at every school. Such a component is designed to enable schools to be more effective in (1) addressing barriers to learning and (2) engaging and re-engaging students so that they are successful at school and are building a solid foundation for well-being after graduation.

From an educational and a public health perspective, the need is for a full continuum of interventions conceived as an integrated set of systems that braids together the resources of schools and communities.

Executive Summary:

Mental Health in Schools: Guidelines, Models, Resources, and Policy Considerations

What is meant by the term *mental health in schools*?

Ask five people and you'll probably get five different answers.

That is why so many leaders in the field have called for clarification of what mental health (MH) in schools is and is not. Toward these ends, the *Policy Leadership Cadre for Mental Health in Schools* has developed the resource and reference document summarized here. *The focus of the work is on:

- definitional concerns
- the rationale for mental health in schools
- a set of guidelines to clarify the nature and scope of a comprehensive, multifaceted approach
- the ways in which mental health and psychosocial concerns currently are addressed in schools
- advancing the field.

To embellish the document's value as a resource aid for policy and capacity building, a variety of supportive documents and sources for materials, technical assistance, and training are provided.

Concerns . . .
about definition

As is widely recognized, there is a tendency to discuss mental *health* mainly in terms of mental illness, disorders, or problems. This de facto definition has led school policy makers to focus primarily on concerns about emotional disturbance, violence, and substance abuse and to deemphasize the school's role in the positive development of social and emotional functioning. The guidelines presented in this document are meant to redress this tendency. They stress that the definition of MH in schools should encompass the promotion of social and emotional development (i.e., positive MH) and efforts to address psychosocial and MH problems as major barriers to learning.

and

the place of
MH in schools

Among some segments of the populace, schools are not seen as an appropriate venue for MH interventions. The reasons vary from concern that such activity will take time away from the educational mission to fear that such interventions are another attempt of society to infringe on family rights and values. There also is the long-standing discomfort so many in the general population feel about the subject of mental health because it so often is viewed only in terms of mental illness. And, there is a historical legacy of conflict among various stakeholders stemming from insufficiently funded legislative mandates that have produced administrative, financial, and legal problems for schools and problems of access to entitled services for some students.

Whatever one's position about MH in schools, we all can agree on one simple fact: *schools are not in the mental health business*. Education is the mission of schools, and policymakers responsible for schools are quick to point this out when they are asked to do more about physical and mental health. It is not that they disagree with the idea that healthier students learn and perform better. It is simply that prevailing school accountability pressures increasingly have concentrated policy on instructional practices – to the detriment of all matters not seen as *directly* related to raising achievement test scores.

Rationale Given these realities, as a general rationale for MH in schools, we begin with the view of the Carnegie Council Task Force on Education of Young Adolescents (1989) which states:

School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to learn and perform effectively. It has long been acknowledged that a variety of psychological and physical health problems affect learning in profound ways. Moreover, these problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure.

Despite some reluctance, school policy makers have a long-history of trying to assist teachers in dealing with problems that interfere with school learning. Prominent examples are seen in the range of counseling, psychological, and social service programs provided by schools. Similarly, policymakers in other arenas have focused on enhancing linkages between schools and community service agencies and other neighborhood resources. Paralleling these efforts is a natural interest in promoting healthy and productive citizens and workers. This is especially evident in initiatives for enhancing students' assets and resiliency and reducing risk factors through an emphasis on social-emotional learning and protective factors.

Guidelines Based on a set of underlying principles and some generic guidelines for designing comprehensive, multifaceted, and cohesive approaches to MH in schools, the following set of guidelines is presented along with rationale statements and references related to each guideline. Clearly, no school currently offers the nature and scope of what is embodied in the outline. In a real sense, the guidelines define a vision for how MH in schools should be defined and implemented.

GUIDELINES FOR MENTAL HEALTH IN SCHOOLS

1. General Domains for Intervention in Addressing Students' Mental Health

- 1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
- 1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)
- 1.3 Providing social/emotional support for students, families, and staff

2. Major Areas of Concern Related to Barriers to Student Learning

- 2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)
- 2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
- 2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

3. Type of Functions Provided related to Individuals, Groups, and Families

- 3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- 3.2 Referral, triage, and monitoring/management of care
- 3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
- 3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
- 3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
- 3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

(cont.)

Guidelines For Mental Health in Schools (cont.)

4. *Timing and Nature of Problem-Oriented Interventions*

- 4.1 Primary prevention
- 4.2 Intervening early after the onset of problems
- 4.3 Interventions for severe, pervasive, and/or chronic problems

5. *Assuring Quality of Intervention*

- 5.1 Systems and interventions are monitored and improved as necessary
- 5.2 Programs and services constitute a comprehensive, multifaceted continuum
- 5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
- 5.4 School-owned programs and services are coordinated and integrated
- 5.5 School-owned programs and services are connected to home & community resources
- 5.6 Programs and services are integrated with instructional and governance/management components at schools
- 5.7 Program/services are available, accessible, and attractive
- 5.8 Empirically-supported interventions are used when applicable
- 5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
- 5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
- 5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
- 5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. *Outcome Evaluation and Accountability*

- 6.1 Short-term outcome data
- 6.2 Long-term outcome data
- 6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

What schools are already doing

Currently, there are almost 91,000 public schools in about 15,000 districts. Over the years, most (but obviously not all) schools have instituted programs designed with a range of mental health and psychosocial concerns in mind. And, there is a large body of research supporting the promise of many of the approaches schools are pursuing.

School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development (see the next page for an Exhibit highlighting five major *delivery mechanisms and formats*). Despite the range of activity, it remains the case that too little is being done in most schools, and prevailing approaches are poorly conceived and are implemented in fragmented ways.

Delivery Mechanisms and Formats

The five mechanisms and related formats are:

- 1. *School-Financed Student Support Services*** – Most school districts employ pupil services professionals such as school psychologists, counselors, and social workers to perform services related to mental health and psychosocial problems (including related services designated for special education students). The format for this delivery mechanism tends to be a combination of centrally-based and school-based services.
- 2. *School-District Mental Health Unit*** – A few districts operate specific mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some others have started financing their own School-Based Health Centers with mental health services as a major element. The format for this mechanism tends to be centralized clinics with the capability for outreach to schools.
- 3. *Formal Connections with Community Mental Health Services*** – Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care (“wrap-around” services for those in special education). Four formats have emerged:
 - co-location of community agency personnel and services at schools – sometimes in the context of School-Based Health Centers partly financed by community health orgs.
 - formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center
 - formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of MH services
 - contracting with community providers to provide needed student services
- 4. *Classroom-Based Curriculum and Special “Pull Out” Interventions*** – Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:
 - integrated instruction as part of the regular classroom content and processes
 - specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
 - curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems
- 5. *Comprehensive, Multifaceted, and Integrated Approaches*** – A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:
 - mechanisms to coordinate and integrate school and community services
 - initiatives to restructure student support programs and services and integrate them into school reform agendas
 - community schools

The document concludes with a discussion of policy-focused ideas related to advancing the field. At present, a low policy priority is assigned to addressing mental health and psychosocial factors that negatively affect youngsters development and learning. In schools, existing programs are characterized as supplemental services and are among the first to go when budgets become tight. In

effect, they are marginalized in policy and practice. For this situation to change, greater attention must be paid to enhancing the policy priority assigned such matters, developing integrated infrastructures including new capacity building mechanisms, enhancing use of available resources, and rethinking the roles, functions, and credentialing of pupil service personnel.

Concluding Comments

In terms of policy, practice, and research, all activity related to MH in schools, including the many categorical programs funded to deal with designated problems, eventually must be seen as embedded in a cohesive continuum of interventions and integrated thoroughly with school reform efforts.

When this is done, MH in schools will be viewed as essential to addressing barriers to learning and not as an agenda separate from a school's instructional mission.

In turn, this will facilitate establishment of school-community-home collaborations and efforts to weave together all activity designed to address mental health problems and other barriers to learning.

All this can contribute to the creation of caring and supportive environments that maximize learning and well-being and strengthen students, families, schools, and neighborhoods.

**Impediments to Enhancing Availability of Mental Health Services in Schools:
*Fragmentation, Overspecialization, Counterproductive
Competition, and Marginalization***

Note: This paper introduces a new phase in the NASP-ERIC/CASS Partnership. Each year NASP and ERIC/CASS will commission an outstanding author to prepare an original paper relevant to the theme of the NASP national convention. This paper will be presented to the NASP Executive Council and later made available to NASP members at the ERIC/CASS booth at the convention. In recognition of its special status, the paper will be entered into the ERIC international database as an ERIC/CASS - NASP Premier Partnership Paper. This category will be reserved for papers displaying the highest order of scholarship and devoted to a topic of compelling criticality for school psychology. It will also be posted on the websites of both organizations.

This paper, *Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization*, authored by two eminent policy strategists, Howard S. Adelman and Linda Taylor, is an excellent start-up for the series and appropriately compliments the convention theme of Overcoming Barriers, Increasing Access and Serving All Children. It is our joint intent that this paper will highlight the high quality of resources being entered into the ERIC database and also encourage other psychologists to submit their papers to ERIC/CASS.

Susan Gorin, CAE
Executive Director
NASP

Garry R. Walz, PhD, NCC
Co-Director
ERIC/CASS

Impediments to Enhancing Availability of Mental Health Services in Schools: *Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization*

Howard Adelman & Linda Taylor

Abstract

Concerns about enhancing availability and access to mental health services in schools range from sparse resources to the proliferation of piecemeal and overspecialized interventions arising from categorical funding. This paper discusses such concerns and stresses that they must be addressed from a perspective that fully appreciates the degree to which school policies and practices marginalize student support programs and services. Changing all this is discussed in terms of reframing school reform to fully address barriers to student learning. Finally, a proactive agenda addressing the implications for new directions for pupil personnel professionals is suggested.

Over the years, various legal mandates and awareness of the many barriers to learning have given rise to a variety of school counseling, psychological, and social support programs and to initiatives for school-community collaborations. Paralleling these efforts is a natural interest in promoting healthy development. As a result, a great amount of activity is in play, and a great many concerns have arisen about intervention availability, access, and delivery and about effectiveness and cost-efficiency.

Much has been made of categorical funding as related to the problems of availability and access and the proliferation of piecemeal and overspecialized interventions. Concomitantly, problems constantly arise because of turf battles among pupil service personnel and between such personnel and community providers offering school-linked services. Such concerns clearly are significant and related. However, they need to be addressed from a perspective that fully appreciates the degree to which programs and services for addressing barriers to student learning are marginalized in school policy and practice. This paper discusses such concerns and the need to reframe school reform and the roles of pupil personnel professionals in order to deal with them.

Fragmentation, Overspecialization, and Competition

Problems of fragmentation, overspecialization, and counterproductive competition arise from several sources. For purposes of this discussion, it will suffice to highlight matters in terms of efforts related to (a) school-owned programs and (b) initiatives designed to enhance school and community agency connections.

School-Owned Programs

Looked at as a whole, one finds in many school districts a range of preventive and corrective activity oriented to students' needs and problems. Some programs are provided throughout a school district, others are carried out at or linked to targeted schools. (Most are owned and operated by schools; some are owned by community agencies.) The interventions may be offered to all students in a school, to those in specified grades, to those identified as "at risk," and/or to those in need of compensatory education. The activities may be implemented in regular or special education classrooms and may be geared to an entire class, groups, or individuals; or they may be designed as "pull out" programs for designated students. They encompass ecological, curricular, and clinically oriented activities designed

to reduce problems such as substance abuse, violence, teen pregnancy, school dropouts, and delinquency (Adelman, 1996a).

It is common knowledge, however, that few schools come close to having enough resources when confronted with a large number of students experiencing a wide range of psychosocial barriers that interfere with learning and performance. Most schools offer only bare essentials. Too many schools cannot even meet basic needs. Primary prevention often is only a dream.

While schools can use a variety of persons to help students, most school-owned and operated services are offered as part of what are called pupil personnel services or support services. Federal and state mandates tend to determine how many pupil service professionals are employed, and states regulate compliance with mandates. Governance of daily practice usually is centralized at the school district level. In large districts, psychologists, counselors, social workers, and other specialists may be organized into separate units. Such units overlap regular, special, and compensatory education. Analyses of the situation find that the result is programs and services that have a specialized focus and relative autonomy. Thus, although they usually must deal with the same common barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, inadequate support for student transitions), the programs and services generally are planned, implemented, and evaluated in a fragmented and piecemeal manner. Consequently, student support staff at schools tend to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups. In some schools, a student identified as at risk for grade retention, dropout, and substance abuse may be assigned to three counseling programs operating independently of each other. Such fragmentation not only is costly, it works against developing cohesiveness and maximizing results, and it leads to counterproductive competition for sparse resources - all of which works against enhancing availability (Adelman, 1996a; Adelman & Taylor, 1997, 1999).

Furthermore, in every facet of a school district's operations, an undesirable separation usually is manifested among the instructional and management components and the various activities that constitute efforts to address barriers to learning. At the school level, this translates into situations where teachers simply do not have the supports they need when they identify students who are having difficulties. Clearly, prevailing school reform processes and capacity building (including pre and in service staff development) have not dealt effectively with such concerns.

School-Community Collaborations

As another way to provide more support for schools, students, and families, there has been increasing interest in school-community collaborations. This interest is bolstered by the renewed policy concern about countering widespread fragmentation of and enhancing availability and access to community health and social services and by the various initiatives for school reform, youth development, and community development. In response to growing interest and concern, various forms of school-community collaborations are being tested, including state-wide initiatives in many states (e.g., California, Florida, Kentucky, Missouri, New Jersey, Ohio, and Oregon). This movement has fostered such concepts as school linked services, coordinated services, wrap-around services, one-stop shopping, full service schools, and community schools (Dryfoos, 1994). The growing youth development movement adds concepts such as promoting protective factors, asset-building, wellness, and empowerment.

In building school-community collaborations, the tendency has been to limit thinking about communities by focusing only on agencies. This is unfortunate because the range of resources in a community is much greater than the service agencies and community-based organizations that often are invited to the table (Kretzmann & McKnight, 1993).

Not surprisingly, early findings primarily indicate how challenging it is to establish collaborations (Knapp, 1995; Melaville & Blank, 1998; SRI, 1996; White & Whelage, 1995). Still, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. For example, by placing staff at schools, community agencies increase the amount of assistance available and make access easier for students and families, especially those who usually are underserved and hard to reach. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities, and lead to greater family involvement (Center for Mental Health in Schools, 1996, 1997; Day & Roberts, 1991; Dryfoos, 1994, 1998; Knapp, 1995; Lawson & Briar-Lawson, 1997; Melaville & Blank, 1998; Schorr, 1997; Taylor & Adelman, 2000; U.S. Department of Education, 1995; U.S. General Accounting Office, 1993).

Marginalization

Policy makers have come to appreciate the relationship between limited intervention effectiveness and the widespread tendency for complementary programs in school and community to operate in isolation. Limited results do seem inevitable as long as interventions are carried out in a piecemeal and inappropriately competitive fashion and with little follow through.

The call for "integrated services" clearly is motivated by the desire to reduce redundancy, waste, and ineffectiveness resulting from fragmentation, while also increasing availability and access (Adler & Gardner, 1994; Merseth, Schoor, & Elmore, 2000). Special attention is given to the many piecemeal, categorically funded approaches, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, delinquency, and teen pregnancy. However, by focusing primarily on fragmentation, policy makers fail to deal with the overriding issue, namely that addressing barriers to development and learning remains a marginalized aspect of policy and practice. Fragmentation stems from the marginalization, but concern about such marginalization is not even on the radar screen of most policy makers.

Stated simply, the majority of school programs, services, and special projects designed to address barriers to student learning are viewed as supplementary (often referred to as auxiliary services) and operate on an ad hoc basis. The degree to which marginalization is the case is seen in the lack of attention given to such school activity in consolidated plans and certification reviews and the lack of efforts to map, analyze, and rethink how resources are allocated. Educational reformers virtually have ignored the need to reframe and restructure the work of school professionals who carry out psychosocial and health programs. As long as this remains the case, reforms to reduce fragmentation and increase availability and access are seriously hampered. More to the point, the desired impact for large numbers of children and adolescents will not be achieved.

At most schools, community involvement also is a marginal concern, and the trend toward fragmentation is compounded by most school-linked services' initiatives. This happens because such initiatives focus primarily on coordinating community services and linking them to schools, with an emphasis on co-locating rather than integrating such services with the ongoing efforts of school staff. Fragmentation is worsened by the failure of policy makers at all levels to recognize these problems (Adelman & Taylor, 2000). Reformers mainly talk about "school-linked integrated services" – apparently in the belief that a few health and social services are a sufficient response. Such talk has led some policy makers to the mistaken impression that community resources alone can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view linking community services to schools as a way to free the dollars underwriting school-owned services. The reality is that even when one adds together community and school

assets, the total set of services in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, community agencies find they have stretched their resources to the limit. Another problem is that the overemphasis on school-linked services is exacerbating rising tensions between school district service personnel and their counterparts in community-based organizations. As "outside" professionals offer services at schools, school specialists often view the trend as discounting their skills and threatening their jobs. At the same time, the "outsiders" often feel unappreciated and may be rather naive about the culture of schools. Turf conflicts arise over use of space, confidentiality, and liability. Thus, a counterproductive competition rather than a substantive commitment to collaboration is the norm.

In short, policies shaping agendas for school and community reform are seriously flawed. Although fragmentation and access are significant problems, marginalization is of greater concern. It is unlikely that the problems associated with education support services will be appropriately resolved in the absence of concerted attention in policy and practice to ending the marginalized status of efforts to address factors interfering with development, learning, parenting, and teaching.

Reframing School Reform to Fully Address Barriers to Student Learning

Keys to ending marginalization include expanding comprehensiveness and ensuring that school reform initiatives fully integrate education support activity. Presently, there are several windows of opportunity for moving in this direction.

Windows of Opportunity for Systemic Change and Renewal

Among the most prominent opportunities are the major reform initiatives related to schools and welfare and health services. These initiatives are shifting the ways in which children and their families interface with school and community. For example, among other things, school reform aims to close the achievement gap, eliminate social promotion, enhance school safety, and minimize misidentification and maximize inclusion of exceptional learners in regular programs (Center for Mental Health in Schools, 2001a; Lipsky & Gartner, 1996). If such changes are to benefit the targeted students, current implementation strategies must be thoroughly overhauled, and well-designed interventions for prevention and early-after-onset correction of problems are essential. To these ends, all school personnel concerned with these matters must find their way to leadership tables so that effective system-wide changes are designed and implemented.

Similar opportunities arise around welfare reform. As the pool of working parents is increased, there is an expanding need for quality day care and preschool programs and programs to fill nonschool hours for all youngsters. Health reforms also are beginning to bring more services to schools (e.g., school-based health centers, family resource centers) and are stimulating renewed interest in primary and secondary prevention. As local schools and neighborhoods wrestle with the implications of all this, the result can be further fragmentation and marginalization of programs, or steps can be taken to weave changes into comprehensive approaches for addressing barriers to development and learning. Student support staff have not yet emerged as key participants in these arenas, but the opportunity for assuming a leadership role is there.

Another window of opportunity comes from the rapid expansion of technology. In the next few years, technology will provide major avenues for improving how school staff function. Now is the time to take the lead in planning how technology will be used in working with students and their families and in building capacity for more effective, less costly interventions. Tools already are available for empowering student choice and self-sufficiency and system capacity building.

Improved computer programs are emerging that systematically support many intervention activities, and the Internet enables increased access to information and resources, enhances collaborative efforts including consultation and networking, and provides personalized continuing education and distance learning (Center for Mental Health in Schools, 2000). Resources contained in ERIC and the ERIC/CASS Virtual Libraries can be highly contributive to the efforts to reframe school reform and address barriers to student learning (<http://ericcass.uncg.edu>).

Toward Comprehensive, Multifaceted Approaches

Prevailing initiatives and windows of opportunity provide a context for formulating next steps and new directions. Building on what has gone before, we submit the following propositions. First, we suggest that many specific problems are best pursued as an integrated part of a comprehensive, multifaceted continuum of interventions designed to address barriers to learning and promote healthy development. For another, we submit that comprehensive, multifaceted approaches are only feasible if the resources of schools, families, and communities are woven together. A corollary of this is that the committed involvement of school, family, and community is essential in maximizing intervention implementation and effectiveness. The following discussion is designed to clarify these propositions.

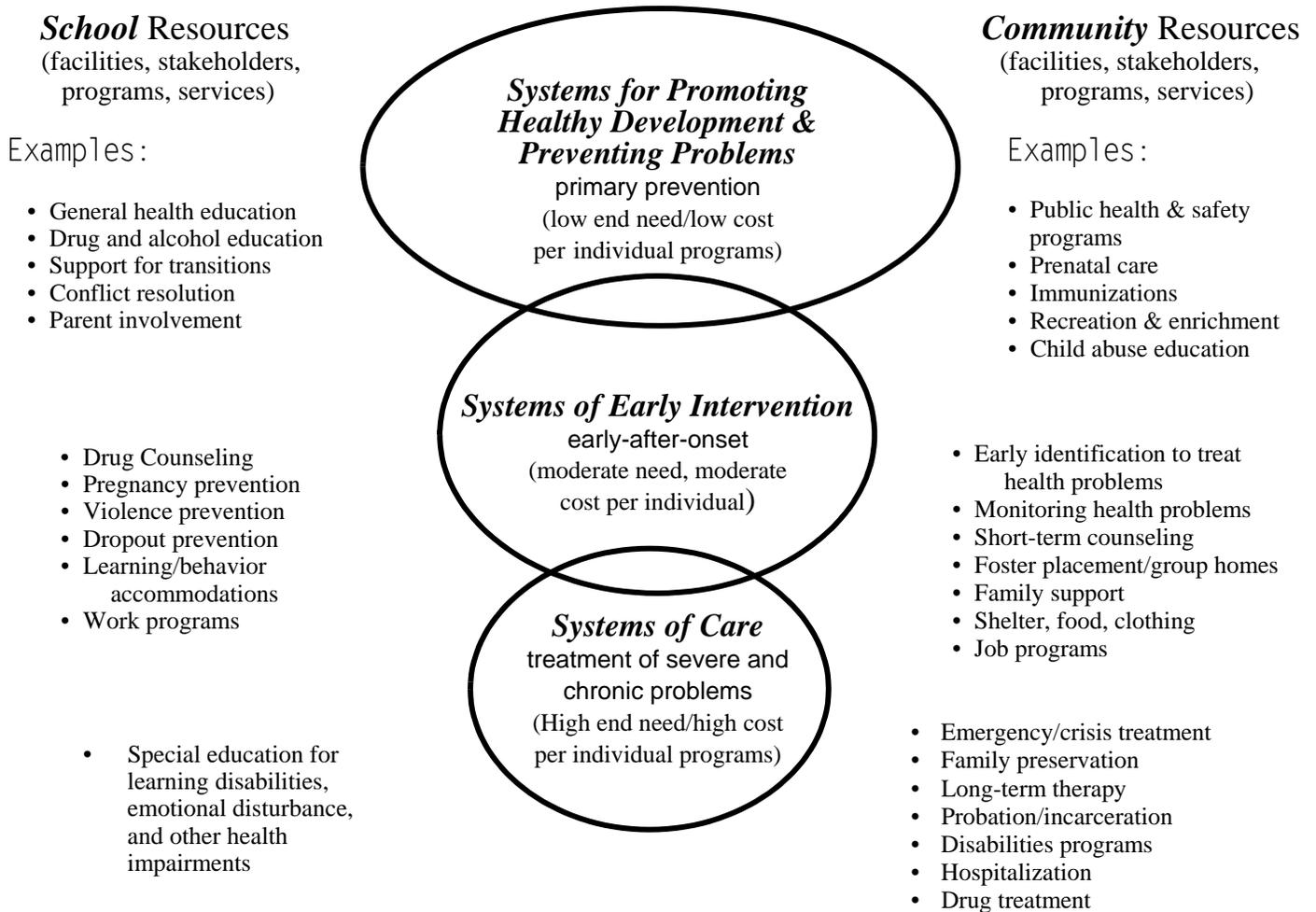
A comprehensive and multifaceted continuum of braided interventions. Problems experienced by students generally are complex in terms of cause and needed intervention. This means interventions must be comprehensive and multifaceted.

How comprehensive and multifaceted? The desired interventions can be conceived as a continuum ranging from a broad-based emphasis on promoting healthy development and preventing problems (both of which include a focus on wellness or competence enhancement) through approaches for responding to problems early-after-onset, and extending on to narrowly focused treatments for severe/chronic problems (see Figure). Not only does the continuum span the concepts of primary, secondary, and tertiary prevention, it can incorporate a holistic and developmental emphasis that envelops individuals, families, and the contexts in which they live, work, and play. The continuum also provides a framework for adhering to the principle of using the least restrictive and nonintrusive forms of intervention required to appropriately respond to problems and accommodate diversity.

Moreover, given the likelihood that many problems are not discrete, the continuum can be designed to address root causes, thereby minimizing tendencies to develop separate programs for each observed problem. In turn, this enables increased coordination and integration of resources which can increase impact and cost-effectiveness. Ultimately, the continuum can evolve into integrated systems by enhancing the way the interventions are connected. Such connections may involve horizontal and vertical restructuring of programs and services (a) within jurisdictions, school districts, and community agencies (e.g., among divisions, units) and (b) between jurisdictions, school and community agencies, public and private sectors, among clusters of schools, and among a wide range of community resources.

Integrating with school reform. It is one thing to stress the desirability of developing a full continuum of interventions; it is quite another to propose that schools should be involved in doing so. In the long run, the success of such proposals probably depends on anchoring them in the mission of schools. That is, the recommendations must be rooted in the reality that

Figure. Interconnected systems for meeting the needs of all students.



Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems of prevention, systems of early intervention, and systems of care.*

- *Such collaboration involves horizontal and vertical restructuring of programs and services
- within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
 - between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies

Adapted from various public domain documents authored by H. S. Adelman & L. Taylor and circulated through the Center for Mental Health in Schools at UCLA.

schools are first and foremost accountable for educating the young. In particular, such proposals must reflect an appreciation that schools tend to become concerned about addressing a problem when it clearly is a barrier to student learning. Moreover, it is the entire constellation of external and internal barriers to learning that argues for schools, families, and communities working together to develop a cohesive, comprehensive, multifaceted approach. Indeed, to achieve their educational mission, schools need to address barriers to learning and to do so with more than school-linked, integrated health and human services. Addressing barriers involves comprehensive, multifaceted strategies that can only be achieved through strong school-community connections. (School-community connections are particularly important in poverty areas where schools often are the largest piece of public real estate in the community and also may be the single largest employer.)

As stressed above, however, the current situation is one where schools marginalize everything except direct efforts to improve teaching and enhance the way schools are managed. Therefore, we suggest that policy makers must move beyond what fundamentally is a two-component model dominating school reform. They must recognize that for teachers to teach effectively there must not only be effective instruction and well-managed schools; there also must be a component to address barriers in a comprehensive way.

Enabling Learning by Addressing Barriers

Our work points to the need for a three-component framework for reform that views all three components as complementary and overlapping (Adelman, 1996a; 1996b; Adelman & Taylor, 1994, 1997, 1998; Center for Mental Health in Schools, 1996, 1997, 1998). The third component is conceived as a comprehensive, multifaceted approach to enable learning by addressing barriers. Thus, we call it an enabling component. (Enabling is defined as "providing with the means or opportunity; making possible, practical, or easy.") Of even greater importance, we have stressed that adoption of a three-component model must be done in a way that elevates efforts to address barriers to development, learning, and teaching to the level of a fundamental and essential facet of education reform and school and community agency restructuring.

By calling for reforms that fully integrate a focus on addressing barriers to learning, the concept of an enabling component provides a unifying frame of reference for responding to a wide range of psychosocial factors interfering with effective schooling. In policy and practice, all categorical programs, such as Title I, safe and drug free school programs, and special education, can be integrated into such a comprehensive component. Moreover, when current policy and practice are viewed through the lens of this third component, it becomes evident how much is missing in prevailing efforts to enable learning, development, and teaching. Adoption of such an inclusive unifying concept is seen as pivotal in convincing policy makers to recognize the essential nature of activity to enable learning. That is, the third component is seen as providing both a basis for combating marginalization and a focal point for developing a comprehensive framework for policy and practice. When such a component is elevated to a high policy level, it finally will be feasible to unify disparate approaches to preventing and ameliorating psychosocial problems and promoting wellness, thereby reducing fragmentation. That is, we see this form of expanded school reform as a foundation upon which to mesh resources for minimizing risk factors and fostering healthy development and as a catalyst for rethinking community resources and how they can best be connected with schools.

Implications for New Directions for Pupil Personnel Professionals: A Proactive Agenda

Our analyses envision schools and communities weaving their resources together to develop a comprehensive continuum of programs and services designed to address barriers to development, learning, parenting, and teaching. From a decentralized perspective, the primary focus in designing such an approach is on systemic changes at the school and neighborhood level. Then, based on understanding what is needed to facilitate and enhance local efforts, changes must be made for families of schools and wider communities. Finally, with clarity about what is needed to facilitate school and community-based efforts and school-community partnerships, appropriate centralized restructuring can be pursued.

Whether or not what we envision turns out to be the case, pupil service personnel must be proactive in shaping their future. In doing so, they must understand and take advantage of the windows of opportunity that are currently open as a result of major reform initiatives and the rapid advances in technology. We also think they need to adopt an expanded vision of their roles and functions (Policy Leadership Cadre for Mental Health in Schools, 2001). Politically, they must integrate themselves fully into school reform at all levels and especially at the school.

For some time, policy and practice changes have suggested the need for restructuring personnel roles and functions and systemic mechanisms (at schools, in central offices, and by school boards). Some thoughts about this are offered in the next section.

Rethinking Roles and Functions

As the preceding discussion indicates, many influences are reshaping and will continue to alter the work of pupil personnel staff. Besides changes called for by the growing knowledge base in various disciplines and fields of practice, initiatives to restructure education and community health and human services are creating new roles and functions. Clearly, pupil service personnel will continue to be needed to provide targeted direct assistance and support. At the same time, their roles as advocates, catalysts, brokers, leaders, and facilitators of systemic reform will expand. As a result, they will engage in an increasingly wide array of activity to promote academic achievement and healthy development and address barriers to student learning. In doing so, they must be prepared to improve intervention outcomes by enhancing coordination and collaboration within a school and with community agencies in order to provide the type of cohesive approaches necessary to deal with the complex concerns confronting schools (Adelman, 1996a, 1996b; Center for Mental Health in Schools, 2001b, 2001c; Freeman & Pennekamp, 1988; Gysbers & Henderson, 2000, 2001; Lapan, 2001; Marx, Wooley, & Northrop, 1998; Reschly & Ysseldyke, 1995).

Consistent with current systemic changes is a trend toward less emphasis on intervention ownership and specialization and more attention to accomplishing desired outcomes through flexible and expanded roles and functions. This trend recognizes underlying commonalities among a variety of school concerns and intervention strategies and is fostering increased interest in cross-disciplinary training and interprofessional education (Carnegie Council on Adolescent Development, 1995; Lawson & Hooper-Briar, 1994).

Clearly, all this has major implications for changing pupil personnel professionals' roles, functions, preparation, and credentialing. Efforts to capture key implications are discussed in a recent report from the Center for Mental Health in Schools (2001d) entitled: *Framing New Directions for School Counselors, Psychologists, & Social Workers*.

New Mechanisms

With specific respect to improving how problems are prevented and ameliorated, all school personnel designated as student support staff need to lead the way in establishing well-redesigned organizational and operational mechanisms that can provide the means for schools to (a) arrive at wise decisions about resource allocation; (b) maximize systematic and integrated planning, implementation, maintenance, and evaluation of enabling activity; (c) outreach to create formal working relationships with community resources to bring some to a school and establish special linkages with others; and (d) upgrade and modernize interventions to reflect the best models and use of technology. As discussed above, implied in all this are new roles and functions. Also implied is redeployment of existing resources as well as finding new ones (Center for Mental Health in Schools, 2001b).

Concluding Comments

Over the next decade, initiatives to restructure education and community health and human services will reshape the work of school professionals who provide student support. Although some current roles and functions will continue, many will disappear, and others will emerge. Opportunities will arise not only to provide direct assistance but to play increasing roles as advocates, catalysts,

brokers, and facilitators of reform and to provide various forms of consultation and inservice training. And, it should be emphasized that these additional duties include participation on school and district governance, planning, and evaluation bodies. All who work to address barriers to student learning must participate in capacity building activity that allows them to carry out new roles and functions effectively. This will require ending their marginalized status through full participation on school and district governance, planning, and evaluation bodies.

The next 20 years will mark a turning point for how schools and communities address the problems of children and youth. Currently being determined is: In what direction should schools go? And who should decide this? Where student support staff are not yet shaping the answers to these questions, they need to find a place at the relevant tables. Their expertise is needed in shaping policy, leadership, and mechanisms for developing school-wide and classroom programs to address barriers to learning and promote healthy development. There is much work to be done as the field redefines itself to play a key role in schools of the future.

References

- Adelman, H.S. (1996a). Restructuring education support services and integrating community resources: Beyond the full service school model. *School Psychology Review, 25*, 431-445.
- Adelman, H.S. (1996b). *Restructuring support services: Toward a comprehensive approach*. Kent, OH: American School Health Association.
- Adelman, H.S., & Taylor, L. (1994). *On understanding intervention in psychology and education*. Westport, CT: Praeger.
- Adelman, H.S., & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry, 67*, 408-421.
- Adelman, H.S., & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist, 33*, 135-152.
- Adelman, H.S., & Taylor, L. (1999). Mental health in schools and system restructuring. *Clinical Psychology Review, 19*, 137-163.
- Adelman, H.S., & Taylor, L. (2000a). Looking at school health and school reform policy through the lens of addressing barriers to learning. *Children's Services: Social Policy, Research, and Practice, 3*, 117-132.
- Adler, L., & Gardner, S. (Eds.). (1994). *The politics of linking schools and social services*. Washington, DC: Falmer Press.
- Carnegie Council on Adolescent Development. (1995). *Great transitions: Preparing adolescents for a new century*. New York: Carnegie Corporation.
- Center for Mental Health in Schools. (1996). *Policies and practices for addressing barriers to student learning: Current status and new directions*. Los Angeles: Author At UCLA.
- Center for Mental Health in Schools. (1997). *Addressing barriers to learning: Closing gaps in school-community policy and practice*. Los Angeles: Author at UCLA.
- Center for Mental Health in Schools. (1998). *Restructuring Boards of Education to enhance schools' effectiveness in addressing barriers to student learning*. Los Angeles: Author at UCLA.
- Center for Mental Health in Schools. (2000). *Using technology to address barriers to learning*. Los Angeles: Author at UCLA.

- Center for Mental Health in Schools. (2001a). *Violence prevention and safe schools*. Los Angeles: Author at UCLA.
- Center for Mental Health in Schools. (2001b). *Resource-oriented teams: Key infrastructure mechanisms for enhancing education supports*. Los Angeles: Author at UCLA.
- Center for Mental Health in Schools. (2001c). *Organization Facilitators: A Change Agent for Systemic School and Community Changes*. Los Angeles: Author at UCLA.
- Center for Mental Health in Schools. (2001d). *Framing new directions for school counselors, psychologists, & social workers*. Los Angeles: Author at UCLA.
- Day, C., & Roberts, M.C. (1991). Activities of the Children and Adolescent Service System Program for improving mental health services for children and families. *Journal of Clinical Child Psychology*, 20, 340-350.
- Dryfoos, J.G. (1994). *Full-service schools: A revolution in health and social services for children, youth, and families*. San Francisco: Jossey-Bass.
- Dryfoos, J. (1998). *Safe passage: Making it through adolescence in a risky society*. New York: Oxford University Press.
- Freeman, E.M., & Pennekamp, M. (1988). *Social work practice: Toward a child, family, school, community perspective*. Springfield, IL: Charles Thomas.
- Gysbers, N.C., & Henderson, P. (2000). *Developing and managing your school guidance program* (3rd ed.). Alexandria, VA: American Counseling Association.
- Gysbers, N.C., & Henderson, P. (2001). Comprehensive guidance and counseling programs: A rich history and a bright future. *Professional School Counseling*, 4, 246-256.
- Knapp, M.S. (1995). How shall we study comprehensive collaborative services for children and families? *Educational Researcher*, 24, 5-16.
- Kretzmann, J. & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago: ACTA Publications.
- Lapan, R.T. (2001). Comprehensive guidance and counseling programs: Theory, policy, practice, and research. Forward to special issue. *Professional School Counseling*, 4, iv-v.
- Lawson, H., & Briar-Lawson, K. (1997). *Connecting the dots: Progress toward the integration of school reform, school-linked services, parent involvement and community schools*. Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.
- Lawson, H., & Hooper-Briar, K. (1994). *Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration*. Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.
- Lipsky, D.K., & Gartner, A. (1996). Inclusive education and school restructuring. In W. Stainback & S. Stainback (Eds.), *Controversial issues confronting special education: Divergent perspectives* (2nd ed., pp. 3-15). Boston: Allyn & Bacon.
- Marx, E., Wooley, S., & Northrop, D. (1998). *Health is academic*. New York: Teachers College Press.
- Melaville, A., & Blank, M.J. (1998). *Learning together: The developing field of school-community initiatives*. Flint, MI: Mott Foundation.

- Merseth, K.K., Schorr, L.B., & Elmore, R.F. (2000). Schools, community-based interventions, and children's learning and development: What's the connect? In M.C.Wang & W.L. Boyd (Eds.), *Improving results for children and families: Linking collaborative services with school reform efforts*. Greenwich, CT: Information Age Publishing.
- Policy Leadership Cadre for Mental Health in Schools (2001). *Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations*. Los Angeles: Center for Mental Health in Schools at UCLA.
- Reschly, D.J., & Ysseldyke, J.E. (1995). School psychology paradigm shift. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology* (pp. 17-31). Washington, DC: National Association for School Psychologists.
- Schorr, L.B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Press.
- SRI. (1996). *California's Healthy Start school-linked services initiative: Summary of evaluation findings*. Palo Alto, CA: SRI International.
- Taylor, L., & Adelman, H.S. (2000). Connecting schools, families, and communities. *Professional School Counseling, 3*, 298-307.
- U.S. Department of Education. (1995). *School-linked comprehensive services for children and families: What we know and what we need to know*. Washington, DC: Author.
- U.S. General Accounting Office. (1993). *School-linked services: A comprehensive strategy for aiding students at risk for school failure* (GAO/HRD-94-21). Washington, DC: Author.
- White, J.A., & Wehlage, G. (1995). Community collaboration: If it is such a good idea, why is it so hard to do? *Educational Evaluation and Policy Analysis, 17*, 23-38.

**Mental Health in Schools
A Sampling of References
(from the Center's Quick Find Collection)**

Go to <http://smhp.psych.ucla.edu/qf/references.htm>

Executive Summary



The Current Status of Mental Health in Schools: A Policy and Practice Analysis

In many schools, the need for enhancing mental health is a common topic. And, as the final report of the President’s New Freedom Commission on Mental Health recognizes, efforts to enhance interventions for children’s mental health must involve schools. Thus, those interested in improving education and those concerned about transforming the mental health system in the U.S.A. all are taking a new look at schools.

Anyone who has spent time in schools can itemize the multifaceted MH and psychosocial concerns that warrant attention. The question for all of us is:

How should our society’s schools address these matters?

In answering this question, it is useful to reflect on what schools have been and are doing about mental health concerns. Therefore, this report begins by highlighting a bit of history and outlines the current status of MH in schools. Then, we explore emerging trends and discuss policy implications.

Past as Prologue

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. School policy makers have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with factors that interfere with schooling. Prominent examples are seen in the range of health, social service, counseling, and psychological programs schools have provided from the end of the 19th century through today.

Many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, and incorporate programs for the prevention of problems and the promotion of social-emotional development. And, ongoing efforts to enhance access to clients in health and social services sectors has resulted in increased linkages between schools and community service agencies.

Over the years, the most widespread activity related to MH in schools has been carried out by school staff described variously as student support staff, pupil personnel professionals, and specialists. Schools have used their resources to hire a substantial body of these professionals. As a result, it is these school staff who have been the core around which programs have emerged.

And, in support of MH in schools, various federal initiatives have been developed. Besides those emanating from the U.S. Department of Health and Human Services, significant initiatives have been generated by the U.S. Department of Education and through special interagency collaborative projects.

Where the Field is Now

Most schools have some interventions to address a range of MH and psychosocial concerns, such as school adjustment and attendance problems, bullying, violence, relationship difficulties, emotional upset, physical and sexual abuse, substance abuse, dropouts, and delinquency. Some are funded by the schools or through extra-mural funding; others are the result of linkages with community service and youth development agencies. Some programs and services are found throughout a district; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." Overlapping problems may be targeted and dealt with in isolation of each other through separate, categorical programs or may be addressed as part of other school-wide and classroom programs. The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals.

Despite the range of personnel and activity, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with MH and psychosocial problems. And, schools do report having many children and adolescents in need of assistance; for some, the numbers have risen to over half those enrolled.

Given this state of affairs, it is poignant to see how low a priority schools assign in both policy and practice to addressing psychosocial and mental health concerns. Indeed, this arena of activity is extremely marginalized.

As a result, interventions are developed and function in relative isolation of each other, and they rarely are envisioned in the context of a comprehensive approach to addressing behavior, emotional, and learning problems and promoting healthy development. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific services and programs, with too little thought or time given to mechanisms for program development and collaboration. Functionally, most practitioners spend their time applying specialized interventions to targeted problems, usually involving individual or small groups of students. Consequently, efforts to address behavior, emotional, learning, and physical problems rarely are coordinated with each other or with educational programs. Intervention planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way for schools to deal with the complex sets of problems confronting teachers and other school staff. The fragmentation has been well documented, and a variety of federal, state, and local initiatives have offered models for enhancing coordination.

Analyses indicate that there is a fundamental policy weakness that maintains the unsatisfactory status quo related to how schools address learning, behavior, and emotional problems. School policy and school improvement planning are currently dominated by a two-component systemic model. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, ending the marginalization of efforts to effectively address barriers to learning, development, and teaching requires establishing a third component as a fundamental facet of transforming the educational system.

In states and localities where pioneering efforts are underway to move from a two- to a three- component policy framework, the component to address barriers to learning is denoted by various terms, such as an Enabling Component, a Learning Supports Component, a Comprehensive Student Support System. This third component not only is intended to provide a basis for combating marginalization, it establishes a focal point for developing a comprehensive approach in which MH and psychosocial concerns are embedded and fully integrated with the school's mission. To this end, the pioneering efforts recognize that all three components are essential, complementary, and overlapping.

Where is the Field Going?

It is clear that the field of mental health in schools is in flux. There is widespread agreement that a great deal needs to be done to improve what is taking place, but no specific perspective or agenda is dominating policy, practice, research, or training.

One perspective on the future comes from the *New Freedom Initiative's* efforts to follow-up on the work of the *President's New Freedom Commission on Mental Health*. The stated aim in the Commission's report is to more wisely invest and use sparse resources. One set of relevant resources certainly are those already committed to MH in schools. However, because of the Commission's limited focus on MH in schools, this venue is unlikely to play a major role in immediate efforts to transform the mental health system, never mind enhancing MH in schools.

Approaching MH in schools from a different perspective, a variety of stakeholders are pushing to enhance policy and practice in ways that directly connect various mental health agenda with the mission of schools. This emerging view is calling for much more than expanded services and full service schools. It is focused on enhancing strategic collaborations to develop comprehensive approaches that strengthen students, families, schools, and neighborhoods and doing so in ways that maximize learning, caring, and well-being. Moreover, advocates of the emerging view stress that when students are not doing well at school, mental health concerns and the school's mission usually overlap because the school cannot achieve its mission for such students without addressing factors interfering with progress. This is especially the case in schools where the number of students not doing well outnumbers those who are.

The specific emphasis of the emerging view is on developing, over time, a full continuum of systemically interconnected school and community interventions that encompasses (a) a *system* for promoting healthy development and preventing problems, (b) a *system* for responding to problems as soon after onset as is feasible, and (c) a *system* for providing intensive care. This encompasses the full integration of mental health concerns into a school's efforts to provide students with learning supports by connecting in major ways with the mission of schools.

Policy Implications

- *Ending the Marginalization of MH in Schools.* Based on the background and analyses set forth in this report, it is concluded that the most fundamental policy concern at this time is to end the *marginalization* of mental health in schools. To achieve this goal, it is suggested that a policy shift is needed to ensure that every school improvement effort includes a focus on development, implementation, and validation of a comprehensive system to address barriers to learning and teaching. Moreover, it is suggested that such a system needs to be built using a unifying umbrella concept that fits school improvement needs and embeds concerns about mental health. The report includes specific examples of policy that incorporate this perspective.
- *Addressing the Complications of Systemic Change.* At the same time, to address the complexities of implementing innovative changes in schools, policy must specifically focus on the complications of *systemic change*, including rethinking and redeploying use of existing resources and phasing-in changes over time. Those who set out to enhance mental health in schools across a district are confronted with two enormous tasks. The first is to develop, implement, and validate prototypes; the second involves large-scale replication. One without the other is insufficient. The report provides a framework highlighting key elements of and the linkages between these tasks. Policy is needed to ensure that strategic planning for school improvement accounts for each of the highlighted elements with respect to (1) prototypes for ensuring that all students have an equal opportunity to succeed in school and (2) how the school will accomplish and validate essential changes. And, at the district level, the need is for policy ensuring strategic planning for how the district will facilitate replication and scale-up of prototype practices

Concluding Comments

At present, mental health activity is going on in schools with competing agenda vying for the same dwindling resources. Diverse school and community stakeholders are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to inappropriate competition for sparse resources and inadequate results.

Enhancing MH in schools clearly is not an easy task. The bottom line is that limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable and staff development remains deficient; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice.

The present state of affairs calls for realigning policy and practice around a unifying and cohesive framework based on well-conceived models and the best available scholarship. Initiatives for MH in schools must be connected in major ways with the mission of schools and integrated into a restructured system of education support programs and services. This means braiding resources and interventions with a view to ensuring there is a *system of learning supports*, rather than separate programs and services. Coordinated efforts naturally are part of this, but the key is development of a system of learning supports that meets overlapping needs and does so by fully integrating mental health agenda into school improvement planning at school and district levels. The implications for policy and practice seem clear:

Policy and practice must end the marginalization of mental health in schools. To do less is to leave too many children behind.

School systems are not responsible for meeting
every need of their students.
But when the need directly affects learning,
the school must meet the challenge.
Carnegie Council Task Force on Education of Young Adolescents (1989)

The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA,

Write: Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563
Phone: (310) 825-3634 Fax: (310) 206-8716 Toll Free: (866) 846-4843
email: smhp@ucla.edu website: <http://smhp.psych.ucla.edu>

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U45 MC 00175). U.S. Department of Health and Human Services.

Advancing the Field: Everyone Can Play a Role



When it comes to advancing the field, many forces are at work. Below we highlight the role our Center currently plays, and then we discuss ways in which we encourage others to enhance their role.

The Role of Our Center

A variety of centers are contributing to moving the field forward. (See our *Gateway* for names and links: http://smhp.psych.ucla.edu/gateway/gateway_sites.htm) The guiding principles and frameworks for our Center's work emphasize ensuring (1) mental *health* (MH) is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools, communities, and homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, we focus on improving practitioners' competence and fostering changes in the systems with which they work through analyses of the current state of affairs and generating policy and program models for advancing the field.

Impact evaluation data indicate the Center's work is helping enhance ongoing efforts related to MH in schools and is generating new ways of understanding and addressing system, program, and person problems. Systemic outcomes attributed to the Center's work include fundamental changes in policy and system-wide infrastructure and practices and a variety of capacity and network building endeavors. Examples include: system-wide efforts to embed MH in schools under the umbrella of a comprehensive student support component for addressing barriers to learning and promoting healthy development; resource mapping and analysis as an intervention; creation of new infrastructure mechanisms such as learning support resource-oriented teams and school community collaboratives; pursuit of sustainability in terms of systemic change, and much more.

Of special significance is the Center-sponsored initiative for *New Directions for Student Support*. Begun in 2002, this nationwide initiative is on the way to becoming a leading catalytic force for changes in policy and practice across the country. The initiative is co-sponsored by a growing list of over 30 groups, including most of the associations representing school-owned student support staff.

Also of major significance is the Center's ongoing work in connection with the field-defining document entitled: *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations*. The guidelines (developed by the Policy Leadership Cadre for Mental Health in Schools) have been adapted into the first ever set of *Guidelines for Student Support Component*.

And, of particular importance at this point in time is the work the Center is doing to integrate MH in schools into the recommendations of the *President's New Freedom Commission on Mental Health*.

In all this, because systems are driven by their accountabilities, we have stressed the need to expand the accountability frameworks and indicators for schools and community agencies to better account for social-emotional development and learning supports. Such expanded data sets also have the potential to improve the evidence-base for school and community interventions.

The Center's emphasis for the future continues to be on maximizing policy and programmatic impact in ways that enable all students to have an equal opportunity to succeed at school. This involves us strategically in increasing resource availability and delivery systems, building state and local capacity, improving policy, and developing leadership.

What Role are You Playing?

Moving forward is dependent on a critical mass of stakeholders playing a role. Because it is hard to do so as an individual or as one group, our Center facilitates a variety of mechanisms enabling stakeholders to work together. Review the following and consider joining in to advance MH in schools (see newsletter insert).

Interested in policy? There is much to be done in the policy arena to advance the field, and it is evident that the pool of policy-oriented leaders must be expanded. Think about joining the *Policy Leadership Cadre for Mental Health in Schools* if you are interested in expanding, linking, and building capacity for *policy leadership* at national, state, regional, and local levels. Established after the Center's 1999 Leadership summit, the cadre focuses on policies for promoting social-emotional development and preventing psychosocial and MH problems, as well as those related to treatment of mental illness. Among its major contributions, the Cadre has developed the document: *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations* and worked with the Center to ensure MH in schools is well integrated into work following-up the President's New Freedom Commission on MH (see <http://smhp.psych.ucla.edu/policy.htm>)

>>Consider representing your organization in the *Coalition for Cohesive Policy in Addressing Barriers to Development and Learning*. Established in 1998, currently, 31 organizations are represented in this broad-based coalition of organizations. The Coalition's aim is to stimulate strategic efforts to foster policy integration and close policy gaps as ways to deal with the marginalization and fragmentation that dominates a great deal of prevailing practice. Last year, Coalition participants agreed to join with the Policy Leadership Cadre on tasks aimed at enhancing the emphasis on MH in schools related to the recommendations of the President's New Freedom Commission on Mental Health. (See <http://smhp.psych.ucla.edu/coalit.htm>)

>>Join in the *New Directions for Student Support* initiative as an advocate in your state and, if your organization is interested, as one of the over 30 co-sponsoring organizations. The focus is on rethinking policy, intervention frameworks, infrastructure, and systemic changes to revamp the student support facets of schools. This is seen as a necessary step in reinvigorating efforts to connect school and community resources for a comprehensive approach. This initiative is central to all efforts to enhance MH in schools and is a promising route to enhancing student and family access to prevention, early-after-onset interventions, and treatment. Currently, the initiative is focusing on strategically facilitating the development of state-based steering and work groups. (See <http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm>)

Networking with Colleagues to Enhance Programs and Practices. Sign up for the *Practitioners' Listserv*. It's designed specifically for practitioners in schools. Each week, the Center responds to specific requests and shares info. Requests and responses are then put on the Center website to elicit additional responses. Currently, the weekly listserv goes to over 540 professionals around the country, and the list continues to grow. (See <http://smhp.psych.ucla.edu/pdffdocs/mhpractitioner/practitioner.pdf>)

>>Also, consider joining the *Consultation Cadre*. Over 275 professionals have volunteered to network with others to share what they know. Cadre members have expertise related to major system concerns (e.g., policy, funding, and system changes), a variety of program and processing issues, and almost every type of MH and psychosocial problem. They work in urban and rural areas across the country. Some run programs. Many work directly with kids in a variety of settings and on a wide range of problems. (See <http://smhp.psych.ucla.edu/consult.htm>)

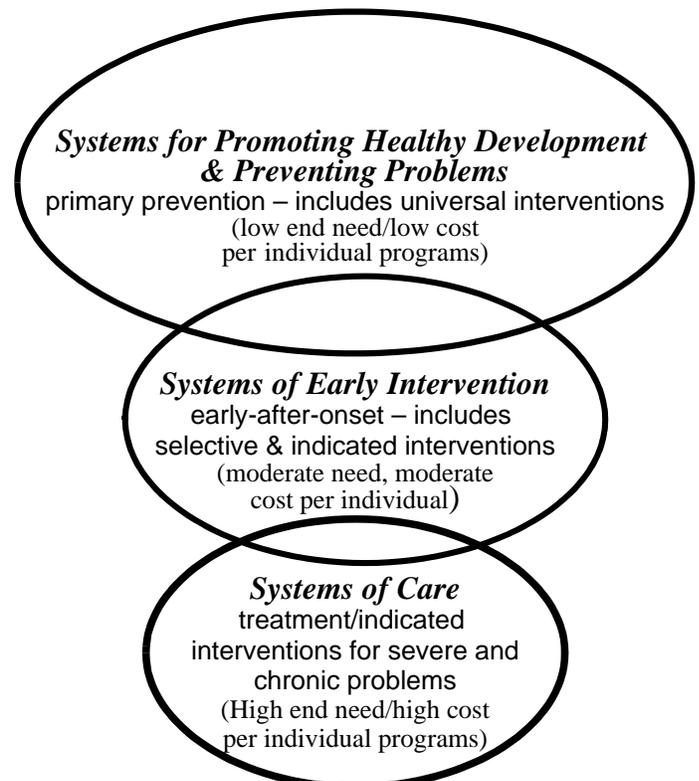
Each of the above provides a context in which you can help advance the field. See the insert to this newsletter and let us know what context fits your interests and abilities.

Advancing Mental Health in Schools

Any effort to enhance interventions for children's mental health must involve schools. Schools already provide a wide range of programs and services relevant to MH and psychosocial concerns. And, schools can and need to do much more if the mandates of the *No Child Left Behind Act* and the *Individuals with Disabilities Education Act* and the recommendations of the *President's New Freedom Commission on Mental Health* are to be achieved.

The emerging view seems to be that MH in schools must be embedded into the basic mission of schools. To this end, all of us must help develop well-integrated, comprehensive, multifaceted support systems that enable students to learn in ways that assure schools achieve their mandates. By doing so, we will ensure that MH in schools is understood as essential to the aim of leaving no child behind.

There are many policy implications related to all this. At the core is the need to ensure that policy proceeds within the context of a full continuum of intervention – ranging from the Public Health agenda for developing systems to promote healthy development and prevent problems to the treatment agenda focusing on systems of care for treating individuals with severe and chronic problems. This continuum is illustrated below:



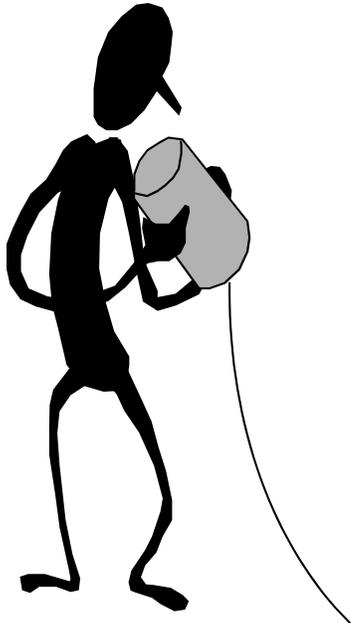
Throughout the above continuum of interconnected *systems* of intervention are policy concerns related to advancing the field of MH in schools. These include:

- ensuring mental *health* is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits
- countering the marginalization and fragmentation of MH in schools
- assuring equity of access to opportunities (e.g., resources, programs, interventions)

- increasing availability of opportunities
- designing and implementing appropriate interventions (e.g., accommodating diversity, using science-based theory and evidence, applying high standards to improve quality and guide evaluation and accountability)
- ensuring the roles of schools/communities/homes are enhanced and pursued jointly

Clearly, we all have a role to play in advancing the field; clearly, a comprehensive approach provides the umbrella under which we can work together to leave no child behind.

With all the *budget* problems, we have to do everything on a shoestring.



Are you saying you still have a shoestring?



A Brief Overview About the Center for Mental Health in Schools at UCLA

In an effort to advance the field, the School Mental Health Project was established in 1986 in the Department of Psychology at UCLA to pursue theory, research, practice, and training related to addressing mental health and psychosocial concerns through school-based interventions. Under the auspices of the Project, the national Center for Mental Health in Schools was funded in 1995 and, in October, 2005, began a third five year cycle of operation. The Center is one of two national centers focusing directly on mental health in schools. Its goals are to enhance *in strategic ways* (1) availability of and access to resources to improve and advance MH in schools, (2) the capacity of systems/personnel, and (3) the role of schools in addressing MH, psychosocial, and related health concerns.

From the perspective of the guiding frameworks described in various works generated by the project/center staff, addressing MH of youngsters involves ensuring

- mental *illness* is understood within the broader perspective of psychosocial and related health problems and in terms of strengths as well as deficits
- the roles of schools/communities/homes are enhanced and pursued jointly
- equity considerations are confronted
- the marginalization and fragmentation of policy, organizations, and daily practice are countered
- the challenges of evidence-based strategies and achieving results are addressed.

Thus, the Center's work aims not only at improving practitioners' competence, but at fostering changes in the systems with which they work. Such activity also addresses the varying needs of locales and the problems of accommodating diversity among those trained and among populations served.

Given the number of schools across the country, resource centers such as ours must work in well-conceived strategic ways. Thus, our emphasis is on expanding programmatic efforts that enable all student to have an equal opportunity to succeed at school and on accomplishing essential systemic changes for sustainability and scale-up through (a) enhancing resource availability and the systems for delivering resources, (b) building state and local capacity, (c) improving policy, and (d) developing leadership.

The strategies for accomplishing all this include

- connecting with major initiatives of foundations, federal government & policy bodies, and national associations;
- connecting with major initiatives of state departments and policy bodies, counties, and school districts;
- collaborating and network building for program expansion and systemic change;
- providing catalytic training to stimulate interest in program expansion and systemic change;
- catalytic use of technical assistance, internet, publications, resource materials, and regional meetings to stimulate interest in program expansion and systemic change.

Because we know that schools are not in the mental health business, all our work strives to approach mental health and psychosocial concerns in ways that integrally connect with school reform. We do this by integrating health and related concerns into the broad perspective of addressing barriers to learning and promoting healthy development. We stress the need to restructure current policy and practice to enable development of a comprehensive and cohesive approach that is an essential and primary component of school reform, without which many students cannot benefit from instructional reforms and thus achievement scores will not rise in the way current accountability pressures demand.



Frequently Asked Questions About Mental Health in Schools

- I. What are the mental health needs of youth?
- II. Why is it essential for schools to address these needs?
- III. How are schools doing it currently?
- IV. What's good about what schools are doing
& what needs to change?
- V. What can/should policy makers do to support schools
in meeting the mental health needs of youth?

Prepared by the Center for Mental Health in Schools at UCLA.
Phone: (310) 825-3634 Fax: (310) 206-8716 Toll Free: (866) 846-4843
email: smhp@ucla.edu website: <http://smhp.psych.ucla.edu>

The Center for Mental Health in Schools at UCLA is co-directed by Howard Adelman & Linda Taylor. Support comes in part from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.

I. WHAT ARE THE MENTAL HEALTH NEEDS OF YOUTH?

A. What are “mental health needs?”

At the onset, it is essential to stress that the field of “mental health” is concerned with more than “mental illness.” Mental health should always be understood as including

- *strengths* (e.g., positive social and emotional development and intrinsic motivation) and
- *deficits* – which encompass psychosocial problems as well as mental disorders

Given this, mental health needs are best understood along a continuum ranging from efforts to

- > promote healthy social and emotional development and prevent problems for everyone
- > respond to psychosocial and mental health problems as soon after onset as is feasible
- > provide intensive care for severe, pervasive, and chronic problems

B. How many young people have behavior and emotional problems?

Focusing mainly on those who have been diagnosed, it is widely estimated that *12% to 22% of youngsters under age 18 need services for mental, emotional or behavioral problems.*

In discussing how many youngsters have diagnosable mental disorders, the Surgeon General’s 1999 report on *Mental Health* provides one prominent example of efforts to highlight available data.*

Referring to ages 9 to 17, that document states that 21% or “one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year” – with 11% of all children experiencing significant impairment and about 5 percent experiencing “extreme functional impairment.” Of the 5 percent with extreme problems, estimates suggest that 13% have anxiety disorders, 10% have disruptive disorders, 6% have mood disorders, 2% have substance abuse disorders; some have multiple diagnoses. (Using the 2000 data that indicate 70.4 million children 17 or younger in the U.S.A., the 21% estimate translates into about 14 million who show “the signs and symptoms of a DSM-IV disorder during the course of a year.”)

Note: The picture worsens when one expands the focus beyond the limited perspective on diagnosable mental disorders to the number of young people experiencing psychosocial problems and who Joy Dryfoos cautions are “at risk of not maturing into responsible adults.” For general purposes, it can be stressed that the number of such youngsters in many schools serving low-income populations has climbed over the 50% mark, and few public schools have less than 20%. The Center for Demographic Policy has estimated that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant learning, behavior, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty. All current policy discussions stress the crisis nature of the problem in terms of future health and economic implications for individuals and for society and call for major systemic reforms.

*As cautioned in the Center report *Youngsters' Mental Health and Psychosocial Problems: What are the Data?* (<http://smhp.psych.ucla.edu/pdfdocs/prevalence/youthMH.pdf>), “Data on youngsters mental health and psychosocial problems have the power to influence life-shaping decisions for better and for worse. At this stage in the development of the field, the best available data are still rather limited. They provide snapshots, but the pictures are for the most part fuzzy.”

C. How many receive help for their problems?

About 1.3 million children under the age of 18 – or one out of 50 – received mental health services in the U.S. (according to data from the 1997 Client/Patient Sample Survey conducted by the U.S. Department of Health and Human Services)

A RAND report, drawing on research published in 2001, highlights the following:*

On average, 5% to 7% of all young people receive mental health care each year.

- Adolescents (ages 12–17) are the biggest users of these services.

Hispanic children are less likely than white or African American children to receive mental health care.

- About 4% of Hispanic children receive care, compared with
- About 5% of African American children and
- About 6% of white children.

The estimated annual cost of treating troubled youth is \$12 billion.

- Privately insured youth account for nearly half of total mental health expenditures.
- Medicaid recipients generate only about a quarter of the costs.

The nature of mental health care for young people has changed considerably.

- Sixty percent of care is now given on an outpatient basis, much of it from school-based programs.
- Use of psychotropic medication has grown dramatically.
- More than \$1 billion was spent in 1998 on psychotropic medication to treat, on average, 4% of all youth, predominantly ages 6–17.
- Stimulants and antidepressants accounted for nearly three-fourths of the bill.

*The report is online at – <http://www.rand.org/congress/health/0602/kids/kids.pdf> ; it draws from:
Ringel J.S., Sturm R. (2001). National Estimates of Mental Health Utilization and Expenditures for Children in 1998. *Journal of Behavioral Health Services Research*, 28, 319–333.
Stein B., Sturm R., Kapur K., Ringel J.S. (2001). Psychotropic Medication Costs Among Youth with Private Insurance. *Psychiatric Services*, 52, 152.

In relation to all this, it is essential to ensure that (1) equity and related policy considerations are confronted, (2) the challenges of evidence-based strategies and achieving results are addressed, and (3) the varying needs of locales and the problems of accommodating diversity among interveners and among populations served are met.

II. WHY IS IT ESSENTIAL FOR SCHOOLS TO ADDRESS THESE NEEDS?

It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways and must be addressed if schools are to function satisfactorily and students are to succeed at school. Moreover, such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure.

So, to achieve their mission of educating all students, schools must address barriers to learning and promote healthy development. This is especially the case for schools designated as “in need of improvement.” As the Carnegie Task Force on Education has pointedly stressed:

*School systems are not responsible for meeting every need of their students.
But when the need directly affects learning, the school must meet the challenge.*

Not doing so reduces the likelihood that *all* students will have an equal opportunity to succeed at school and guarantees that too many students will be left behind.

Available Data Underscore the Necessity for Schools to Meet the Challenge

- T** National findings related to high school graduation indicate that nearly one-third of all public high school students fail to graduate.
- T** Findings indicate that one-quarter to one-half of all beginning teachers leave teaching within four years and many do so because of the lack of an adequate system of learning supports
- T** In most states, a significant proportion of schools are designated as “High Priority” (previously Low Performing) Schools
- T** Evidence is growing that when test score gains are achieved, they mainly occur for young students, are related to noncomplex skills, and tend to plateau after a district shows modest gains over a three year period (<http://www.nctimes.net/news/2002/20020830/90153.html>;
<http://www.wcboe.k12.md.us/downloads/NewsReleases/050702anews.htm>;
<http://edreform.com/press/naeptrends.htm>)

Other reasons given in advocating for mental health (MH) in schools:

- C** to increase *access* to kids and their families for purposes of providing MH services
- C** to increase *availability* of MH interventions
 - (a) through expanded use of school resources
 - (b) through co-locating community resources on school campuses
 - (c) through finding ways to combine school and community resources.
- C** to encourage schools to adopt/enhance specific programs and approaches
 - (a) for treating specific individuals
 - (b) for addressing specific types of problems in targeted ways
 - (c) for addressing problems through school-wide, “universal interventions”
 - (d) for promoting healthy social and emotional development.
- C** to improve specific processes and interventions related to MH in schools (e.g., improve systems for identifying and referring problems and for case management, enhancing “prereferral” and early intervention programs, enhancing communication, coordination, and integration of services)

It also should be recognized, however, that there are advocates for reducing school involvement in MH programs and services (e.g., to avoid competition for sparse instructional resources, to focus more on youth development, to keep the school out of areas where family values are involved).

III. HOW ARE SCHOOLS DOING IT CURRENTLY?

Varied policies and initiatives have emerged relevant to efforts to enhance mental health in schools. Some are generated by school owned resources, and others stem from the community.

A. School Owned Student/Learning Supports

Some current efforts directly support school programs and personnel. School policy makers, have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of counseling, psychological, and social service programs schools provide.

B. Community Owned, School-Based or Linked

Adding to what school education support staff do, there has been renewed emphasis over the past 20 years in the health and social services arenas on increasing linkages between schools and community service agencies to enhance the well-being of young people and their families. These school-based or linked services have added impetus to advocacy for mental health in schools.

More recently, the efforts of some advocates for basing or linking community services have merged with forces working to enhance initiatives for community schools, youth development, and the preparation of healthy and productive citizens and workers. The merger has expanded interest in social-emotional learning and protective factors as avenues to increase students' assets and resiliency and reduce risk factors.

C. As a result . . .

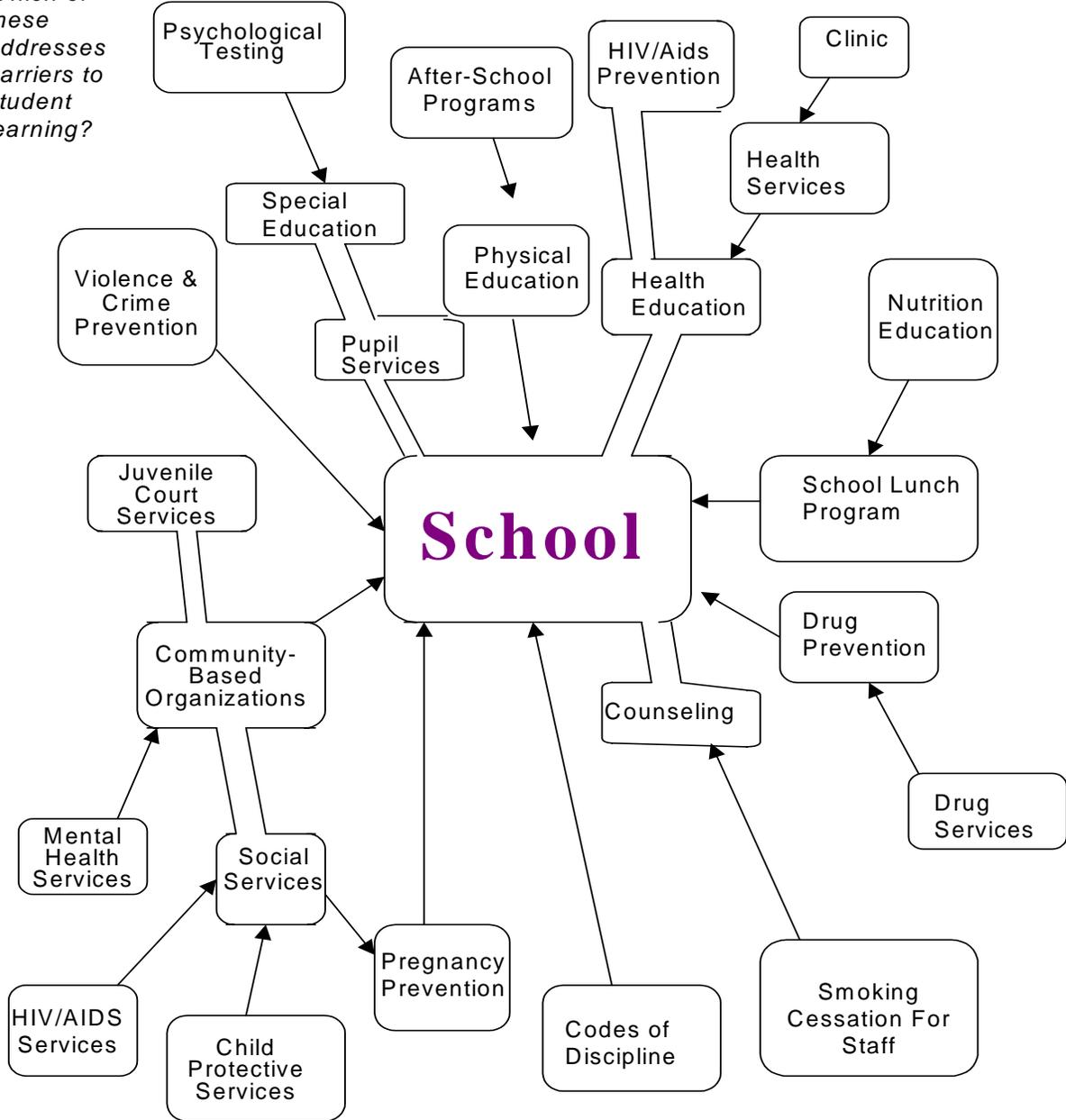
Most schools have some programs to address a range of mental health and psychosocial concerns (e.g., school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, violence). Programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development.

But, the current norm related to mental health in schools is for a vast sea of advocates to compete for the same dwindling resources. This includes advocates representing different professional practitioner groups. Naturally, all such advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this makes some sense. In the long-run, however, it is counter-productive in that it perpetuates piecemeal and fragmented policies and practices. The impact of all this is seen in the deployment of diverse school and community resources in ways that are highly fragmented (see Figure). This continues the current trends toward redundancy, inappropriate competition, marginalization, and inadequate results.

And, this means that only a relatively small percentage of students' who need it are helped.

Talk about fragmented!!!

Which of these addresses barriers to student learning?



Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

IV. WHAT'S GOOD ABOUT WHAT SCHOOLS ARE DOING & WHAT NEEDS TO CHANGE?

Clearly, mental health activity is going on in schools. Available research suggests that for some youngsters schools are the main providers of mental health services. As Burns and her colleagues report from the study of children's utilization of MH services in western North Carolina,

"the major player in the de facto system of care was the education sector — more than three-fourths of children receiving mental health services were seen in the education sector, and for many this was the sole source of care."

A. What's good?

- T** Schools already know a good deal about addressing barriers to student learning.
- T** Schools are trying to work with communities to enhance how they do this.
- T** Schools are helping some students who have mental health problems.
- T** A foundation has been laid for essential changes in policy and practice.

B. Major Systemic Changes are Needed

Systemic changes must focus on ensuring that the available, sparse resources are used in ways that serve a much larger proportion of students. For this to happen, it is essential to end the fragmentation, marginalization, counter-productive competition, and costly redundancy that characterizes what schools and communities do to address barriers to student learning.

- C** The aim must be to weave school owned and community owned resources together to develop comprehensive, multifaceted, and integrated approaches for addressing barriers to learning and enhancing healthy development.
- C** The process must stress the importance of school-community-home collaborations.
- C** And, the work must connect in major ways with the mission of schools and integrate with a restructured system of education support programs and services.
- C** Moreover, pursuit of such changes also must address complications stemming from the scale of public education. That is, efforts to advance mental health in schools must adopt effective models and procedures for replication and "scale-up."

Advancing mental health in schools is about much more than expanding services and creating full service schools. It requires comprehensive, multi-faceted approaches that help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and neighborhoods.

Howard Adelman & Linda Taylor (2006). *The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning*. Corwin Press.

V. WHAT CAN/SHOULD POLICY MAKERS DO TO SUPPORT SCHOOLS IN MEETING THE MENTAL HEALTH NEEDS OF YOUTH?

It is a given that government will continue to invest sparingly in advancing the role schools play in mental health for children and adolescents. Therefore, it is essential for policy makers to take a close look at all the pieces that already are in place related to mental health in schools. To date, there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a "big picture" analysis, policymakers and practitioners are deprived of information that is essential in determining equity and enhancing system effectiveness. The challenge for those focused on mental health in schools is not only to understand the basic concerns hampering the field, but to function on the cutting edge of change so that the concerns are effectively addressed.

Available evidence makes it clear that policy for mental health in schools must address the fragmentation, marginalization, counter-productive competition, and costly redundancy resulting from current policy and practices. Minimally, this means (1) reversing the trend of piecemeal and fragmented initiatives, (2) promoting efforts to develop comprehensive, multifaceted, and integrated approaches for addressing barriers to learning, including mental health concerns, and (3) ensuring the work is fully integrated into the mission of schools and can be replicated and "scaled-up."

In the process, policy makers should help

- C ensure that mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits,
- C enhance the capacity and facilitate ways for schools, communities, and families to work together to braid existing school owned and community owned resources,
- C pay special attention to reducing the prevalence of problems by promoting development of systems for prevention and responding early after the onset of problems,
- C ensure that equity considerations, the varying needs of locales, the problems of accommodating diversity among interveners and among populations served, and the challenges of evidence-based strategies and achieving results are all addressed.

In addition, policy makers must support the development of better systems for gathering quality and generalizable prevalence and incidence data on the problems experienced by children and adolescents. Such data systems are fundamental to improving policy and practice. A beginning has been made related to some problem arenas. But policy is needed that focuses on building a comprehensive system for gathering a full set of indicators that can be used, with critical care, to guide efforts to understand the nature and scope of youngsters' problems and as an accountability "report card" on the well-being of children.

In moving forward, it will be essential to change (e.g., rethink, reframe, reform, restructure) the way student supports are conceived at schools and to proceed *strategically*. Three specific concerns will be (a) infrastructure changes, (b) enhancing leadership, and (c) facilitating bridging within and across agencies and the braiding of resources. Moreover, there must be appropriate training, incentives, and safeguards for those who are expected to facilitate systemic change.

A. Infrastructure. It is rare to find an infrastructure that supports comprehensive, school-based approaches encompassing mental health. In most situations, infrastructure mechanisms must be modified so that improved policy directions are translated into appropriate daily operations. Well-designed mechanisms ensure local ownership, a critical mass of committed stakeholders, processes that overcome barriers to working together effectively, and strategies that mobilize and maintain

proactive change. Such mechanisms cover functions for (1) governance, (2) leadership, (3) planning/ implementation of organizational and program objectives, (4) coordination and integration for cohesion, (5) management of communication and information, (6) capacity building, and (7) quality improvement and accountability.

Beyond the school, links among a “family of schools” (e.g., a feeder pattern of schools) focus on maximizing use of resources. When schools in a geographic area collaborate, they can share programs and personnel in many cost-effective ways, including achieving economies of scale by assigning staff and implementing staff development across linked schools. To these ends, the illustrated infrastructure needs to be paralleled for a family of schools. And, it also must connect effectively at the district level and with relevant facets of community and government infrastructure at all levels.

In redesigning mechanisms to address these matters, new collaborative arrangements must be established, and authority (power) redistributed (easy to say, extremely hard to accomplish). Obviously all this requires ensuring that those who operate essential mechanisms have adequate resources and support, initially and over time.

B. Leadership. Research on leadership in education and agencies has shifted from a focus on personal characteristics of *leaders* to an emphasis on what is involved in providing effective *leadership*. In such settings, the systemic change literature suggests that leadership entails the ability to catalyze, advocate, influence, create readiness, guide, support, facilitate, maintain the “big picture vision,” and create renewal. This includes the ability to play a role in

- > conveying a full understanding and appreciation of the big picture and its various facets
- > developing and maintaining effective shared governance
- > braiding and prioritizing allocation of resources
- > ensuring effective daily operations
- > accomplishing systemic changes
- > ensuring ongoing capacity building for the entire system
- > ensuring aggregation and disaggregation of appropriate data for formative and summative evaluation and for accountability and social marketing purposes
- > ensuring periodic revision of strategic plans

C. Bridging and braiding. It is widely acknowledged that policy and practice are highly fragmented. Such fragmentation not only is costly in terms of redundancy and counter-productive competition, it works against developing cohesive approaches and maximizing results. Government efforts need to promote policy that bridges the “silos” and facilitates braiding of resources. Accomplishing this requires operating with guiding frameworks that encompass the entire range of learning, behavior, and emotional problems seen in schools.

Given the complexity and range of problems that must be addressed, it seems clear that advancing the field requires adopting a unifying, comprehensive, multifaceted., and cohesive *intervention framework*. Evolving such a comprehensive, systemic approach at a school and throughout a district requires *rethinking infrastructure* and *policy* and using a sophisticated framework and strategies to facilitate major *systemic changes*. With respect to all this, there also is a need to incorporate the invaluable understanding of human motivation that *intrinsic* motivation scholars have developed over the last 40 to 50 years.

Howard Adelman & Linda Taylor (2006). *The School Leader’s Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning*. Corwin Press.



SAMHSA'S

National Mental Health Information Center

Center for Mental Health Services

This Web site is a component of the SAMHSA Health Information Network

Home

Programs

Mental Health Topics

Newsroom

Publications

Resources

SEARCH

Enter Keywords

Choose

Website
This Site

IN THIS SECTION

- Online Publications
- Order Publications
- National Library of Medicine
- National Academies Press
- Publications Homepage

PAGE OPTIONS

- printer friendly page
- e-mail this page
- bookmark this page
- shopping cart
- current or new account

This Web site is a component of the SAMHSA Health Information Network.

Executive Summary

It is now well documented that, insofar as children receive any mental health services, schools are the major providers. However, precisely what is provided by schools under the rubric of mental health services...is largely unknown (Rones & Hoagwood, 2000).

Recent research points to public schools as the major providers of mental health services for school-aged children. The current study, *School Mental Health Services in the United States, 2002–2003*, provides the first national survey of mental health services in a representative sample of the approximately 83,000 public elementary, middle, and high schools and their associated school districts in the United States.

The purpose of the study was to identify?

- The mental health problems most frequently encountered in the U.S. public school setting and the mental health services delivered
- The administrative arrangements for the delivery and coordination of mental health services in schools
- The types and qualifications of staff providing mental health services in schools
- Issues related to funding, budgeting and resource allocation, and use of data regarding mental health services

The findings of the study provide new information about the role of schools in providing mental health services, and how these services are organized, staffed, funded, and coordinated.

The survey methodology included two mail questionnaires. The school questionnaire collected data on the types of mental health problems encountered in schools, the mental health services provided, the types and qualifications of staff providing services, the type and degree of care coordination, and the arrangements for delivering mental health services. The district questionnaire collected data on funding sources for mental health services and issues related to funding. The report also includes impressions from school administrators and mental health personnel concerning issues affecting school mental health services. Questions concerned services and supports delivered to students who have been referred and identified as having psychosocial or mental health problems.

Key Findings

- Nearly three quarters (73 percent) of the schools reported that "social, interpersonal, or family problems" were the most frequent mental health problems for both male and female students.
- For males, aggression or disruptive behavior and behavior problems associated with neurological disorders were the second and third most frequent problems.
- For females, anxiety and adjustment issues were the second and third most frequent problems.
- All students, not just those in special education, were eligible to receive mental health services in the vast majority of schools (87 percent).
- One fifth of students on average received some type of school-supported mental health services in the school year prior to the study.
- Virtually all schools reported having at least one staff member whose responsibilities included providing mental health services to students.
- The most common types of school mental health providers were school counselors, followed by nurses, school psychologists, and social workers. School nurses spent approximately a third of their time providing mental health services.
- More than 80 percent of schools provided assessment for mental health problems, behavior management consultation, and crisis intervention, as well as referrals to specialized programs. A majority also provided individual and group counseling, and case management.
- Financial constraints of families and inadequate school mental health resources were the most frequently cited barriers to providing mental health services.
- Over half of schools (55 percent) used contracts or other formal agreements with community-based individuals and/or organizations to provide mental health services to students. The most frequently reported community-based provider type was county mental health agencies.
- Districts reported that the most common funding sources for mental health services or interventions were the Individuals with Disabilities Education Act (IDEA), State special education funds, and local funds. In 28 percent of districts, Medicaid was among the top five funding sources

- for mental health services.
- One third of districts reported that funding for mental health services had decreased since the beginning of the 2000–2001 school year, while over two thirds of districts reported that the need for mental health services increased.
 - Sixty percent of districts reported that since the previous year, referrals to community-based providers had increased. One third reported that the availability of outside providers to deliver services to students had decreased.

While survey findings indicate that schools are responding to the mental health needs of their students, they also suggest increasing needs for mental health services and the multiple challenges faced by schools in addressing these needs. Further, more research is needed to explore issues identified by this study, including training of school staff delivering mental health services, adequacy of funding, and effectiveness of specific services delivered in the school setting.

[TOC](#) | [Next](#)

[Home](#) | [Contact Us](#) | [About Us](#) | [Awards](#) | [Accessibility](#) | [Privacy and Disclaimer Statement](#) | [Site Map](#)



Social Workers
Help starts here.



Kids & Families



Mind & Spirit



Health & Wellness



Seniors & Aging



Issues & Answers



[Home](#) :: [Kids & Family](#) :: [Schools and Communities](#) :: [How Social Workers Help](#)

[Print Version](#)

Schools and Communities – How Social Workers Help: School Social Workers at the Secondary Level

By *Andrea Centerrino, LICSW, QCSW*

- ▶ [Introduction](#)
- ▶ [The First Line in a Crisis](#)

Introduction

School social workers are extremely valuable resources to parents, students, and teachers at the middle and high school levels. Areas that school social workers can be most effective in are:

- **Crisis Intervention** — School social workers are usually able to respond to a crisis in a child's life almost immediately.
- **Referral and Consultation** — Contact with mental health treatment providers are a key part of the school social workers' role.
- **Prevention and Education** — School social workers develop and implement programs that address topics relevant to their school's population.
- **Brief Treatment** — Direct services can be provided for students in a manner that is affordable, convenient, and timely.
- **Family Support** — Outreach to families and parent education and support are an important aspect of their job.
- **Advocacy** — Navigating the educational system including all of the laws and regulations can be daunting; school social worker can help students exercise their rights and access available services. This can be particularly helpful to students with disabilities, teen parents, etc.

As we know, adolescence is a time for becoming more independent. However, teenagers still crave and value guidance from adults they respect. Many times, adolescents feel uncomfortable talking to their parents about serious issues that affect them. This is a normal part of growing up. These same teens though often seek out other adults to confide in during this challenging time in their lives. In fact, they are often surprisingly candid and willing to share deeply personal feelings when they find someone they feel they can trust. Perhaps more surprising is that teens often look to the adults in their lives for specific advice and direction, limits and boundaries.

The First Line in a Crisis

The school social worker is especially trained to listen to teens with empathy and to assess their individual needs. Often, a student who is reluctant to access traditional mental health services is more willing to talk to a counselor at school. School social workers are often the first in the line of crisis; if the student's experience with the social worker is positive, this can improve the chances of successful referral to further mental health services.

Another advantage to seeing a school social worker is that they have the ability to view the child with their peers and in their own environment. This offers a perspective that is unique compared with other treatment providers, and often very valuable to getting a true picture of the student's needs. It also provides the opportunity to see a child at the time that they are in crisis, or to provide an appropriate intervention. These components are critical when working with teenagers, for whom mood swings and conflict can arise and escalate quickly.

School social workers are privy to subtleties in the social structure and culture of the adolescents and the school with whom they work. This enables the school social worker to be aware of problems or issues within the student body before they become common knowledge. An example would be a particular substance abuse trend in the community. This awareness means that interventions can be put into place sooner rather than later. Community resources can be tapped as soon as a need is identified. Prevention programs and support groups can be implemented in a way that students find relevant to their lives and communities.

Providing social work services in schools is critical to adolescents and their families. The school social worker is a support person, educator, liaison, and advocate. This professional has the opportunity to reach many teens, particularly those who may be at-risk, and to intervene immediately on their behalf. Given that adolescence is such a challenging developmental stage, and that teens face multiple issues and feel increasingly isolated in this day and age, the school social worker is a vital and effective resource.

###

Related Articles

- [About Schools and Communities](#)
- [Current Trends in Schools and Communities](#)
- [Schools and Communities - Your Options](#)
- [Schools and Communities - How Social Workers Help](#)
- [Schools and Communities Tip Sheets](#)
- [Resources for Schools and Communities](#)
- [Schools and Communities Real Life Stories](#)

Ms. Andrea Centerrino, LICSW, QCSW has worked as a school social worker at the middle and high school levels in a suburban school district for the past seven years. Ms. Centerrino has a special interest in child welfare, and she previously worked as a supervisor and as a direct service social worker for the department of social services in Boston, Massachusetts. She earned her Master of Social Work degree from Boston University in 1992, and her Bachelor of Social Work degree from the University of Vermont in 1991. Ms. Centerrino specializes in the treatment of children and adolescents, and has a post-graduate certificate in Advanced Child and Adolescent Psychotherapy.

[Back To Top](#)

PUPIL PERSONNEL SERVICES CREDENTIAL FOR INDIVIDUALS PREPARED IN CALIFORNIA

The Pupil Personnel Services Credential authorizes any of the following four specializations: school counseling, school social work, school psychology, and school child welfare and attendance services. The authorization and requirements for each specialization are listed below.

The following information outlines the requirements for individuals who have completed their professional preparation program in California. Individuals trained outside of California should refer to Commission leaflet [CL-606](#), entitled *Pupil Personnel Services Credential for Individuals Prepared Out-of-State*.

SCHOOL COUNSELING

The Specialization in School Counseling authorizes the holder to perform the following duties:

- Develop, plan, implement, and evaluate a school counseling and guidance program that includes academic, career, personal, and social development
- Advocate for the high academic achievement and social development of all students
- Provide school-wide prevention and intervention strategies and counseling services
- Provide consultation, training, and staff development to teachers and parents regarding students' needs
- Supervise a district-approved advisory program as described in California Education Code, Section 49600

Requirements for the Clear Credential with a Specialization in School Counseling

Individuals must satisfy **all** of the following requirements:

1. A baccalaureate degree or higher, except in professional education, from a regionally-accredited college or university
2. Complete post baccalaureate degree study consisting of a minimum of 48 semester units in a Commission-approved professional preparation program specializing in school counseling, including a practicum with school-aged children
3. Obtain the formal recommendation of a California college or university with a Commission-approved Pupil Personnel Services program specializing in school counseling. This process will result in the college or university submitting the recommendation online.
4. Complete the [Basic Skills Requirement](#). See Commission leaflet [CL-667](#), entitled *Basic Skills Requirement* for additional information.
5. Complete the LiveScan fingerprint process ([form 41-LS](#))
6. Pay the application processing fee (see [Fee Information leaflet CL-659](#)) once the recommendation has been submitted online by the college or university. Individuals will be notified via e-mail that the application has been submitted and is awaiting payment in a secured database.

SCHOOL SOCIAL WORK

The Specialization in School Social Work authorizes the holder to perform the following duties:

- Assess home, school, personal, and community factors that may affect a student's learning
- Identify and provide intervention strategies for children and their families, including counseling, case management, and crisis intervention
- Consult with teachers, administrators, and other school staff regarding social and emotional needs of students
- Coordinate family, school, and community resources on behalf of students

Requirements for the Clear Credential with a Specialization in School Social Work

Individuals must satisfy **all** of the following requirements:

1. A baccalaureate degree or higher, except in professional education, from a regionally-accredited college or university
2. Complete post baccalaureate degree study consisting of a minimum of 45 semester units in a Commission-approved professional preparation program specializing in school social work, including a practicum with school-aged children
3. Obtain the recommendation of a California college or university with a Commission-approved Pupil Personnel Services program specializing in school social work. This process will result in the college or university submitting the recommendation online.
4. Complete the [Basic Skills Requirement](#). See Commission leaflet [CL-667](#), entitled *Basic Skills Requirement* for additional information.
5. Complete the LiveScan fingerprint process ([form 41-LS](#))
6. Pay the application processing fee (see [Fee Information leaflet CL-659](#)) once the recommendation has been submitted online by the college or university. Individuals will be notified via e-mail that the application has been submitted and is awaiting payment in a secured database.

SCHOOL PSYCHOLOGY

The Specialization in School Psychology authorizes the holder to perform the following duties:

- Provide services that enhance academic performance
- Design strategies and programs to address problems of adjustment
- Consult with other educators and parents on issues of social development and behavioral and academic difficulties
- Conduct psycho-educational assessment for purposes of identifying special needs
- Provide psychological counseling for individuals, groups, and families
- Coordinate intervention strategies for management of individuals and schoolwide crises

Requirements for the Clear Credential with a Specialization in School Psychology

Individuals must satisfy **all** the following requirements:

1. A baccalaureate degree or higher, except in professional education, from a regionally-accredited college or university
2. Complete post baccalaureate degree study consisting of a minimum of 60 semester units in a California Commission-approved professional preparation program specializing in school psychology, including a practicum with school-aged children

3. Obtain the recommendation of a California college or university with a Commission-approved Pupil Personnel Services program specializing in school psychology. This process will result in the college or university submitting the recommendation online.
4. Complete the [Basic Skills Requirement](#). See Commission leaflet [CL-667](#), entitled *Basic Skills Requirement* for additional information.
5. Complete the LiveScan fingerprint process ([form 41-LS](#))
6. Pay the application processing fee (see [Fee Information leaflet CL-659](#)) once the recommendation has been submitted online by the college or university. Individuals will be notified via e-mail that the application has been submitted and is awaiting payment in a secured database.

CHILD WELFARE AND ATTENDANCE

The Specialization in Child Welfare and Attendance authorizes the holder to perform the following duties:

- Access appropriate services from both public and private providers, including law enforcement and social services
- Provide staff development to school personnel regarding state and federal laws pertaining to due process and child welfare and attendance laws
- Address school policies and procedures that inhibit academic success
- Implement strategies to improve student attendance
- Participate in school-wide reform efforts
- Promote understanding and appreciation of those factors that affect the attendance of culturally-diverse student populations

Requirements for the Clear Credential with a Specialization in Child Welfare and Attendance

Individuals must satisfy **all** of the following requirements:

1. Complete a professional preparation program specializing in school counseling, school social work, or school psychology and a professional preparation program specializing in school child welfare and attendance services consisting of a minimum of 9 semester units including a practicum with school-aged children
2. Obtain the recommendation of a California college or university with a Commission-approved Pupil Personnel Services program specializing in school child welfare and attendance services program. This process will result in the college or university submitting the recommendation online.
3. Complete the [Basic Skills Requirement](#). See Commission leaflet [CL-667](#), entitled *Basic Skills Requirement* for additional information.
4. Complete the LiveScan fingerprint process ([form 41-LS](#))
5. Pay the application processing fee (see [Fee Information leaflet CL-659](#)) once the recommendation has been submitted online by the college or university. Individuals will be notified via e-mail that the application has been submitted and is awaiting payment in a secured database.

Reference: California Education Code, Section 44266 and Title 5, California Code of Regulations, Sections 80049-80049.1 and 80632-80632.5

[Click here for Professional Preparation Programs for Pupil Personnel Services Credentials](#) or visit the Commission's web site at www.ctc.ca.gov.



Please feel free to duplicate or alter to fit your school site and district needs

CERTIFICATED JOB DESCRIPTION

SCHOOL SOCIAL WORKER

A. Directly Responsible To:

Social Work Supervisor or Director of Pupil Personnel Services

B. Primary Function:

A School Social Worker is responsible for assessing home, school, personal, and community factors that may affect a student's learning, school adjustment, and general well being. The School Social Worker also interprets the role of a school social worker to students, staff, parents and the public. S/he consults with teachers, administrators and other faculty/staff and parents regarding effective strategies for dealing with problems related to social, emotional, and academic needs. The school social worker identifies and provides interventions for students and families that will assist in creating positive learning environments for students. In addition, School Social Workers help to develop resiliency strategies, programs and services that build self-esteem, nurture positive development, and help to bond students to the school community.

C. Areas of Responsibility:

1. Assesses those factors that may be interfering with the student's ability to achieve optimal benefit from the educational experience, and develop service plans to address those barriers.
2. Identifies students in need of support services aimed at correcting problems that may be adversely affecting attendance, enrollment, achievement, and behavior.
3. Participates regularly in the Student Success Team (SST) process, to problem solve and collaboratively develop action plans that provide support in the school, home, and community.
4. Participates in the development of individualized education plans that support academic and social success.
5. Identifies and provides intervention strategies for children and their families including counseling, group work, case management, and crisis intervention.
6. Implements strategies to improve student attendance; participates in school-wide reform efforts.

7. Participates with school staff in altering situations adversely affecting the personal, social, emotional, and academic development of students.
8. Performs effective crisis response and management services for students, families and school personnel as the need arises. Serves as a member of the site and district crisis response teams.
9. Coordinates social services resources within and outside the school system for use by students, their families, and school personnel.
10. Promotes understanding of factors that effect cultural and diverse populations.
11. Shares social work knowledge and skills with parents, students, and staffs regarding stages of growth and development, youth development theory and principles, human behavior, mental health issues, and the management of behavior.
12. Serves as a liaison between the school, the home, and the community in building and maintaining positive relationships.
13. Participates, as appropriate, in the development of training programs for staff and families related to the mental health needs of students. Also serves as a Field Instructor for graduate students, when appropriate.
14. Participates in program planning and implementation, including needs assessment and evaluation components.
15. Maintains a high level of professional development by attending conferences and workshops.
16. When requested, serves on various committees, projects and task forces at the school, and district level to address a wide range of issues relevant to the school and community.

D. Job Requirements:

A valid California Pupil Personnel Service: School Social Work Credential.
An earned Master's degree in Social Work from an accredited institution.

E. Salary:

In accordance with the Educators Certificated salary schedule.

SACRAMENTO COUNTY OFFICE OF EDUCATION

CLASSIFICATION TITLE: School Social Worker

DEFINITION

Under administrative supervision, provides social work services to county operated programs serving students in Licensed Children's Institutions. Performs other related duties as assigned.

DIRECTLY RESPONSIBLE TO

Principal, Education Programs, Licensed Residential Programs

SUPERVISION OVER

Supervises the work of student social work interns as applicable.

DUTIES AND RESPONSIBILITIES (Any one position may not include all of the listed duties, nor do all of the listed examples include all tasks which may be found in positions within this classification.)

Provides social work counseling to students and parents; provides psycho-social assessment and diagnosis of behavioral disabilities with recommendations and/or environmental manipulations at the school, home and/or in the community with periodic re-evaluations; participates in case conferences involving cooperation with other pupil personnel workers, school personnel and community agencies; makes referral to public or private agencies with appropriate follow-up; serves as a liaison between school, family and community resources; serves as a source of information regarding community resources; maintains appropriate school records and provides written reports and communications; participation as a resource person in in-service training and planning; acts as a consultant to resolve problems concerning issuance of credits; evaluates transcripts; participates, as requested, in planning, implementation and follow-up phases of proficiency testing; participates in the Individual Education Plan (IEP) process as required; supervises student social work interns; performs other duties as assigned.

MINIMUM QUALIFICATIONS

Education, Training and Experience

Possession of a valid California credential authorizing pupil personnel services as a school social worker (K-12). Possession of a Masters degree in counseling or social work or related field such as Psychology. Evidence in-depth knowledge of special education programs, with in-depth experience working with individuals with exceptional needs.

Knowledge, Skills, and Abilities

An understanding of the IEP process, California Master Plan for Special Education, and PL 94-142; knowledge of current state law/regulations regarding high school proficiency standards; leadership skills in working with individuals and groups (i.e. initiating individual or group discussion, listening, clarifying and facilitating interactions and sharing of ideas); ability to prepare social and family histories and cooperate on the formulation of committee reports; social work case reporting and writing skills; ability to counsel students, parents, staff and lay persons individually and in groups; skills in conducting effective meetings and conferences (including the resolution of disagreements); skill in socio-environmental analysis and diagnosis on problem students; a knowledge of community resources; skill in communicating concepts and information accurately orally or in writing, including formal statistical reports; ability to demonstrate effective liaison relationships with parents, schools, and agencies; ability to coordinate activities from many sources for the benefit of an individual student, and to make arrangements for groups of students; ability to aid in program development; skills in supervising and motivating school social work interns.

Other Characteristics

Possession of a valid California driver's license; willing to travel locally using own transportation (mileage reimbursed), and willing to travel within the state as required; willing to work additional hours and/or evenings on occasion.

Department approval: 5-27-81

Personnel approval: 5-27-81

Board adopted: 7-27-81

**VISTA UNIFIED SCHOOL DISTRICT
CERTIFICATED JOB DESCRIPTION**

TITLE OF POSITION:

**ELEMENTARY SCHOOL COUNSELOR or
SCHOOL SOCIAL WORKER**

- A. Primary function: Provides developmental and supportive counseling services to elementary school students. Consults with teachers and administrators to assist in developing interventions and alternatives to facilitate student's academic performance and emotional adjustment. Liaison between school and home to ensure appropriate transition of students. Available for crisis counseling at the discretion of the principal.
- B. Directly responsible to: Supervisor, Child Welfare and Attendance and principal while on site.
- C. Staff assigned: Appropriate classified personnel.
- D. Assigned responsibilities:
1. Counsels individual students to facilitate transition from home to school, to build positive attitudes, self-understanding, and self-reliance
 2. Provides growth support group counseling to improve self confidence, interpersonal skills, help students to acquire problem solving techniques, decision making and coping skills, and behavior management.
 3. Consults with teachers and serves as a referral agent.
 4. Serves as member/consultant to the school guidance team.
 5. Provides family counseling on a limited basis to assist parents in understanding of child development.
 6. Interprets the function of counselors to students, parents, teachers, and the community by participating in school advisory and school staff meetings, PTA, community and school related organizations.
 7. Organizes and implements parent and teacher training or inservice activities.
 8. Acts as co-facilitator with teachers for guidance activities presented in the classroom.
 9. Assists the school site principal in dealing with problems related to counseling and guidance.
 10. Identify and provide intervention strategies for children and their families, including case management and crisis intervention.
 11. Coordinate family, school and community resources on behalf of students.
 12. Performs other related duties as assigned.
- E. Minimum Qualifications:
1. Valid California Pupil Personnel Services credential in school counseling or school social work. Teaching credential is desirable.
 2. A Bachelor's degree is required. Successful experience as a classroom teacher and counselor is highly desirable.

State	ASWB Exam Implemented	License Types	Acronym	Exam Type Required	Min. Degree Req.	Exp. Req.
Alabama	1986	Private Independent Practice Certification	LCSWPIP	None	MSW	2 yrs Post
		Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	0
Alaska	1990	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
Arizona	1986	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters, AG, or Clinical	MSW	0
		Licensed Baccalaureate	LBSW	Clinical	BSW	0
Arkansas	1986	Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
California	1991-1999	Licensed Clinical	LCSW	State	MSW	2 yrs Post
		Associate Clinical	ASW	N/A	MSW	0
Colorado	1985	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	1 yr/2yrs Post
		Licensed SW	LSW	or Clinical	MSW	0
Connecticut	1986	Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
Delaware	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
DC	1988	Licensed Independent Clinical	LICSW	Clinical	MSW	3000 hrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	3000 hrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Associate	LSWA	Bachelors	BSW	0
Florida	1984	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	Masters	MSW	2 yrs Post
Georgia	1986	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	3 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
Hawaii	1995	Licensed SW	LSW	Masters	MSW	0
		Licensed Clinical	LCSW	Clinical	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	3000 hrs Post

State	ASWB Exam Implemented	License Types	Acronym	Exam Type Required	Min. Degree Req.	Exp. Req.
Idaho	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Master Independent	LMSWI	Masters	MSW	2 yrs Post
		Master SW	LMSW	Masters	MSW	0
		Independent SW	SWI	Bachelors	BSW	2 yrs Post
		Social Worker	SW	Bachelors	BSW	0
Illinois	1993	Licensed Clinical	LCSW	Clinical	DSW	2000 hrs Post
		Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
		Licensed SW	LSW	Masters	MSW	0
		Licensed SW	LSW	Masters	BSW	3 yrs Post
Indiana	1993	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Masters	MSW	0
		Licensed SW	LSW	Masters	BSW	2 yrs Post
Iowa	1996	Licensed Independent	LISW	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Bachelor	LBSW	Bachelors	BSW	0
Kansas	1986	Specialist Clinical	LSCSW	Clinical	MSW	2 yrs Post
		Master SW	LMSW	Masters	MSW	0
		Baccalaureate SW	LBSW	Bachelors	BSW	0
Kentucky	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA	2 yrs Post
Louisiana	1983	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	3 yrs Post
		Graduate SW	LGSW	Masters	MSW	0
		Registered SW	RSW	Bachelors	BSW/BA/BS	0
Maine	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA/BS	3200 hrs
		Certified SW - Independent	CSW-IP	Clinical	MSW	2 yrs Post
		Licensed SW - Conditional	LSX	None	BA/BS	2 yrs Post
Maryland	1983	Licensed Master SW - Clinical Conditional	LMSW-CC	Masters	MSW	2 yrs Post
		Licensed Certified - Clinical	LCSW/C	Clinical	MSW	2 yrs Post LGSW
		Licensed Certified	LCSW	Advanced Generalist	MSW	2 yrs Post LGSW
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed Associate	LSWA	Bachelors	BSW	0

State	ASWB Exam Implemented	License Types	Acronym	Exam Type Required	Min. Degree Req.	Exp. Req.
Massachusetts	1985	Licensed Associate	LSWA	Associate	AA	0
		Licensed Associate	LSWA	Associate	BA/BS	0
		Licensed Associate	LSWA	Associate	HS Diploma	4 yrs Post
		Licensed Associate	LSWA	Associate	75 sem./1000 qtr. hrs.	0
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA/BS	2 yrs
		Licensed SW	LSW	Bachelors	75 sem./1000 qtr. hrs.	5 yrs
		Licensed SW	LSW	Bachelors	60 sem/80 qtr hrs.	6 yrs
		Licensed SW	LSW	Bachelors	HS Diploma	10 yrs
		Licensed Certified	LCSW	Masters	MSW	0
		Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
Michigan	2004	Licensed Master Social Worker	LMSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Bachelor Social Worker	LBSW	Bachelors	BSW	2 yrs Post
		Social Worker	SW	Bachelors	MSW	0
		Social Service Technician	SST	None	AA	0
		Social Service Technician	SST	None	75 sem./1000 qtr. hrs.	0
		Social Service Technician	SST	None	HS Diploma	1 yr
Minnesota	1990	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Mississippi	1989	Licensed Certified	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Missouri	1993	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Provisional Licensed Clinical	PLCSW	Clinical or Advanced Generalist	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	3000 hrs Post
		Provisional Baccalaureate	PBSW	Bachelors	BSW	0
Montana	1985	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
Nebraska	1989	Licensed Mental Health Practitioner	LMHP	Clinical	MSW	3000 hrs Post
		Certified Master	CMSW	Clinical or Advanced Generalist	MSW	3000 hrs Post
		Certified SW	CSW	None	BSW	0

State	ASWB Exam Implemented	License Types	Acronym	Exam Type Required	Min. Degree Req.	Exp. Req.
Nevada	1988	Licensed Clinical	LCSW	Clinical	MSW	3000 hrs Post
		Licensed Independent	LISW	Advanced Generalist	MSW	3000 hrs Post
		Licensed SW	LSW	Bachelors	BSW	0
		Licensed SW	LSW	Bachelors	BA	3000 hrs Post
New Hampshire	1984	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
New Jersey	1994	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Masters	MSW	0
		Certified SW	CSW	None	BSW	0
		Certified SW	CSW	None	BA/BS	1600 hrs (prior to 1995)
New Mexico	1990	Licensed Independent	LISW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
New York	1983	Licensed Master	LMSW	Masters	MSW	0
		Licensed Clinical	LCSW	Clinical	MSW	3 yrs Post
North Carolina	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	Masters	MSW	0
		Certified SW	CSW	Bachelors	BSW	0
		Certified SW Manager	CSWM	Advanced Generalist	BSW	2 yrs Post
North Dakota	1984	Licensed Independent Clinical	LICSW	Clinical	MSW	4 yrs Post
		Licensed Certified	LCSW	or Clinical	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Ohio	1986	Licensed Independent	LISW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Licensed SW	LSW	Bachelors	BSW	0
		Registered SW Assistant	SWA	None	AAS	0
Oklahoma	1983	Licensed Associate	LSWA	Bachelors	BSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed SW - Administration	LSW	Advanced Generalist	MSW	2 yrs Post
		Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Advanced Generalist	MSW	2 yrs Post
Oregon	1991	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Clinical Associate	CSWA	None	MSW	0
Pennsylvania	1990	Licensed Clinical	LCSW	Clinical	MSW	3 yrs Post or 3600 hrs.
		Licensed SW	LSW	Masters	MSW	0
Rhode Island	1985	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Clinical	LCSW	Masters	MSW	0

State	ASWB Exam Implemented	License Types	Acronym	Exam Type Required	Min. Degree Req.	Exp. Req.
South Carolina	1989	Licensed Independent - Advanced Practice	LISW-AP	Advanced Generalist	MSW	2 yrs Post
		Licensed Independent - Clinical Practice	LISW-CP	Clinical	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
South Dakota	1984	Private Independent Practice	CSW-PIP	Clinical or Advanced Generalist	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Social Worker	SW	Bachelors	BSW	0
		Social Worker	SW	Bachelors	BA	2 yrs Post
		Social Work Associate	SWA	Associate	AA	0
Tennessee	1985	Licensed Clinical - Independent Practitioner	LCSW	Clinical	MSW	2 yrs Post
		Certified Master	CMSW	None	MSW	0
Texas	1986	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed Master - Advanced Practice	LMSW-AP	Advanced Generalist	MSW	2 yrs Post
		Licensed Master	LMSW	Masters	MSW	0
		Licensed Baccalaureate	LBSW	Bachelors	BSW	0
Utah	1984	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified SW	CSW	Masters	MSW	0
		Social Service Worker	SSW	Bachelors	BSW	0
		Social Service Worker	SSW	Bachelors	BA	1 yr
Vermont	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
Virginia	1983	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Licensed SW	LSW	Bachelors	BSW	2 yrs Post
		Licensed SW	LSW	Bachelors	MSW	0
Washington	1989	Licensed Independent Clinical	LICSW	Clinical	MSW	3 yrs Post
		Licensed Advanced	LASW	Clinical or Advanced Generalist	MSW	2 yrs Post
West Virginia	1986	Licensed Independent Clinical	LICSW	Clinical	MSW	2 yrs Post
		Licensed Certified	LCSW	Advanced Generalist	MSW	2 yrs Post
		Licensed Graduate	LGSW	Masters	MSW	0
		Licensed SW	LSW	Bachelors	BSW	0
Wisconsin	1994	Licensed Clinical	LCSW	Clinical	MSW	2 yrs Post
		Certified Independent	CISW	Advanced Generalist	MSW	2 yrs Post
		Certified Advanced Practice	CAPSW	Masters	MSW	0
		Certified SW	CSW	Bachelors	BSW	0
Wyoming	1989	Licensed Clinical	LCSW	Clinical or Advanced Generalist	MSW	2 yrs Post
		Certified SW	CSW	Bachelors or Masters	BSW	0

**New York Social Work Licensure
Statutes and Regulations (In Part)**

STATUTES

Article 154, Social Work

§ 7700. Introduction.

This article applies to the profession and practice of social work, the practice of licensed master social work and the practice of clinical social work, and to the use of the titles "licensed master social worker", and "licensed clinical social worker". The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

§ 7701. Definitions.

1. Practice of licensed master social work.
 - a. The practice of licensed master social work shall mean the professional application of social work theory, principles, and the methods to prevent, assess, evaluate, formulate and implement a plan of action based on client needs and strengths, and intervene to address mental, social, emotional, behavioral, developmental, and addictive disorders, conditions and disabilities, and of the psychosocial aspects of illness and injury experienced by individuals, couples, families, groups, communities, organizations, and society.
 - b. Licensed master social workers engage in the administration of tests and measures of psychosocial functioning, social work advocacy, case management, counseling, consultation, research, administration and management, and teaching.
 - c. Licensed master social workers provide all forms of supervision other than supervision of the practice of licensed clinical social work as defined in subdivision two of this section.
 - d. Licensed master social workers practice licensed clinical social work in facility settings or other supervised settings approved by the department under supervision in accordance with the commissioner's regulations.
2. Practice of clinical social work.
 - a. The practice of clinical social work encompasses the scope of practice of licensed master social work and, in addition, includes the diagnosis of mental, emotional, behavioral, addictive and developmental disorders and disabilities and of the psychosocial aspects of illness, injury, disability and impairment undertaken within a psychosocial framework; administration and interpretation of tests and measures of psychosocial functioning; development and implementation of appropriate assessment-based treatment plans; and the provision of crisis oriented psychotherapy and brief, short-term and long-term psychotherapy and psychotherapeutic treatment to individuals, couples, families and groups, habilitation, psychoanalysis and behavior therapy; all undertaken for the purpose of preventing, assessing, treating, ameliorating and resolving psychosocial dysfunction with the goal of maintaining and enhancing the mental, emotional, behavioral, and social functioning and well-being of individuals, couples, families, small groups, organizations, communities and society.

- b. Diagnosis in the context of licensed clinical social work practice is the process of distinguishing, beyond general social work assessment, between similar mental, emotional, behavioral, developmental and addictive disorders, impairments and disabilities within a psychosocial framework on the basis of their similar and unique characteristics consistent with accepted classification systems.
 - c. Psychotherapy in the context of licensed clinical social work practice is the use of verbal methods in interpersonal relationships with the intent of assisting a person or persons to modify attitudes and behavior which are intellectually, socially, or emotionally maladaptive.
 - d. Development of assessment-based treatment plans in the context of licensed clinical social work practice refers to the development of an integrated plan of prioritized interventions, that is based on the diagnosis and psychosocial assessment of the client, to address mental, emotional, behavioral, developmental and addictive disorders, impairments and disabilities, reactions to illnesses, injuries, disabilities and impairments, and social problems.
-

§ 7702. Authorized practice and the use of the titles "licensed master social worker" and "licensed clinical social worker".

- 1. In addition to the licensed social work services included in subdivisions one and two of section seventy-seven hundred one of this article, licensed master social workers and licensed clinical social workers may perform the following social work functions that do not require a license under this article, including but not limited to:
 - a. Serve as a community organizer, planner, or administrator for social service programs in any setting.
 - b. Provide supervision and/or consultation to individuals, groups, institutions and agencies.
 - c. Serve as a faculty member or instructor in an educational setting.
 - d. Plan and/or conduct research projects and program evaluation studies.
 - e. Maintain familiarity with both professional and self-help systems in the community in order to assist the client in those services when necessary.
 - f. Assist individuals or groups with difficult day to day problems such as finding employment, locating sources of assistance, organizing community groups to work on a specific problem.
 - g. Consult with other agencies on problems and cases served in common and coordinating services among agencies or providing case management.
 - h. Conduct data gathering on social problems.
 - i. Serve as an advocate for those clients or groups of clients whose needs are not being met by available programs or by a specific agency.
 - j. Assess, evaluate and formulate a plan of action based on client need.
 - k. Provide training to community groups, agencies, and other professionals.
 - l. Provide administrative supervision.
- 2. Practice of "licensed master social work" and use of the title "licensed master social worker" and designation "LMSW".

- a. Only a person licensed or exempt under this article shall practice "licensed master social work" as defined in subdivision one of section seventy-seven hundred one of this article.
 - b. Only a person licensed pursuant to subdivision one of section seventy-seven hundred four of this article shall use the title "licensed master social worker" or the designation "LMSW".
3. Practice of "licensed clinical social work" and use of the title "licensed clinical social worker" and designation "LCSW".
- a. Only a person licensed or exempt under this article shall practice "licensed clinical social work" as defined in subdivision two of section seventy-seven hundred one of this article.
 - b. Only a person licensed pursuant to subdivision two of section seventy-seven hundred four of this article shall use the title "licensed clinical social worker" or the designation "LCSW".

§ 7704. Requirements for a license.

1. To qualify for a license as a "licensed master social worker" an applicant shall fulfill the following requirements:
 - a. Application: file an application with the department;
 - b. Education: have received an education, including a master's of social work degree from a program registered by the department, or determined by the department to be the substantial equivalent, in accordance with the commissioner's regulations;
 - c. Experience: meet no requirement as to experience;
 - d. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
 - e. Age: be at least twenty-one years of age;
 - f. Character: be of good moral character as determined by the department; and
 - g. Fees: pay a fee of one hundred fifteen dollars to the department for an initial license, and a fee of one hundred fifty-five dollars for each triennial registration period.
2. To qualify for a license as a "licensed clinical social worker", an applicant shall fulfill the following requirements:
 - a. Application: file an application with the department;
 - b. Education: have received an education, including a master's of social work degree from a program registered by the department, or determined by the department to be the substantial equivalent, that includes completion of a core curriculum which includes at least twelve credit hours of clinical courses,, in accordance with the commissioner's regulations; a person who has received a master's, or equivalent degree in social work, during which they did not complete a core curriculum which includes clinical courses, may satisfy this requirement by completing equivalent post-graduate clinical coursework, in accordance with the commissioner's regulations;
 - c. Experience: have at least three years full-time supervised post-graduate clinical social work experience in diagnosis, psychotherapy, and assessment-based treatment plans,, or its part-time equivalent, obtained over a continuous period not to exceed six years, under the supervision, satisfactory to the department, of a psychiatrist, a licensed

psychologist, or a licensed clinical social worker in a facility setting or other supervised settings approved by the department;

- d. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
- e. Age: be at least twenty-one years of age;
- f. Character: be of good moral character as determined by the department; and
- g. Fees: pay a fee of one hundred fifteen dollars to the department for an initial license and a fee of one hundred fifty-five dollars for each triennial registration period.

REGULATIONS

Section 52.30, Social Work

- a. Programs leading to licensure in licensed master social work. In addition to meeting all applicable provisions of this Part, to be registered as a program recognized as leading to licensure in licensed master social work, which meets the requirements of subdivision (b) of section 74.1 of this Title, the program shall:
 - 1. be a program in social work leading to a master's degree or its equivalent, which includes at least 60 semester hours, or the equivalent, of graduate study, provided that no more than half of the total semester hours for the program may be advanced standing credit granted for social work study at the baccalaureate level;
 - 2. contain curricular content, including but not limited to, each of the following content areas:
 - i. social work values and ethics;
 - ii. diversity, social justice, and at-risk populations;
 - iii. human behavior in the social environment;
 - iv. social welfare policy and service delivery systems;
 - v. foundation and advanced social work practice; and
 - vi. social work practice evaluation and research;
 - 3. include a field practicum of at least 900 clock hours in social work integrated with the curricular content prescribed in paragraph (2) of this subdivision.
- b. Programs leading to licensure in licensed clinical social work. In addition to meeting all applicable provisions of this Part, to be registered as a program recognized as leading to licensure in licensed clinical social work, which meets the requirements of subdivision (c) of section 74.1 of this Title, the program shall:
 - 1. be a program in social work leading to a master's degree or its equivalent, which includes at least 60 semester hours, or the equivalent, of graduate study, provided that no more than half of the total semester hours for the program may be advanced standing credit granted for social work study at the baccalaureate level;
 - 2. contain curricular content, including but not limited to, each of the following content areas:
 - i. social work values and ethics;
 - ii. diversity, social justice, and at-risk populations;

- iii. human behavior in the social environment;
 - iv. social welfare policy and service delivery systems;
 - v. foundation and advanced social work practice; and
 - vi. social work practice evaluation and research;
3. include a field practicum of at least 900 clock hours in social work integrated with the curricular content prescribed in paragraph (2) of this subdivision; and
 4. include at least 12 semester hours or the equivalent of coursework that prepares the individual to practice as a licensed clinical social worker, by providing clinical content which emphasizes the person-in-environment perspective and knowledge and skills in the following:
 - i. diagnosis and assessment in clinical social work practice;
 - ii. clinical social work treatment; and
 - iii. clinical social work practice with general and special populations.

§74.1 Professional study of social work.

- a. As used in this section, acceptable accrediting agency shall mean an organization accepted by the department as a reliable authority for the purpose of accreditation at the postsecondary level, applying its criteria for granting accreditation of social work programs in a fair, consistent, and nondiscriminatory manner, such as the Council on Social Work Education, its successors, or an equivalent agency.
- b. Education requirement for licensure as a licensed master social worker. To meet the professional education requirement for licensure as a licensed master social worker, the applicant shall present satisfactory evidence of having received a master's degree, or its equivalent, in social work through completion of:
 1. a program in social work that is registered as leading to licensure in licensed master social work by the department pursuant to section 52.30 of this Title or a program in social work that is accredited by an acceptable accrediting agency or an equivalent social work program; or
 2. a program in social work located outside the United States and its territories that is recognized by the appropriate civil authorities of the jurisdiction in which the program is located as a program that prepares an applicant for the professional practice of social work, has been verified in accordance with subdivision (c) of section 59.2 of this Title, and which is determined by the department to have substantial equivalence to a program in social work registered as licensure qualifying for licensure as a licensed master social worker by the department pursuant to section 52.30 of this Title or to a program accredited by an acceptable accrediting agency.
- c. Education requirement for licensure as a licensed clinical social worker.
 1. To meet the professional education requirement for licensure as a licensed clinical social worker, the candidate shall present satisfactory evidence of having received a master's degree, or its equivalent in social work through completion of:
 - i. a program in social work that is registered as leading to licensure in licensed clinical social work by the department pursuant to section 52.30 of this Title or an equivalent social work program, provided the candidate satisfactorily demonstrates completion of coursework prescribed in paragraph (2) of this subdivision; or

- ii. a program in social work that is accredited by an acceptable accrediting agency, provided the candidate satisfactorily demonstrates completion of coursework prescribed in paragraph (2) of this subdivision; or
- iii. a program in social work located outside the United States and its territories that is recognized by the appropriate civil authorities of the jurisdiction in which the program is located as a program that prepares an applicant for the professional practice of social work, has been verified in accordance with subdivision (c) of section 59.2 of this Title, and which is determined by the department to have substantial equivalence to a program in social work registered as leading to licensure in licensed clinical social work by the department pursuant to section 52.30 of this Title or to a program in social work accredited by an acceptable accrediting agency, provided the candidate satisfactorily demonstrates completion of coursework prescribed in paragraph (2) of this subdivision.

2. Clinical content.

- i. A applicant must demonstrate satisfactory completion of at least 12 semester hours or the equivalent of coursework that prepares the individual to practice as a licensed clinical social worker, by providing clinical content which emphasizes the person-in-environment perspective and knowledge and skills in the following:
 - a. diagnosis and assessment in clinical social work practice;
 - b. clinical social work treatment; and
 - c. clinical social work practice with general and special populations.
- ii. The clinical content prescribed in subparagraph (i) of this paragraph must be coursework offered in a program prescribed in paragraph (1) of this subdivision. Such coursework may be taken as part of the master's degree program in social work that the candidate has completed or after completion of such program to remedy deficiencies in clinical content.

§74.2 Professional licensing examinations.

a. Examination for licensure as a licensed master social worker.

- 1. Each candidate for licensure as a licensed master social worker shall pass an examination:
 - i. that is offered by the Association of Social Work Boards, its successors, or another organization determined by the department to have satisfactory administrative and psychometric procedures in place to offer the licensing examination; and
 - ii. that the department determines adequately tests social work proficiency at the master's degree level and adequately measures the candidate's knowledge concerning practice as a licensed master social worker as defined in subdivision (1) of section 7701 of the Education Law.
- 2. Requirements for admission to examination for licensure as a licensed master social worker. To be admitted to the licensing examination, the candidate shall be required to:
 - i. file an application for licensure with the department;
 - ii. pay the fees for the licensure application and first registration period; and

- iii. present satisfactory evidence of having met the education requirement for licensure as a licensed master social worker, as prescribed in subdivision (b) of section 74.1 of this Part, including receipt of the social work degree.
- b. Examination for licensure as a licensed clinical social worker.
1. Each candidate for licensure as a licensed clinical social worker shall pass an examination:
 - i. that is offered by the Association of Social Work Boards, its successors, or another organization determined by the department to have satisfactory administrative and psychometric procedures in place to offer the licensing examination; and
 - ii. that the department determines adequately tests social work proficiency at the clinical level and adequately measures the candidate's knowledge concerning practice as a licensed clinical social worker as defined in subdivision (2) of section 7701 of the Education Law.
 2. Requirements for admission to examination for licensure as a licensed clinical social worker.
 - i. To be admitted to the licensing examination, the candidate shall be required to:
 1. file an application for licensure with the department;
 2. pay the fees for the licensure application and first registration period; and
 3. present satisfactory evidence of having met the education requirement for licensure as a clinical social worker, as prescribed in subdivision (c) of section 74.1 of this Part, including receipt of the social work degree; and
 4. present satisfactory evidence of having met the experience requirements for licensure as a clinical social worker, as prescribed in section 74.3 of this Part.
- c. Passing score. The passing score for the examination for licensure as a licensed master social worker and the examination for licensure as a licensed clinical social worker shall be determined by the State Board for Social Work.

§74.3 Experience requirement for licensure as a licensed clinical social worker.

- a. An applicant for licensure as a licensed clinical social worker shall meet the experience requirement for licensure by submitting documentation of three years of full-time supervised clinical social work experience in diagnosis, psychotherapy, and assessment-based treatment plans, or the part-time equivalent, or a combination of full-time and part-time supervised clinical social work experience in diagnosis, psychotherapy, and assessment-based treatment plans, completed over a period not to exceed six years, in accordance with the requirements of this section. For purposes of this subdivision, the full-time experience shall consist of not less than 48 weeks per year, excluding vacation, with not less than an average of 20 client contact hours per week. The part-time equivalent shall consist of the same total number of client contact hours provided over more than three years.
1. The experience must be obtained after the applicant completes the master's degree program in social work required for licensure in licensed clinical social work, as prescribed in section 74.1(c) of this Part.

2. The supervised experience shall be obtained in a facility setting, as prescribed in subparagraph (i) of this paragraph or a nonfacility setting, as prescribed in subparagraph (ii) of this paragraph, or a combination of the two.
 - i. A facility setting shall mean a federal, state, county or municipal agency, or other political subdivision, or a chartered elementary or secondary school or degree-granting educational institution, or a not-for-profit or proprietary incorporated entity, which government agency, educational institution, or not-for-profit or proprietary incorporated entity is licensed or otherwise authorized to provide services that fall within the scope of practice of licensed clinical social work.
 - ii. A nonfacility setting shall mean any other setting not prescribed in subparagraph (i) of this paragraph.
3. Supervision of the experience. The experience shall be supervised in accordance with the requirements of this paragraph.
 - i. Supervision of the experience shall consist of contact between the applicant and supervisor during which:
 - a. the applicant apprises the supervisor of the diagnosis and treatment of each client;
 - b. the applicant's cases are discussed;
 - c. the supervisor provides the applicant with oversight and guidance in diagnosing and treating clients;
 - d. the supervisor regularly reviews and evaluates the professional work of the applicant; and
 - e. the supervisor provides at least one hour per week or two hours every other week of in-person individual or group clinical supervision, provided that at least two hours per month shall be individual clinical supervision.
 - ii. The supervision shall be provided by:
 - a. a licensed clinical social worker or the equivalent as determined by the department; or
 - b. a psychologist who, at the time of supervision of the applicant, was licensed as a psychologist in the state where supervision occurred and was qualified in psychotherapy as determined by the department based upon a review of the psychologist's education and training, including but not limited to education and training in psychotherapy obtained through completion of a program in psychology registered pursuant to Part 52 of this Title or a program in psychology accredited by the American Psychological Association; or
 - c. a physician who, at the time of supervision of the applicant, was a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Inc. or had the equivalent training and experience as determined by the department.

§74.4 Limited permits.

- a. Limited permits to practice licensed master social work. As authorized by section 7705 of the Education Law, on recommendation of the State Board for Social Work, the department may issue a limited permit to practice licensed master social work under the general supervision of a

licensed master social worker or a licensed clinical social worker, in accordance with the requirements of this subdivision.

1. An applicant for a limited permit to practice licensed master social work shall:
 - i. file an application for a limited permit with the department and pay the application fee; and
 - ii. satisfy all requirements for licensure as a licensed master social worker, except the examination requirement.
 2. The limited permit in licensed master social work shall be issued for a specific employment setting. The setting shall not be a private practice owned or operated by the applicant.
 3. An individual practicing licensed master social work under a limited permit shall be under the general supervision of a licensed master social worker or licensed clinical social worker. For purposes of this subdivision, general supervision shall mean that the supervising licensed master social worker or licensed clinical social worker is available for consultation, assessment and evaluation, has authorized the permit holder to provide the services, and exercises the degree of supervision appropriate to the circumstances.
 4. The limited permit in licensed master social work shall be valid for a period of not more than 12 months, and shall not be renewable.
- b. Limited permits to practice licensed clinical social work. As authorized by section 7705 of the Education Law, on recommendation of the State Board for Social Work, the department may issue a limited permit to practice licensed clinical social work under the general supervision of a licensed clinical social worker, in accordance with the requirements of this subdivision.
1. An applicant for a limited permit to practice licensed clinical social work shall:
 - i. file an application for the limited permit with the department and pay the application fee; and
 - ii. satisfy all requirements for licensure as a licensed clinical social worker, except the examination requirement.
 2. The limited permit in licensed clinical social work shall be issued for a specific employment setting.
 3. An individual practicing licensed clinical social work under a limited permit shall be under the general supervision of a licensed clinical social worker. For purposes of this subdivision, general supervision shall mean that supervision of practice under the limited permit shall consist of contact between the permit holder and supervisor during which:
 - i. the permit holder apprises the supervisor of the diagnosis and treatment of each client;
 - ii. the permit holder's cases are discussed;
 - iii. the supervisor provides the permit holder with oversight and guidance in diagnosing and treating clients;
 - iv. the supervisor regularly reviews and evaluates the professional work of the permit holder; and
 - v. the supervisor provides at least one hour per week or two hours every other week of in-person individual or group clinical supervision, provided that at least two hours per month shall be individual clinical supervision.

4. The limited permit in licensed clinical social work shall be valid for a period of not more than 12 months, and shall not be renewable.

§74.5 Authorization qualifying licensed clinical social workers for certain insurance reimbursement.

- a. Upon satisfaction of the requirements set forth in subdivision (c) of this section, and filing with the department an application and a fee of \$85, a licensed clinical social worker may qualify for insurance reimbursement on the basis of three or more additional years of experience in psychotherapy beyond that required for licensure as a licensed clinical social worker, pursuant to Insurance Law, section 3221(l)(4)(D) or 4303(n).
- b. Definition. As used in this section, psychotherapy means the use of verbal methods in interpersonal relationships with the intent of assisting a person or persons to modify attitudes and behavior which are intellectually, socially or emotionally maladaptive.
- c. In order to fulfill the requirements of Insurance Law, section 3221(l)(4)(D) or 4303(n), the licensed clinical social worker shall complete three or more additional years of experience in psychotherapy beyond that required for licensure as a licensed clinical social worker in accordance with the following criteria:
 1. Length of experience. Each candidate shall have the experience which meets the standards of subparagraph (i), (ii) or (iii) of this paragraph.
 - i. Experience obtained in a facility shall be:
 - a. no less than three calendar years of experience providing psychotherapy services, which shall comprise no less than 2,400 direct client contact hours in sessions of at least 45 minutes each with not less than 400 client contact hours in any one year; and
 - b. in a facility formally approved in a manner satisfactory to the department by the State Education Department, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Division of Substance Abuse Services, Division of Alcoholism and Alcohol Abuse, State Department of Health, State Board of Social Welfare, State Department of Social Services, Secretary of State (except professional service corporations), the Legislature of the State of New York, or comparable departments of other states, territories of the United States, or the United States as determined by the department.
 - ii. Experience obtained in a nonfacility practice shall be no less than three calendar years of experience providing psychotherapy services, which shall comprise no less than 2,400 direct client hours in sessions of no less than 45 minutes each with no less than 400 client contact hours in any one year.
 - iii. A combination of experience in facilities and experience in nonfacility practice which meets the standards of subparagraphs (i) and (ii) of this paragraph.
 2. Time of experience. Experience to be acceptable shall follow receipt of the master's degree in social work and shall have been obtained subsequent to the experience used as qualifying for licensure as a licensed clinical social worker.
 3. Supervision of experience. All experience shall be under satisfactory supervision in accordance with the requirements of this paragraph.
 - i. The supervision of the experience shall be:

- a. individual supervision or consultation of no less than two hours per month;
 - b. group supervision or group consultation of no less than four hours per month;
 - c. case seminars of no less than four hours per month in a formal course offered by an institution of higher education chartered by the Board of Regents; or
 - d. peer supervision, consisting of no less than four hours per month. Candidates presenting peer supervision for approval shall also submit two case summaries satisfactory to the board. Such case summaries shall include and demonstrate the relationships among the presenting problem, the background material, a formulation of case dynamics, a diagnostic statement, the treatment process, the treatment outcomes, and supervisory issues.
- ii. To be satisfactory, supervision must be provided by:
- a. A licensed clinical social worker who, at the time of supervision of the applicant, met the qualifications for licensure as a licensed clinical social worker pursuant to Article 154 of the Education Law or their equivalent as determined by the department; or
 - b. A psychologist who, at the time of supervision of the applicant, was licensed as a psychologist in the state where supervision occurred and was qualified in psychotherapy as determined by the department based upon a review of the psychologist's education and training, including but not limited to education and training in psychotherapy obtained through completion of a program in psychology registered pursuant to Part 52 of this Title or a program in psychology accredited by the American Psychological Association; or
 - c. A physician who, at the time of supervision of the applicant, was a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Inc. or had the equivalent training and experience as determined by the department.

§74.6 Supervision of licensed master social worker providing clinical social work services.

In accordance with section 7701(1)(d) of the Education Law, a licensed master social worker may provide clinical social work services in a facility setting or a non-facility setting, as defined by subdivision (a) of this section, under supervision, as prescribed in subdivision (b) of this section.

- a. For purposes of this section:
 - 1. A facility setting shall mean a federal, state, county or municipal agency, or other political subdivision, or a chartered elementary or secondary school or degree-granting educational institution, or a not-for-profit or proprietary incorporated entity, which government agency, educational institution, or not-for-profit or proprietary incorporated entity is licensed or otherwise authorized to provide services that fall within the scope of practice of licensed clinical social work.
 - 2. A non-facility setting shall mean any other setting not prescribed in paragraph (1) of this subdivision.

- b. Supervision of the clinical social work services provided by the licensed master social worker.
 1. Supervision of the clinical social work services provided by the licensed master social worker shall consist of contact between the licensed master social worker and supervisor during which:
 - i. the licensed master social worker apprises the supervisor of the diagnosis and treatment of each client;
 - ii. the licensed master social worker's cases are discussed;
 - iii. the supervisor provides the licensed master social worker with oversight and guidance in diagnosing and treating clients;
 - iv. the supervisor regularly reviews and evaluates the professional work of the licensed master social worker; and
 - v. the supervisor provides at least one hour per week or two hours every other week of in-person individual or group clinical supervision, provided that at least two hours per month shall be individual clinical supervision.
 2. The supervision shall be provided by:
 - i. a licensed clinical social worker or the equivalent as determined by the department; or
 - ii. a psychologist who, at the time of supervision of the applicant, was licensed as a psychologist in the state where supervision occurred and was qualified in psychotherapy as determined by the department based upon a review of the psychologist's education and training, including but not limited to education and training in psychotherapy obtained through completion of a program in psychology registered pursuant to Part 52 of this Title or a program in psychology accredited by the American Psychological Association; or
 - iii. a physician who, at the time of supervision of the applicant, was a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Inc. or had the equivalent training and experience as determined by the department.

**Virginia Social Work Licensure
Statutes and Regulations (In part)**

STATUTES

§ 54.1-3700. Definitions.

"Clinical social worker" means a social worker who, by education and experience, is professionally qualified at the autonomous practice level to provide direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment.

"Social worker" means a person trained to provide service and action to effect changes in human behavior, emotional responses, and the social conditions by the application of the values, principles, methods, and procedures of the profession of social work.

REGULATIONS

18VAC140-20-40. Requirements for licensure by examination as a clinical social worker.

Every applicant for examination for licensure as a clinical social worker shall:

1. Meet the education and experience requirements prescribed in 18VAC140-20-50.
2. Submit in one package to the board office, not less than 90 days prior to the date of the written examination:
 - a. A completed notarized application;
 - b. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;
 - c. The application fee prescribed in 18VAC140-20-30;
 - d. Official transcript or transcripts in the original sealed envelope submitted from the appropriate institutions of higher education directly to the applicant; and
 - e. Documentation of applicant's out-of-state licensure where applicable.

18VAC140-20-50. Education and experience requirements for licensed clinical social worker.

A. Education. The applicant shall hold a minimum of a master's degree from an accredited school of social work. Graduates of foreign institutions shall establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council of Social Work Education.

1. The degree program shall have included a graduate clinical course of study; or
2. The applicant shall provide documentation of having completed specialized experience, course work or training acceptable to the board as equivalent to a clinical course of study.

B. Supervised experience. Supervised experience in all settings obtained in Virginia without prior written board approval will not be accepted toward licensure. Supervision begun before November 26, 2008, that met the requirements of this section in effect prior to that date will be accepted until November 26, 2012.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision:

- a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and
- b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services. A minimum of one hour of face-to-face supervision shall be provided each week for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability or geography.

- a. Experience shall be acquired in no less than two nor more than four years.
- b. Supervisees shall average no less than 15 hours per week in face-to-face client contact for a minimum of 1,380 hours. The remaining hours may be spent in ancillary duties and activities supporting the delivery of clinical services.

3. An individual who does not complete the supervision requirement after four years of supervised experience shall submit evidence to the board showing why the training should be allowed to continue.

C. Requirements for supervisors.

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least three years of postlicensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability.

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

3. The supervisor shall not provide supervision for a member of his immediate family or provide supervision for anyone with whom he has a dual relationship.

D. Responsibilities of supervisors:

The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;
2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;
3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;
4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;
5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, and implementing a professional and ethical relationship with clients-;
6. Be available to the applicant on a regularly scheduled basis for supervision; and
7. Maintain documentation, for five years postsupervision, of which clients were the subject of supervision.

18VAC140-20-51. Requirements for licensure by examination as a licensed social worker.

A. In order to be approved to sit for the board-approved examination for a licensed social worker, an applicant shall:

1. Meet the education requirements prescribed in 18VAC140-20-60 A.
2. Submit in one package to the board office:
 - a. A completed notarized application;
 - b. The application fee prescribed in 18VAC140-20-30; and
 - c. Official transcript or transcripts in the original sealed envelope submitted from the appropriate institutions of higher education directly to the applicant.

B. In order to be licensed by examination as a licensed social worker, an applicant shall:

1. Meet the education and experience requirements prescribed in 18VAC140-20-60; and
2. Submit, in addition to the application requirements of subsection A, the following:
 - a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;

- b. Verification of a passing score on the board-approved national examination; and
- c. Documentation of applicant's out-of-state licensure where applicable.

18VAC140-20-60. Education and experience requirements for licensed social worker.

A. Education. The applicant shall hold a bachelor's or a master's degree from an accredited school of social work. Graduates of foreign institutions must establish the equivalency of their education to this requirement through the Foreign Equivalency Determination Service of the Council on Social Work Education.

B. Master's degree applicant. An applicant who holds a master's degree may apply for licensure as a licensed social worker without documentation of supervised experience.

C. Bachelor's degree applicant. Supervised experience in all settings obtained in Virginia without prior written board approval will not be accepted toward licensure. Supervision begun before November 26, 2008, that met the requirements of this section in effect prior to that date will be accepted until November 26, 2012.

1. Hours. Bachelor's degree applicants shall have completed a minimum of 3,000 hours of full-time post-bachelor's degree experience or the equivalent in part-time experience in casework management and supportive services under supervision satisfactory to the board. A minimum of one hour of face-to-face supervision shall be provided each week for the period of supervision for a total of at least 100 hours.

2. Experience shall be acquired in no less than two nor more than four years from the beginning of the supervised experience.

D. Requirements for supervisors.

1. The supervisor providing supervision shall hold an active, unrestricted license as a licensed social worker with a master's degree, or a licensed social worker with a bachelor's degree and at least three years of postlicensure social work experience or a licensed clinical social worker in the jurisdiction in which the social work services are being rendered. If this requirement places an undue burden on the applicant due to geography or disability, the board may consider individuals with comparable qualifications.

2. The supervisor shall:

a. Be responsible for the social work practice of the prospective applicant once the supervisory arrangement is accepted by the board;

b. Review and approve the assessment and service plan of a representative sample of cases assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, assessment, length of service and casework method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor. The supervisor shall be available to the applicant on a regularly scheduled basis for supervision. The supervisor will maintain documentation, for five years post supervision, of which clients were the subject of supervision;

c. Provide supervision only for those casework management and support services activities for which the supervisor has determined the applicant is competent to provide to clients;

- d. Provide supervision only for those activities for which the supervisor is qualified;
and
 - e. Evaluate the supervisee in the areas of professional ethics and professional competency.
3. Supervision between members of the immediate family (to include spouses, parents, and siblings) will not be approved.

**Association of Social Work Boards
Model Practice Act (Excerpt)**

Section 105. Practice of Master's Social Work.

Subject to the limitations set forth in Article III, Section 306, the practice of Master's Social Work means the application of social work theory, knowledge, methods and ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. Master's Social Work practice includes the application of specialized knowledge and advanced practice skills in the areas of assessment, treatment planning, implementation and evaluation, case management, information and referral, counseling, supervision, consultation, education, research, advocacy, community organization and the development, implementation, and administration of policies, programs and activities. Under supervision as provided in this act, the practice of Master's Social Work may include the practices reserved to Clinical Social Workers.

Section 106. Practice of Clinical Social Work.

The practice of Clinical Social Work is a specialty within the practice of Master's Social Work and requires the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis and treatment of mental, emotional, and behavioral disorders, conditions and addictions. Treatment methods include the provision of individual, marital, couple, family and group counseling and psychotherapy. The practice of Clinical Social Work may include private practice and the provision of clinical supervision.

Section 303. Qualifications for Licensure by Examination as a Master's Social Worker.

(a) To obtain a license to engage in the practice of Master's Social Work, an applicant for licensure by examination must provide evidence satisfactory to the Board, subject to Section 311, that the applicant:

- (1) Has submitted a written application in the form prescribed by the Board;
- (2) Has attained the age of majority;
- (3) Is of good moral character. As one element of good moral character, the board shall require each applicant for licensure to submit a full set of fingerprints for the purpose of obtaining state and federal criminal records checks, pursuant to [insert reference to authorizing state statute] and applicable federal law. The [state agency responsible for managing fingerprint data e.g. the department of public safety] may submit fingerprints to and exchange data with the Federal Bureau of Investigation. All good moral character information, including the information obtained through the criminal records checks, shall be considered in licensure decisions to the extent permissible by all applicable laws.
- (4) Has graduated and received the Master's or Doctorate degree in social work from an Approved Social Work Program;
- (5) Has successfully passed an examination or examinations prescribed by the Board; and

(6) Has paid all applicable fees specified by the Board relative to the licensure process.

Section 304. Qualifications for Licensure by Examination as a Clinical Social Worker.

(a) To obtain a license to engage in the practice of Clinical Social Work, an applicant for licensure by examination must provide evidence satisfactory to the Board, subject to Section 311, that the applicant:

(1) Has submitted a written application in the form prescribed by the Board;

(2) Has attained the age of majority;

(3) Is of good moral character. As one element of good moral character, the board shall require each applicant for licensure to submit a full set of fingerprints for the purpose of obtaining state and federal criminal records checks, pursuant to [insert reference to authorizing state statute] and applicable federal law. The [state agency responsible for managing fingerprint data e.g. the department of public safety] may submit fingerprints to and exchange data with the Federal Bureau of Investigation. All good moral character information, including the information obtained through the criminal records checks, shall be considered in licensure decisions to the extent permissible by all applicable laws.

(4) Has graduated and received a Master's or Doctorate degree in social work from an Approved Social Work Program;

(5) Has completed supervised practice approved by the Board, or demonstrated to the Board's satisfaction that experience in the practice of clinical social work meets or exceeds the minimum supervisory requirements of the Board;

All applicants for licensure as a Clinical Social Worker by examination shall obtain supervised experience in the practice of clinical social work after the receipt of a Master's or Doctorate degree in Social Work from an Approved Social Work Program, under such terms and conditions as the Board shall determine;

(6) Has successfully passed an examination or examinations prescribed by the Board; and

(7) Has paid all applicable fees specified by the Board relative to the licensure process.

Section 306. Independent Practice.

NOTE: Independent practice in the Licensed Baccalaureate Social Worker or Licensed Master's Social Worker categories should not be construed as private practice, in which Clinical Social Workers accept fees for service from clients or third party payers on the client's behalf. LBSW and LMSW social workers are not qualified to conduct the diagnosis and treatment of mental illness, or provide psychotherapy services, although LMSW social workers may provide some clinical services under supervision by a Clinical Social Worker. See the Introduction to the Model Act and comments to Article I, Sections 104, 105, and 106 for additional information on Independent Practice provisions. Boards are encouraged to develop a method, such as the issuance of a special certificate or decal, that recognizes the Independent status of a particular licensee. The decal or certificate can be attached to the actual license to identify those practitioners eligible for independent practice.

No Baccalaureate or Master's Social Worker licensed under Section 302 or Section 303 shall engage in Independent Practice until such time that the social worker shall have worked in a

supervised setting for a specified period of time and under terms and conditions set by the Board.

REGULATIONS - Independent Practice

Pursuant to Article III, Section 306, all social workers who seek to attain the Independent Practice of Baccalaureate Social Work or Master's Social Work shall have practiced social work in a supervised setting under requirements and parameters set by the Board. The Board declares such parameters to be as follows:

(1) To qualify for independent practice of Baccalaureate Social Work, an individual, after licensure to practice Baccalaureate Social Work, shall obtain 3000 hours of experience over a minimum two year period, but within a maximum four year period.

(2) To qualify for independent practice of Master's Social Work, an individual, after licensure to practice Master's Social Work, shall obtain 3000 hours of experience over a minimum two year period, but within a maximum four year period.

(3) Paragraphs 4 through 8 shall be applicable to supervisors and the supervision process of Baccalaureate Social Workers and Master's Social Workers seeking independent practice status.

(4) An individual providing supervision to a Baccalaureate Social Worker shall be a Baccalaureate Social Worker or Master's Social Worker or Clinical Social Worker. An individual providing supervision to a Master's Social Worker shall be a Master's Social Worker or a Clinical Social Worker. In addition to the required licensure, the supervisor shall have attained the independent status of such licensure designation.

(5) The supervisor is responsible for supervision within the following content areas:

- (i) Practice skills
- (ii) Practice management skills
- (iii) Skills required for continuing competence
- (iv) Development of professional identity
- (v) Ethical practice

(6) The areas of supervisory accountability shall include:

- (i) Client
- (ii) Agency providing services
- (iii) Legal and regulatory requirements
- (iv) Ethical standards of the profession
- (v) Acceptance of professional responsibility for the social work services provided by the supervisee

(7) Setting of supervision. If supervision is not provided within the agency of employment, the supervisee must obtain a written release from the agency administrator to obtain supervision of agency clients outside the agency setting.

(8) A plan for supervision must be established and maintained throughout the supervisory period. Such plan must be submitted to the Board along with the application by the licensee for independent status. The Board reserves the right to audit such plans.