

## MEETING MINUTES

### LCSW Education Committee December 8, 2008

Holiday Inn San Diego Downtown  
Skyline Room  
1617 First Avenue  
San Diego, CA

**By Teleconference**  
12 Clear Creek  
Irvine, CA 92620

**Committee Members Present:**

Renee Lonner, LCSW Member, Chair

**Staff Present:**

Paul Riches, Executive Officer  
Kim Madsen, Assistant Executive Officer

**Committee Members Absent:**

Gordonna DiGiorgio, Public Member  
Joan Walmsley, LCSW Member

**Guest List:**

On File

Renee Lonner, Chair, called the meeting to order at approximately 8:30 a.m. No 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. Ms. Lonner indicated that the bottom line is that in the graduate programs, individuals are being trained to do certain jobs, and that the question is how they are being prepared to do those jobs.

### **III. Review and Approval of the October 27, 2008 Meeting Minutes**

Mr. Riches indicated that due to the absence of a quorum, no approval of the minutes could be rendered. However, he welcomed any comments or feedback on the draft minutes. No additions or corrections were noted.

### **IV. Presentation from the Council on Social Work Education via Teleconference**

Mr. Riches accepted a telephone call from Julia Watkins, Executive Director, and Dean Pierce, Director of the Office of Social Work Accreditation, Council on Social Work Education (CSWE) in Washington, D.C. Ms. Watkins indicated that when Mr. Riches had invited CSWE to make a presentation at the meeting, he had asked that several issues be addressed and questions answered. She indicated that the presentation would address each of the areas/ questions.

Mr. Pierce began by discussing CSWE's Educational Policy and Accreditation Standards (EPAS). Historically CSWE has developed a curriculum policy statement as the basis for standards that are followed by programs and are used in accrediting those programs. In March 2009 CSWE adopted the 2008 Educational Policy and Accreditation Standards which by October 2010 will replace the current 2001 EPAS.

The 2001 EPAS built on the approach to accreditation beginning in the 1930's that emphasized prescribed content. The new EPAS marks the departure from that approach to curriculum design and assessment, emphasizing core competencies, which Mr. Pierce described as somewhat comparable to the program objectives that were part of the previous EPAS. There are ten (10) core competencies. Each program at the BA level or the first year of the MA program is responsible for using the practice behaviors associated with each of those competencies to identify curriculum content that will produce in students the ten core competencies.

At the concentration, or the second year, programs are expected to apply each of the ten core competencies by augmenting each with knowledge and practice behaviors specific to the area of advanced practice that constitutes their concentration. The content that will be provided includes knowledge, skills and/or values for each of the ten competencies. Mr. Pierce indicated that all of this information is available on the CSWE website under "Accreditation."

Mr. Pierce continued, explaining there have not been content prescriptions for specialization since 1960. It was in that set of policy and standards that the decision was made to develop the first and second year of social work program based on a generic, or what has come to be known as the generalist or foundation curriculum. Mr. Pierce stated that in the current (2001) EPAS, the content prescriptions are only at the foundation or first

year level. Programs are responsible to identify the content that they will use in any concentration or specialization that they have.

Mr. Riches asked about CSWE's perspective on the difference between a concentration area and a specialty. Mr. Pierce explained that essentially it is comparable to the difference between a major and a minor, with the major being a concentration and the minor being a specialization. He noted that this is not the case with all programs. Some programs think of the specialization as being the concentration. Mr. Pierce indicated that it is probably more direct in the 2008 EPAS, in which they refer to "an area of advanced practice." The program will define the area of advanced practice, and will then identify the content and practice behaviors that will be used to design the curriculum around the area. The 2008 EPAS uses the word "concentration" as the structure for organizing the curriculum. "Specializations" sometimes refer to what you do in practice; the "concentration" is the language used in curriculum design.

Mr. Riches asked if any California programs had been through accreditation review under the new (2008) standards. Mr. Pierce responded that none had; he then went on to explain how a new policy and standards is implemented, and the timelines that are used by schools in gathering assessment data when a new EPAS is in place. He reported that initial training was completed in October 2008 to prepare programs to begin using the 2008 EPAS.

Mr. Riches then asked about how CSWE arrived at the ten core competencies. Mr. Pierce explained that the "educational policy" side of the EPAS is developed by the Council's Commission on Curriculum and Educational Innovation. To develop the core competencies, the commission looked at job analyses; performed an "environmental scan" of issues in social work education and higher education; reviewed current documents; and looked at policy and standards of 65 other specialized accrediting organizations. The ten core competencies define general social work practice and serve as the core of advanced practice.

Janlee Wong asked for an explanation of the makeup of the commission, in an effort to have a clearer picture of the types of professionals who developed the core competencies. Mr. Pierce reported there are two commissions involved in the development of policy and standards -- the commission on curriculum noted earlier, and the commission on accreditation. Each commission is comprised of up to 25 social work educators. The commission on accreditation also includes public members. Ms. Watkins added that the commission on accreditation has other requirements for membership, including having been a site visitor. Mr. Pierce stated that two groups within the two commissions were significantly involved in the development of the 2008 EPAS, the Council on Practice Methods and Specialization and the Council on Field Education. Both groups include faculty who are known for their knowledge in these two areas.

Mr. Wong contrasted CSWE's practices of bringing innovation or more progressive or newer thinking in social work education to the way the Board develops their examination, which he described as a little bit more focused on the here and now in terms of practice.

Mr. Pierce explained that CSWE uses the Association of Social Work Board's (ASWB) job analysis as a basis for their analysis. In terms of future orientation, the competencies refer to what practitioners do and should be able to do in practice. The environmental scan indicated that in some areas of the country, social work as a profession and social workers

in practice have not been on top of context and changes. So CSWE is emphasizing the need to do something about context as it changes around social workers. One of the ten core competencies is for all social workers to be able to respond to context that shapes practice. What the programs teach is not necessarily about the future, it's about preparing graduates to deal with the future.

Ms. Watkins stated that CSWE asked ASWB to comment on the new EPAS. They were very helpful and very supportive of what CSWE is doing, including the move to the competencies as well as the competencies themselves. She explained another way that CSWE deals with innovation, which is by basing practices and educational programs in research and evidence. Ms. Watkins explained that the Council had developed an alternative to the standard self-study conducted by programs when they come up for reaffirmation. They usually develop a research project that is going to add evidence to the knowledge base for social work education and practice.

Mr. Pierce mentioned that since 1960, the council has not had requirements on concentrations or what at that time were called specializations. CSWE has launched a project to capture some of the best thinking about what areas of advanced practice are and the knowledge and practice behaviors specific to them. This builds on the ten core competencies by identifying the knowledge, values and skills specific to an area. What will emerge over the next couple of years will be a series of endorsed concentrations, which may include one for clinical social work practice. This will allow CSWE, in the 2015 EPAS, to analyze these statements on advanced practice in specific areas to determine what is common to all advanced social work practice as well as what is needed specifically for each area.

Mr. Wong asked about the external review process for the new EPAS, and also asked for comment about field education as a distinct or unique pedagogy.

Mr. Pierce noted that the draft EPAS document was sent to all CSWE members and programs, as well as ASWB licensing boards, for feedback. This served as the basis for making the revisions. He explained that the 2008 EPAS contains four features: 1) mission and goals emphasizing the context of the program, such that if the program is in a rural area, for example, that will be reflected in the curriculum; 2) the explicit curriculum or actual courses; 3) the implicit curriculum or the environment – a social work sense that behavior is influenced by environment/environment is influenced by behavior; and 4) assessment. Additionally, CSWE studied the work of the Carnegie Foundation on the teaching in the professions. An idea they came up with is that each profession has a signature way that its professionals learn. That is called the signature pedagogy. They identified that for law it's the case method in the classroom; for engineering it's the design table; for teachers it's student placement. The commission decided that for social work education, the signature pedagogy is field education.

With respect to how a program's curriculum revisions are reviewed and approved, Mr. Pierce reported that all programs complete a formal process of notification of change. Whenever changes are made in the curriculum, all are reported to CSWE. The program describes the change, and then discusses its impact so CSWE can make a determination as to whether the program remains in compliance with the standards. This is done in advance of the change being implemented. The extent to which CSWE must be involved in the change can vary in correlation to the nature of the change.

Mr. Pierce explained that there are standards related to the qualifications of field instructors, the structure and the connection a field placement has to the nature of the practice the program is teaching.

Mr. Riches asked whether visits to field placement settings are included during site visits. Mr. Pierce explained that typically, the commission reads the self study in advance and then identifies areas where it wants the team to look further. Only if there is something found wrong will a field program be visited, which would typically be a meeting with the field instructor and site visitors.

Ms. Lonner asked whether there are meetings with students. Mr. Pierce responded yes, typically a site visit will begin with an opening interview of the president and provost. Then there are meetings with the program director, faculty, field instructors and students. Usually advisory committees are involved, the library is visited, and at least one of the distance education sites, if any, is visited.

Mr. Riches asked if there is any structured feedback to the accreditation process from the field supervisor, the person working in the placements overseeing students. Mr. Pierce stated that it would be collected by the visitor during the site visit. In the past, the field instructors/supervisors were always involved in the visit. Now it is a function of the letter that is issued to the team by the commission to look further at certain areas. Ms. Watkins clarified that it probably would not have been a visit by any of the team members to an actual field site.

Mr. Riches stated that the principal driving question for the committee is how the education is preparing students for clinical practice, for licensure. One of the questions is, given that any graduate with an MSW will be license eligible, are those who have had a non-clinical concentration getting the correct preparation to engage in clinical practice.

Mr. Pierce stated that he would guess that it's not just what a person learns in school but also what the student learns in the clinical internship. Mr. Riches clarified that the schooling, in theory, provides the foundation that is built on during that experience. Mr. Pierce responded that he believes it does provide the foundation and then given a concentration it might provide more. He stated that the schools can give the foundation and the specialization, the clinical content. He believes that the rest of the development occurs elsewhere.

Mr. Riches stated that essentially when a person graduates and registers (as an associate clinical social worker), he or she is beginning some requisite amount of supervision during the post graduate period. But registrants are in practice and are essentially seeing clients from day one, which is a little unnerving from a consumer point of view. This is especially true for a new registrant who has taken policy, macro or generalist concentration and starts seeing clients.

Mr. Wong asked Mr. Riches whether he had any information on disciplinary actions for associates versus LCSWs, based on the theory that for the macro-trained associate, they would be more prone to violate the consumer protection laws than a licensed person. Mr. Riches stated he did not have that information at hand.

Mr. Riches stated he wanted to provide an opportunity for CSWE to talk about issues they see coming, directions for the future, expectations about accreditation under the new guidelines or anything in that area that CSWE wants to share with the Committee.

Ms. Watkins responded that in all of higher education right now funding is very tight. She believes that higher education is in for a very difficult few years with the recession. She also stated there is an increased interest in distance education, e-learning, etc.

Mr. Riches asked whether the council has any guidance or how do they approach distance education because in California, it is an increasingly popular mode of delivering courses.

Mr. Pierce stated that CSWE accredits the curriculum, so they accredit how it is designed. If a program is starting some distance education, they would do a notification of program change and explain to CSWE how they're going to remain in compliance with the standards. Resource issues, curriculum issues, sequencing issues, and field education issues arise. So, CSWE looks at how the proposed distance education program would deliver the same product.

Mr. Riches asked whether CSWE had any experience with the distance education components that are out there and how those are working.

Mr. Pierce responded that there is currently one graduate and one undergraduate program in social work where the entire curriculum is delivered online. His guess is that in the next couple of years that will be happening more and more frequently.

Ms. Lonner asked roughly what proportion of MSW programs offer a mental health or clinical concentration. Mr. Pierce responded that CSWE does an annual survey of programs and asks what their concentrations are, and will send her that information through Mr. Riches right away.

No other questions or comments were forthcoming, and the presentation concluded. Following the teleconference presentation, meeting participants discussed the information that had been provided by CSWE.

Christine Ford, an educator, indicated that any MSW who exits a CSWE accredited program, no matter the concentration, is ready to do entry level practice, because the skills that any clinician needs to begin to see clients are learned in the first year. The second year is really more of a focus on a certain population. Those skills learned in the first year are used whether working with individuals, groups, or organizations. She suggested that some of the problem lies in the post-degree supervision process. First, only a 15-hour course is required for supervision as compared to six units every year for marriage and family therapist (MFT) supervisors. She also stated that it is difficult to find people to perform supervision - in large agencies people do not have enough time, and it is difficult to police the type of supervision provided. However, in programs where there are agencies and field instructors in the agencies, those individuals are supervised, trained, mentored and provided additional education. If there some way of doing that for post-graduates, the level of the supervision might improve and candidates might perform better on the examination.

Charlene Gonzalez indicated she agreed, and expressed her belief that every new MSW graduate has the same skill set which is founded in social work theory which by definition

is a clinical dynamic. It does not matter if it is micro or macro, there is a continuum. She stated her feeling that this is where the Committee continues to get stuck. She explained how case management is a clinical dynamic because it is based in that client/worker relationship. She reported regularly seeing confusion with terminology. She expressed concern that social workers are not doing a good job of telling people who they are as a profession.

Mr. Riches stated there appears to be a mixed message for the community as well. It appears under many different guises at different meetings, whether it's multiple levels of licensure or discussions about clinical practice versus other kinds of social work. It's a very mixed message coming at someone who is not part of the profession.

Marci Siegel stated her support for her colleague's statements, and explained that in all of the outcome studies done by the schools to prove they are meeting the competencies do not necessarily separate out clinical versus macro or administration-based social work. Social workers view a client differently from a MFT. They look at a client in all the systems, where a social workers view includes family, community or a larger system of an organization. Students would not even be advanced to candidacy or graduate without this. Also at a certain point for the EPAS, we have to prove that our field instructors are qualified. Most of them are licensed, but at least post-MSW two years, and they go through a major training course.

Mr. Riches clarified that his comment about the field instructor piece was actually going in the other direction. That is, CSWE's process seems to get educators' perspectives on the educators' product, but there wasn't a place in the review process to get the perspective of the first consumer of the product, which essentially is the field instructor's view of what's coming in their door. It seemed to be a bit of a closed circle in terms of who's talking about what in the review process.

Ms. Ford explained that in the accreditation process site visits, they do meet with the school's program committee which is a community committee, and they meet with the field advisory committee, which includes some of the field instructors. They do not include the faculty. During Ms. Ford's program's first accreditation site visit, the commissioner wanted to visit a field site and she took her to one. But in the self-study, programs have to show what they've done to meet those things, and programs have the outcome measures, and those include feedback from employers, agencies and students.

Mr. Wong explained that when CSWE sends the draft EPAS out, it's sent to every school. Hopefully the school's dean shares it with all faculty including field faculty. So, it's not a closed loop. Mr. Wong stated that the way the commission develops the educational policy, and the way social work as a collective tries to develop what social work practice is, includes clinical practice. The profession defines the practice. The consumers don't necessarily define the practice, although their input really does change the minds of the practitioners. The practitioners, the professionals and the educators develop what is called clinical social work. The statute is so broadly written that it absolutely fits how social work practice is defined by the professionals and the educators and the practitioners and, to some extent, by the consumers. Mr. Wong stated his belief that it needs to be clear that it's not a statute telling social workers what to practice. It's the other way around.

Discussion ensued regarding the broad and comprehensive nature of the statute, Business and Professions Code Section 4996.9. Various meeting participants agreed that this section does include all of social work and is not just clinical.

Ms. Ford explained that in her school's program, they try to stay away from labels such as "clinical social work," etc. Social work is social work, it doesn't matter. The skills or skill sets that a social worker learns can be applied anywhere and with any population.

Ms. Lonner explained that this committee's work is really much narrower than looking at the whole tradition of social work. This committee is tasked with looking at the educational preparation for LCSWs. So it is that clinical piece, which is not confined to psychotherapy, but it is clinical in terms of assessment, intervention, treatment plan, etc. It doesn't mean a 50-minute hour. It's not confined to that at all.

Ms. Gonzalez stated her belief that the term "clinical" gets used a lot, and social workers don't typically use mental health language. She believes that social workers have an internal identity crisis related to the term "diagnosis" because it's medical model language which doesn't fit with their person in the environment perspective although they do use it.

Mr. Wong stated that he feels this is a really important point. He explained that every MSW, whether they had a micro or macro focus, is prepared to do "direct" service, meaning with people. The Committee is making a distinction about clinical social work, which makes it seem like "clinical" is a different kind of direct practice. There is not a major distinction between clinical social work and direct practice or direct services practice. For example, the term "diagnosis" is not in the scope of practice and LCSWs and MFTs have struggled for a decade to have it included. What is in the scope of practice is biopsychosocial assessment. So we have to be careful when we say, "biopsychosocial assessment does not equal diagnosis therefore we don't know how to do diagnosis."

Ms. Lonner stated that social workers fought for vendorship 30 years ago in this state and that meant that they had the ability to bill on a third-party basis only with a diagnosis. This committee is focused on the educational components, the competencies that lead to the LCSW. The word "clinical" is in the license title, and it's a large word.

Mr. Wong stated that it is also in the scope of practice and it has defined in the scope of practice. So while each person may have their own definition of what clinical social work is, based on experience, the statute is very explicit about what equals clinical social work and it doesn't talk about the more stereotypical things that we associate with psychotherapy or the medical model.

Mr. Riches responded that the scope of practice does mention addressing unconscious processes, describes what sounds like traditional mental health services, and includes other things in the larger context such as case management, research, and other types of work. From the devil's advocate standpoint, the persistent and ongoing argument about different areas of licensure, which are represented in the national model practice act, plays somewhat against social work education as a universal approach. There seems to be some tension that hasn't been resolved, and some of what we're running into is that tension.

Ms. Gonzalez stated that the title “clinical social worker” fits the people coming out of graduate school, and fits somebody who pays attention to application of theory when they get out there in the real world as opposed to some professional social workers who become employees. So a clinical social worker is an MSW. The license is the legal aspect. Mr. Riches responded that the license provides the permission to do certain types of things.

Ms. Gonzalez stated that social work has been in existence longer than the license. The license is what was created to give authority and protection. It’s one of the differences between LCSWs and MFTs, who don’t need the term “license” in the title because it’s implied. It’s implied that a person has clinical skills as a social worker.

Mr. Riches stated that the Committee is not attempting to define social work; they are trying to define this area of legal authority. The license provides permission to do certain things in certain contexts. In every profession there’s a tradition, a whole field of services that exist and an identity that exists independent of the license. The license is a legal permission to engage in certain activities, which is something that comes out of a professional tradition, profession education – but the license isn’t social work. The license is a legal permission.

Mr. Wong stated that MSWs are not instantaneously ready to be LCSWs the day they graduate. It was never envisioned or structured that way. Also the employers, particularly in county mental health, hire MSWs who are not licensed to provide clinical social work to people. They believe that when they hire them, they are ready to practice with people under supervision, but after their three years of post-graduate training they will be ready to be licensed and then practice independently. Nobody is saying that someone is ready to practice the day they graduate. No one is saying they’re a risk to consumers, either, because that is not the case.

Mr. Riches responded that the question is whether graduates have met a threshold level. No one is saying they are ready to practice upon graduation. However, is the threshold preparation in place to provide the knowledge, skills and abilities needed to practice in a supervised environment performing direct services? That’s the question.

Ms. Lonner stated her agreement with the question of whether the educational foundation is there for the supervisor to build on. Most employers have a time frame for the individual to become licensed so they do expect them to have a foundation, to have two or three years to build on it, and to get their license. And that’s what the Committee is taking a look at.

The meeting participants agreed to a 20 minute break at this time.

## **V. Review of Concentration Year MSW Curriculum**

Mr. Riches reported that one of the Committee’s first tasks is to become familiar with the current curriculum, as the Board does not historically perform such a review on a regular basis. At its last meeting, the Committee reviewed the details of the first year of the educational program, noting that there appears to be a significant break between the first and second year experiences for students. For the current meeting, the second year was reviewed. The information obtained during that review was provided to the Committee

## **VI. Presentation on Clinical Social Work Provided to Military Service Members**

Ms. Lonner expressed the committee's appreciation to members of the armed forces who agreed to give a presentation and discuss social work in the military. The representatives introduced themselves as follows: Jose Coll, Ph.D., MSW, Clinical Associate Professor and Director of Military Social Work and Veteran Services, University of Southern California (USC); Valvincent (Val) Reyes, LCSW, US Army, Professor of Military Social Work at USC; Dawn Dell'Angela, LCSW, Child Guidance Clinic, Naval Medical Center San Diego; David Faulkner, LCSW, ACSW, Intensive Care Unit, Naval Medical Center San Diego.

Ms. Lonner asked the representatives to speak about their respective roles as social workers in the military, and their perspectives of the social work profession.

Dr. Coll spoke about the history of social work in the military, and the importance of social work in assisting individuals who are returning to their respective communities following deployment. He raised the issue of integrating veterans back into the workforce, and expressed the opinion that many will have to depend on going back to higher education, colleges and universities, much in the same way as WWII veterans experienced with the GI Bill.

Lt. Col. Reyes spoke about the Army having an occupational specialty called Social Work Officer. He indicated that the Army is very proactive not only because they provide counseling and psychotherapy, but also are community advocates. He described the roles the Social Work Officer plays in the Army: 1) Program developer and advocate; 2) Family advocacy; 3) Substance abuse; and 4) Mental health consultant for the local commanders. He then spoke about programs he had been involved in developing, such as an NA/AA program to assist military personnel serving in the Middle East, and a sexual assault program for female soldiers who had served in the combat zone. He described the role of social work in the Army as "far reaching," with social workers serving as advocate, therapist, and community organizer.

Ms. Dell'Angela indicated she is a civilian working at the Naval Hospital as a clinician that works within a multi-disciplinary team with psychiatrists and psychologists, both uniformed and civilian to evaluate and treat children and families. She spoke about the importance of being aware of concerns that are special to the military. She reported seeing her role as evaluating the children and families, but also educating other people that are non-military about these specific variables that are special to the military, including the community. She closed by noting that social workers are very valued by the military, and that there is a lot of respect for the profession.

Mr. Falkner reported that he, too, is civilian. He spoke of the influence his father, a WWII veteran, had on his perspective of the military, and on his decision to work with the Veterans Administration. He spoke of his experience in working with a group of veterans from the Korean, Gulf War, and Vietnam War. He reiterated Ms. Dell'Angela's position that social workers are valued by the military, seen as the people who are "going to be there" and provide continuity to individuals who are attempting to reintegrate into their communities and may require mental health care once discharged from the service.

Ms. Lonner then introduced Tim Stanton, LCSW, US Marine Corp.

Mr. Stanton reported he is a social worker at the Marine Corp Air Station, Miramar. He reported having a lengthy history in the social work profession and military. He spoke of the evolution of “social work” in the military, how it has gone from the attitude of “what the heck are we doing with a social worker in the Marine Corp?” to being “a very accepted entity.” He spoke of working with clients suffering from PTSD and TBI (traumatic brain injury), and the issues that are associated with those diagnoses. He also spoke about the differences between being a uniformed social worker and a civilian mental health worker, due to the rules/regulations inherent in the military system.

Ms. Lonner asked the representatives to speak about skills that are most necessary for a social worker coming into a military workplace to do this kind of work? What are the basic foundation skills they need so they do not require training above and beyond what you would expect to do?”

Dr. Coll responded that that is a critical question that is always asked when developing a new curriculum in social work or entering a new work place and working with a new, diverse population. He explained his use of the term “diverse population” by stating that working with the military is like working with another subculture, both from an acronym perspective as well as from the values perspective. He stated it is important to understand the lingo of the veterans of the various conflicts, and stated the acronyms used by WWII veterans vary significantly from those used by younger veterans of more recent conflicts, as do the problems associated with each. He referenced, as an example, behavior problems experienced by school children with one or both parents on active or reserve duty. He expressed that it is understandable that having parents who have had multiple deployments could result in a reduction of the structure that is important when raising children.

Mr. Riches asked if, from the practitioner standpoint, there are significant cultural differences between the branches (Army, Navy, Marines, Air Force) or is there a common culture among the uniformed services that would allow a social worker to “cross those lines” in providing services.

Dr. Coll responded with the position that there is a common value system, but the acronyms change. He expressed that the value perspective is very common, and as long as one can understand that, you can really reach out across the table to any service member. He stated that the bottom line is that a person served ... not the branch of service, but that they’ve actually served, and now they need a service.

Ms. Dell’Angela added that members of the various branches like to be seen more as individuals within their specific system. She expressed that it is important to be respectful of the fact that they do see themselves as very different at times.

Mr. Faulkner stated that what helped him was to have a passion and a willingness to work with culturally diverse people. It takes good negotiation skills, a strong sense of willingness to work with small communities, and a strong respect of multiple cultural backgrounds.

Ms. Lonner asked Mr. Stanton about the types of issues he saw working with veterans with traumatic brain injury.

Mr. Stanton responded that what he has learned is how much he did not know. He stated that often these individuals “look absolutely regular,” but the damage and the disability that each of them has to varying degrees does not come out unless you spend time with them. There’s a disconnect and they feel demeaned and disrespected because it doesn’t show, unlike someone who has lost a limb or suffered an “obvious” wound. He spoke about the varying degrees of TBI, and how each person’s treatment can differ based on his or her particular injury, support system, medications, and so forth. He described TBI as “a new phenomena to all of us.”

Mr. Falkner stated that TBI is a major injury of the current war ... the concussive injury. He expressed the opinion that it is helpful to get training in PTSD and TBI symptoms so that social workers can help the family members who are dealing with the young men who are discharged with concussive injuries. He also spoke about the importance of bringing training to the communities.

Ms. Dell’Angela spoke about receiving training on the medical aspects or co-morbid conditions that go with PTSD – anxiety, depression. She spoke about the importance of understanding the chemistry and function of the brain when treating individuals with traumatic brain injury.

Ms. Lonner asked for more information about the co-morbid kinds of co-occurring disorders that were being seen.

Mr. Falkner stated that the initial diagnosis tends to be depression and anxiety. Then the patient gets a more thorough evaluation by the psychiatrist in determining the PTSD and the degree of the disorder, and then goes into treatment for that.

Mr. Riches asked about individuals who don’t have experience in the armed services ... civilian practitioners who come in to work in the various systems ... what are the biggest challenges they face and the experiences that, in retrospect, are recognized to have been the “hard lessons.”

Mr. Falkner again spoke about knowing more about PTSD. He also expressed that it would be helpful to have had a stronger sense of substance abuse training ... alcohol, substance abuse. Also, a better understanding of what it is like to go through radical life-changes, such as deployment-related issues such as people changing, their families changing, moving from one place to another; one country to another.

Dr. Coll noted that the concept of “military social work” and the education piece of that facet of social work had been raised recently at a conference. He reported that CSWE had put a task force together that is looking at concentrations and subconcentrations in military social work, and

how schools should be preparing graduate students who are going to be working at the VA or on base or at the homeless shelter. What should they know? He reported being approached by a gentleman from Boston College who is very interested in developing a concentration or at least developing courses. He expressed the belief that of importance in developing such a curriculum is sharing knowledge and information to practitioners and the communities alike so the best services can be provided.

Mr. Falkner asked about any information that others might have about individuals who were drafted into the military versus those who served voluntarily, specifically, if that made a difference in terms of the degree of PTSD.

Dr. Coll responded that there are some studies currently looking at the multiple deployments and looking at even veterans during Vietnam who did more than one tour. What were the circumstances? Why would veterans want to do more than one tour in Vietnam? However, he was unaware of studies regarding the all volunteer force and the draft.

Ms. Gonzalez added that another dynamic is that the volunteer military forces tend to attract more disenfranchised individuals into volunteering, whereas when you had a draft, they came from all walks of life. Sometimes that is a plus, because there are volunteers coming into the military to have been in gangs and situations resulting in violence not being foreign to them.

Dr. Coll supported Ms. Gonzalez's comments and added that the question that was very critical that the army asked is, "What happens after the war if these individuals decide to stay in the service? What happens to the military long term? And, when they are no longer in the service, what kind of skills have they been provided.

A brief discussion ensued about this subject.

Mr. Riches asked all representatives if there has been any kind of influence or bleeding over into the system noted in terms of dealing with individuals with severe mental illness and looking at some of those recovery oriented practice principles in the care delivery being provided in their various settings.

Mr. Stanton responded that the military system, specifically the Marine Corp in his case, is a self-contained community in and of itself and state laws, community standards really don't apply. So the answer is no.

Mr. Falkner agreed.

Ms. Lonner raised the issue of the homeless and asked if there is any effect there?

Mr. Falkner responded that there is a wide range of identified homeless vets that have severe mental illness. He spoke about the efforts underway and in place to assist those veterans. He spoke about a program in the Los Angeles area called Directions, which provides services to individuals with co-occurring disorders such as mental illness and substance abuse. He expressed the need to establish a kind of safety network so that grass-roots organizational services could be provided to help "these homeless guys with mental illness."

Discussion ensued about topics such as co-occurring disorders and veterans, and branches of the military such as the National Guard.

Mr. Wong asked about how prepared MSWs that come into service at the present time are, from the educational standpoint, to work with a very specialized population without harming them.

Ms. Dell'Angela responded with a comment about the importance of a good understanding of the specific legal and ethical issues that apply to the military.

Mr. Stanton spoke about the importance of learning from experience.

Dr. Coll spoke about the importance of continuing one's education post graduation by reading articles, research papers and other information that pertains to the area in which the MSW is interested in working.

Mr. Falkner indicated it would have helped to have training in strong diagnostic skills, rapport building, and therapies such as exposure therapy and cognitive behavioral therapy.

#### **VII. Future Meeting Dates**

Mr. Riches stated that the meeting dates for the coming year have been finalized. The next meeting is scheduled for March 9, 2009, in the LA/Orange County area. One meeting participant asked about the possibility of rescheduling, as the announced date conflicts with another previously scheduled event involving NASW among other organizations. Mr. Riches indicated he would look to see if another date was available.

Subsequent meetings are scheduled June 8, 2009, location to be determined; September 14, 2009, location to be determined; and December 7, 2009, Sacramento.

#### **VIII. Suggestions for Future Agenda Items**

No suggestions were made for future agenda items.

#### **IX. Public Comment for Items Not on the Agenda**

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

The meeting was adjourned at approximately noon.