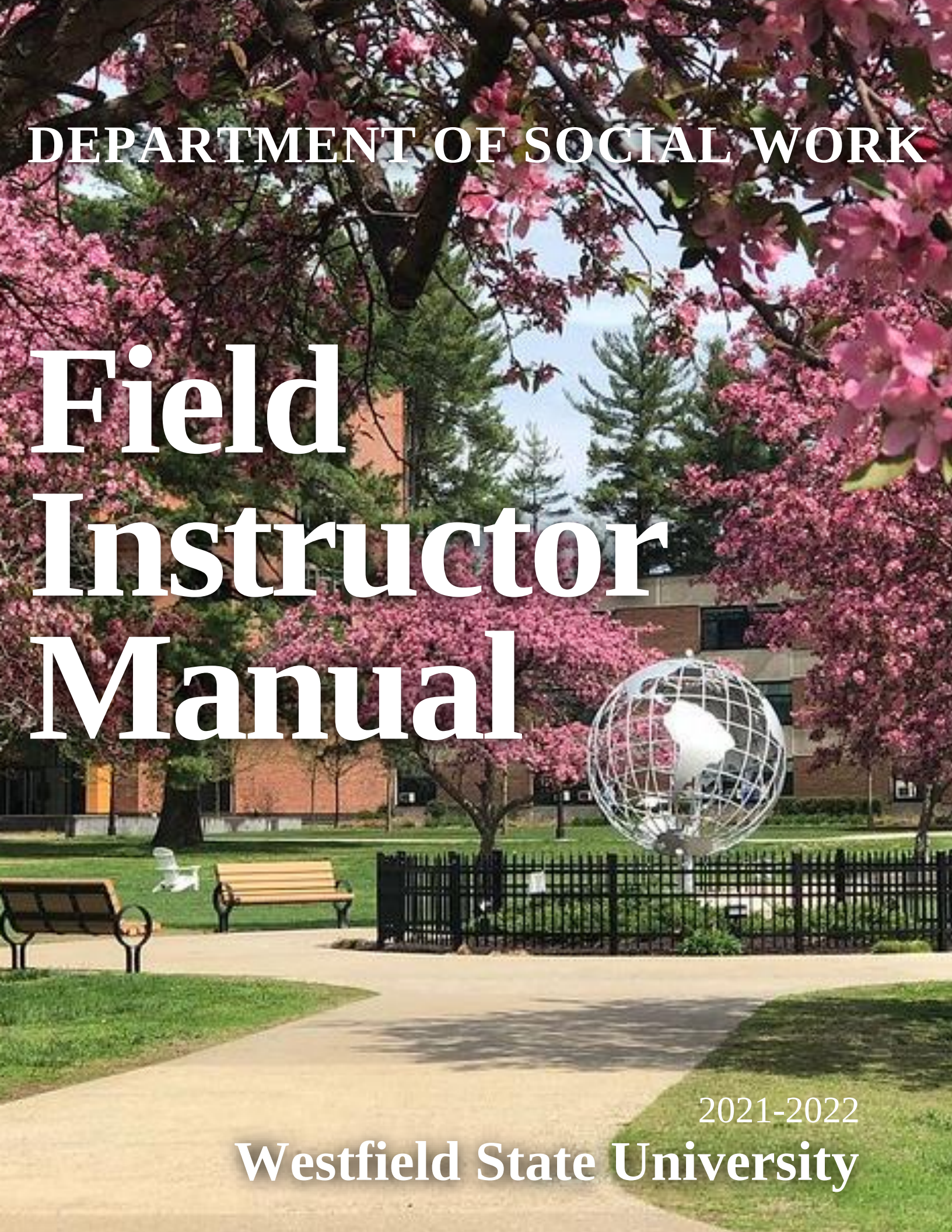

DEPARTMENT OF SOCIAL WORK

Field Instructor Manual

2021-2022

Westfield State University

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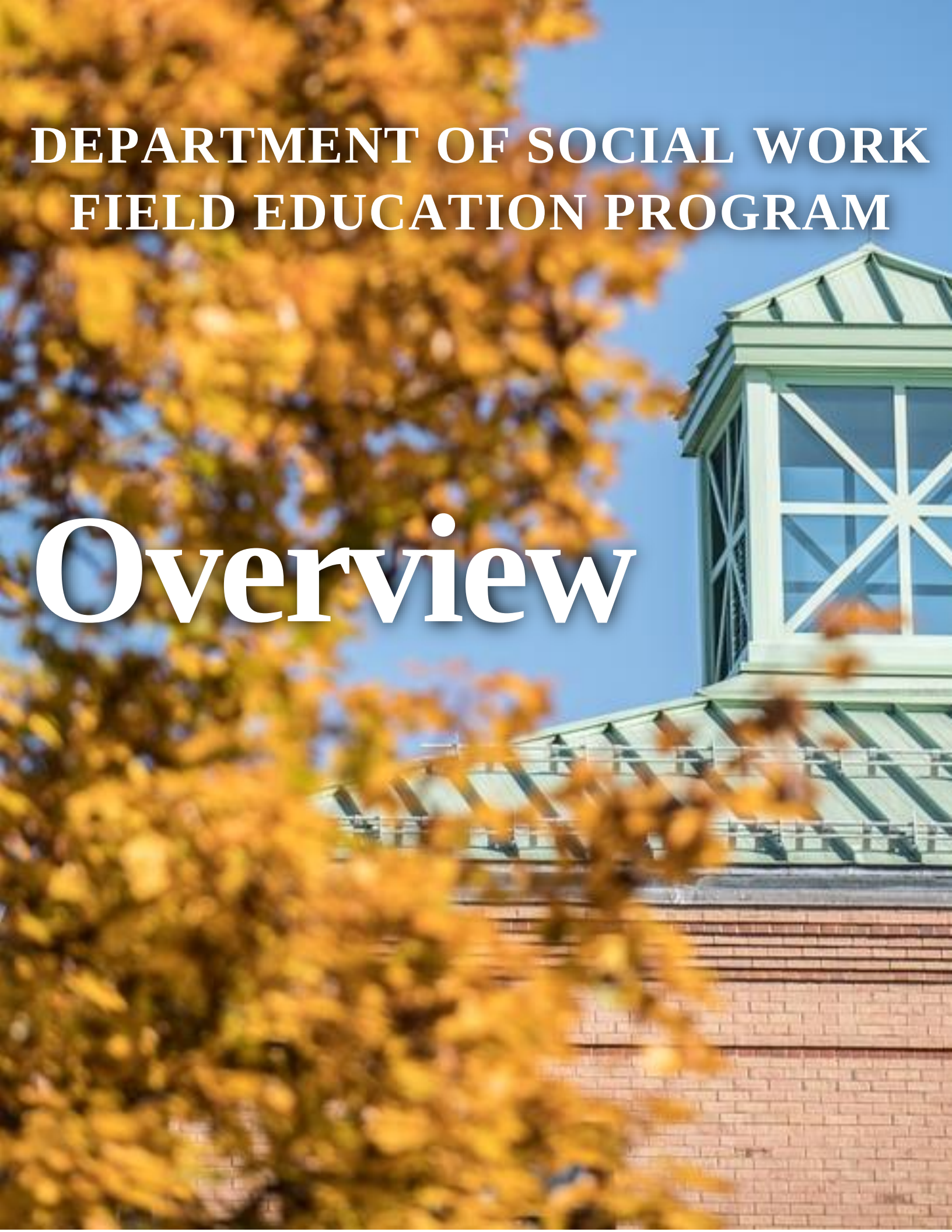
"Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being".



DEPARTMENT OF SOCIAL WORK FIELD EDUCATION PROGRAM

Overview

Social Work Field Practicum(s) at a Glance

A BRIEF SUMMARY:

Criteria	BSW	MSW Foundation	MSW Advanced
Field Placement Hour Requirements:			
Total hour requirement for academic year	**480**	**400**	**500**
Total hour requirement per semester	**240**	**200**	**250**
Senior Capstone course per semester *(included in total hours)*	**18.75**		
Weekly Integrative Field Seminar course per semester *(included in total hours)*	**18.75**	**26.25**	**26.25**
Supervision/Field Instructor Requirements:			
BSW or MSW from accredited school of Social Work	✓		
MSW from an accredited school of Social Work		✓	✓
Minimum 2 years post-degree Social Work experience	✓	✓	✓
Licensure requirement MA LCSW or LICSW *(or equivalent in another state)*	**Preferred**	✓	✓
LICSW Preferred		✓	✓
Min. 1 hour/week supervision w/ primary supervisor	✓	✓	✓
1 additional hour/week task-oriented or group supervision	✓	✓	✓
Social Work Practice Focus:			
Generalist foundation competencies	✓	✓	
Advanced clinical competencies			✓
Focus on generalist Social Work services and settings	✓	✓	
Focus on clinical Social Work services and settings			✓
Miscellaneous:			
IPT online access for all required field documents	✓	✓	✓
Westfield Campus	✓	✓	✓
Worcester Campus		✓	✓
Weekly Integrative Field Seminar Course *(student course in conjunction with field placement)*	**Synchronous**	**Synchronous**	**Asynchronous**
Site Visit per semester	✓	✓	✓
IBHC Student Fellowship *(eligible to apply, includes stipend)*			✓
Employment-Based Field Placement Option	✓	✓	✓

MSW Advanced Field Practicum

A BRIEF SUMMARY:

Clinical Social Work Practice Focus:

- ❑ Builds on a generalist practice foundation and provides in-depth *clinical* experience.
- ❑ Includes opportunities to practice assessment, diagnosis, treatment *(including but not limited to, counseling and psychotherapy, family therapy, group work, play therapy, etc.)*, client-centered advocacy, interdisciplinary teams, supervision, consultation, and evaluation.
- ❑ Placements may include mental health and addictions programs, schools, family service and child protective agencies, medical settings, forensic settings, and other settings where clinical social work services are provided.
- ❑ Some advanced placements reflect WSU program additional focus on clinical work with children and families, but are often with a different client population, particularly if the student's foundation field placement was child and family focused.
    - Employment-Based Field Placement may be developed within certain guidelines and an additional approval process.

Practicum Includes:

- ❑ Minimum of 500 hours total (*250 minimum per semester for two full semesters*).
- ❑ Hours include:
    - Field Placement:
        - Students work in collaboration with the field site to determine weekly schedule and to be available for daytime meetings and trainings as required by the agency.
    - Weekly Integrative Field Seminar:
        - Asynchronous with WSU clinical practice course instructors.
        - Provides students with the opportunities to discuss and compare practicum experiences, learn from and teach each other, examine personal values and ethical issues in social work practice, and further integrate knowledge and experience through structured assignments and activities.
        - Full participation in the Weekly Integrative Seminar may provide up to 52.5 hours of the total 500 practicum hours (26.25 hours per semester).

Supervision Requirement:

- ❑ Master's Degree in Social Work (MSW) from an accredited school of social work and a minimum of two years post-MSW experience.
    - Licensure requirement MA LCSW or LICSW (*or equivalent in another state*).
    - LICSW *preferred* for advanced placement.
    - MA State employees may be exempt from licensure requirement.
- ❑ Minimum of 1 hour/week of individual, face-to-face, student/client-focused supervision with primary supervisor.
- ❑ 1 additional hour/week of task-oriented and/or group supervision that may or may not be provided by primary supervisor.

MSW Foundation Field Practicum

A BRIEF SUMMARY:

Generalist Social Work Practice Focus:

- ❑ Opportunity to practice and demonstrate mastery of the competency-based knowledge, values, and skills learned in the classroom through supervised practice with actual clients in a social service environment.
- ❑ Begin to develop a professional identity as a social worker.
- ❑ Placements may include schools, family service and child protective agencies, mental health and addictions programs, and other settings where generalist social work services are provided.
    - Employment-Based Field Placement may be developed within certain guidelines and an additional approval process.

Practicum Includes:

- ❑ Minimum of 400 hours total (*200 minimum per semester for two full semesters*).
- ❑ Hours include:
    - Field Placement:
        - Students work in collaboration with the field site to determine weekly schedule and to be available for daytime meetings and trainings as required by the agency.
    - Weekly Integrative Field Seminar:
        - Synchronous with WSU clinical practice course instructors.
        - Provides students with the opportunities to discuss and compare practicum experiences, learn from and teach each other, examine personal values and ethical issues in social work practice, and further integrate knowledge and experience through structured assignments and activities.
        - Full participation in the Weekly Integrative Seminar may provide up to 52.5 hours of the total 400 practicum hours (26.25 hours per semester).

Supervision Requirement:

- ❑ Master's Degree in Social Work (MSW) from an accredited school of social work and a minimum of two years post-MSW experience.
    - Licensure requirement MA LCSW or LICSW (*or equivalent in another state*).
    - LICSW *preferred* for advanced placement.
    - MA State employees may be exempt from licensure requirement.
- ❑ Minimum of 1 hour/week of individual, face-to-face, student/client-focused supervision with primary supervisor.
- ❑ 1 additional hour/week of task-oriented and/or group supervision that may or may not be provided by primary supervisor.

BSW Field Practicum

A BRIEF SUMMARY:

Generalist Social Work Practice Focus:

- ❑ Opportunity to practice and demonstrate mastery of the competency-based knowledge, values, and skills learned in the classroom through supervised practice with actual clients in a social service environment.
- ❑ Begin to develop a professional identity as a social worker.
- ❑ Placements may include schools, family service and child protective agencies, mental health and addictions programs, and other settings where generalist social work services are provided.
  - Employment-Based Field Placement may be developed within certain guidelines and an additional approval process.

Practicum Includes:

- ❑ Minimum of 480 hours total (*240 minimum per semester for two full semesters*).
- ❑ Hours include:
  - Field Placement:
    - Students work in collaboration with the field site to determine weekly schedule and to be available for daytime meetings and trainings as required by the agency.
  - Weekly Integrative Field Seminar:
    - Synchronous with WSU clinical practice course instructors.
    - Provides students with the opportunities to discuss and compare practicum experiences, learn from and teach each other, examine personal values and ethical issues in social work practice, and further integrate knowledge and experience through structured assignments and activities.
    - Full participation in the Weekly Integrative Seminar may provide up to 37.5 hours of the total 480 practicum hours (18.75 hours per semester).
  - Capstone Project:
    - Students participate in an integrative applied professional project carried out under the supervision of their capstone instructor. Depending on the particular project, students may consult with their Agency Field Instructor in the development and implementation of the project as feasible and would benefit the agency.
    - Full participation in the Capstone Project may provide up to 37.5 hours of the total 480 practicum hours (18.75 hours per semester).

Supervision Requirement:

- ❑ Bachelors or Master's Degree in Social Work (BSW or MSW) from an accredited school of social work and a minimum of two years post-degree social work experience.
- ❑ Minimum of 1 hour/week of individual, face-to-face, student/client-focused supervision with primary supervisor.
- ❑ 1 additional hour/week of task-oriented and/or group supervision that may or may not be provided by primary supervisor.

Field Education Calendar

Fall 2021 – Spring 2022

ACADEMIC YEAR VIEW:

Please refer to specific course syllabus for field-related course assignments and other due dates

Fall 2021:

- ❑ September 2nd — Classes Begin
- ❑ Week of October 4th — Draft of Learning Agreement Due
- ❑ October 11th — Columbus Day – No Classes
- ❑ October – November — Field Site Visits by Faculty Liaisons (remote)
- ❑ November 11th — Veteran's Day – No Classes
- ❑ November 24th – 26th — Thanksgiving Recess (begins 12:30pm on 11/24; no classes 11/25, 11/26)
- ❑ November 29th — Classes Resume
- ❑ Week of December 13th — Field Placement Evaluations Due
- ❑ Week of December 13th — Classes End for the Semester

Spring 2022:

- ❑ January 20th — Classes Begin
- ❑ Week of January 17th — Students Continue in Field Placements *(note: most students continue in field placement during some portion of the semester break as negotiated and determined in individual placements)*
- ❑ February 21st — President's Day – No Classes
- ❑ March 7th – 11th — Spring Break – No Classes *(note: most students continue in field placement during some portion of the spring break as negotiated and determined in individual placements)*
- ❑ March 14th — Classes Resume
- ❑ March – April — Field Site Visits by Faculty Liaisons (likely remote)
- ❑ April 18th — Patriot's Day – No Classes
- ❑ Week of April 25th — Field Placement Evaluations Due
- ❑ Week of May 2nd — Target for Completing Field Placement

Field Education Materials

A BRIEF SUMMARY:

In addition to materials within the Field Instructor Manual, our Field Education Program maintains a web page within the larger WSU Social Work Department website. The web page may be accessed at:

- https://www.westfield.ma.edu/academics/social-work-department/field-education
- Please utilize this website for direct links to most field-related materials and in-depth information regarding field policies, procedures and training videos.

Examples of materials available on this site include:

- Student Applications for Field Practicum
  - BSW
  - MSW
- Student Application for Employment-Based Field Practicum
- BSW Field Education Manual
- MSW Field Education Manual
- FAQ BSW Field Practicum
- FAQ MSW Field Practicum
- DCF Guidelines for Employment-Based Field Practicum

IPT specific materials available on this site include:

- IPT Site
- Introduction to IPT (Video)
- Introduction to Field Timesheet and Activities (Video)
- Introduction to Field Practicum Learning Agreement & Evaluation (Video)

Field Education & COVID-19

A BRIEF SUMMARY:

All Social Work students participating in a Field Practicum will complete the videos and readings below, no later than the second week of the fall semester. Students will watch these videos as part of the integrative seminar and there will be opportunities for follow-up related discussions to occur in their integrated field seminar. Additionally, the expectation is for students to follow all policies and protocols of their individual field placement.

- ❑ Background/Overview of COVID-19
  - Read and Watch: "What is Coronavirus?"
  - https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus
- ❑ Hand Hygiene
  - Read: "Clean Hands Count for Healthcare Providers"
    - https://www.cdc.gov/handhygiene/providers/index.html
  - Watch: https://www.youtube.com/watch?v=seA1wbXUQTs
- ❑ Personal Protective Equipment (PPE)
  - Watch: https://www.health.state.mn.us/diseases/hcid/videos.html
- ❑ What To Do If You Are Exposed
  - Read: "What to do if you are Sick"
    - https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
  - Watch: https://www.youtube.com/watch?v=6nrkthZYkzQ
- ❑ Interim Public Health Recommendations
  - Read: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html
- ❑ Know The Risk Level in Your Area
  - Read: https://covid.cdc.gov/covid-data-tracker/#county-view

WSU and COVID-19

Any member of the Westfield State Social Work community who (1) is experiencing symptoms of COVID-19 and has either traveled to any affected area or been in close contact with someone ill with COVID-19 or (2) has been given a presumed diagnosis of COVID-19 by a health care provider or (3) tested positive for COVID-19, please call University Health Services at 413-572-5415 and also simultaneously notify Social Work Field Education Director, Terri Haven, thaven@westfield.ma.edu or 413-572-8405 immediately so that we are able to monitor how this is affecting our community and work with you to obtain guidance and assistance.

- ❑ Further information about WSU Health Services is available at
  - http://www.westfield.ma.edu/student-life/health-services

Field Documentation System – IPT

A BRIEF SUMMARY:

IPT:

- ❑ Previously referred to as SOCW Field Docs
- ❑ IPT stands for *Intern Placement Tracking*
- ❑ Our web-based system for students, field instructors, and faculty liaisons
- ❑ Easy access and completion of all field-related documentation
- ❑ "Student-driven"
    - Field instructors receive an email notification anytime a document is ready for review/signature

Information and Documentation all in one place:

- ❑ Contact information
- ❑ Websites
- ❑ Timesheets
- ❑ Learning Agreements
- ❑ Evaluations
- ❑ Access and information are secure, password-protected, and encrypted

IPT Training Videos:

- ❑ Always available to view online on our WSU Social Work Field Education page at http://www.westfield.ma.edu/academics/social-work-department/field-education

- ❑ Include actual screen shots and demonstrations of how to use each aspect of the system
    - Introduction to IPT (Video)
    - Introduction to Timesheet and Activities (Video)
    - Introduction to Field Practicum Learning Agreement & Evaluation (Video)

Interdisciplinary Behavioral Health Collaborative – Health Equity Project

A BRIEF SUMMARY:

- In 2017, the Department of Social Work received a 4-year $1.3 million HRSA (Health Resources and Services Administration) Behavioral Health Workforce Education and Training Program grant. In 2021, the Department of Social Work received a $1.5 continuation grant for an additional 4 years. The IBHC Project improves access to **advanced training in integrated behavioral healthcare** for Master of Social Work (MSW) students who live and train in areas of the state that have numerous medically underserved areas and populations (MUA/Ps). Additionally, the current continuation grant provides **training in health equity and social determinants of health**. During the first 4 years, the IBHC Project provided $10,000 stipends to 81 MSW students in advanced year integrative behavioral healthcare field placements to build workforce capacity in MUA/Ps and anticipates providing an additional 92 similar stipends between 2021-2025. The 5th cohort of 20 IBHC Fellows are currently completing their Fellowship.

- New to the project, Fellows will complete a **health equity project** that addresses the social determinants of health within the rural, low income, and diverse populations served in their field settings.

- The IBHC project offers an **annual IBHC Conference** and our IBHC Fellows provide two **Grand Rounds** each year that include an interprofessional audience and presentations. The IBHC Team works closely with field supervisors and community partner administrators to provide consultations and suggested resources for increasing their workforce capacity for providing integrated care services.

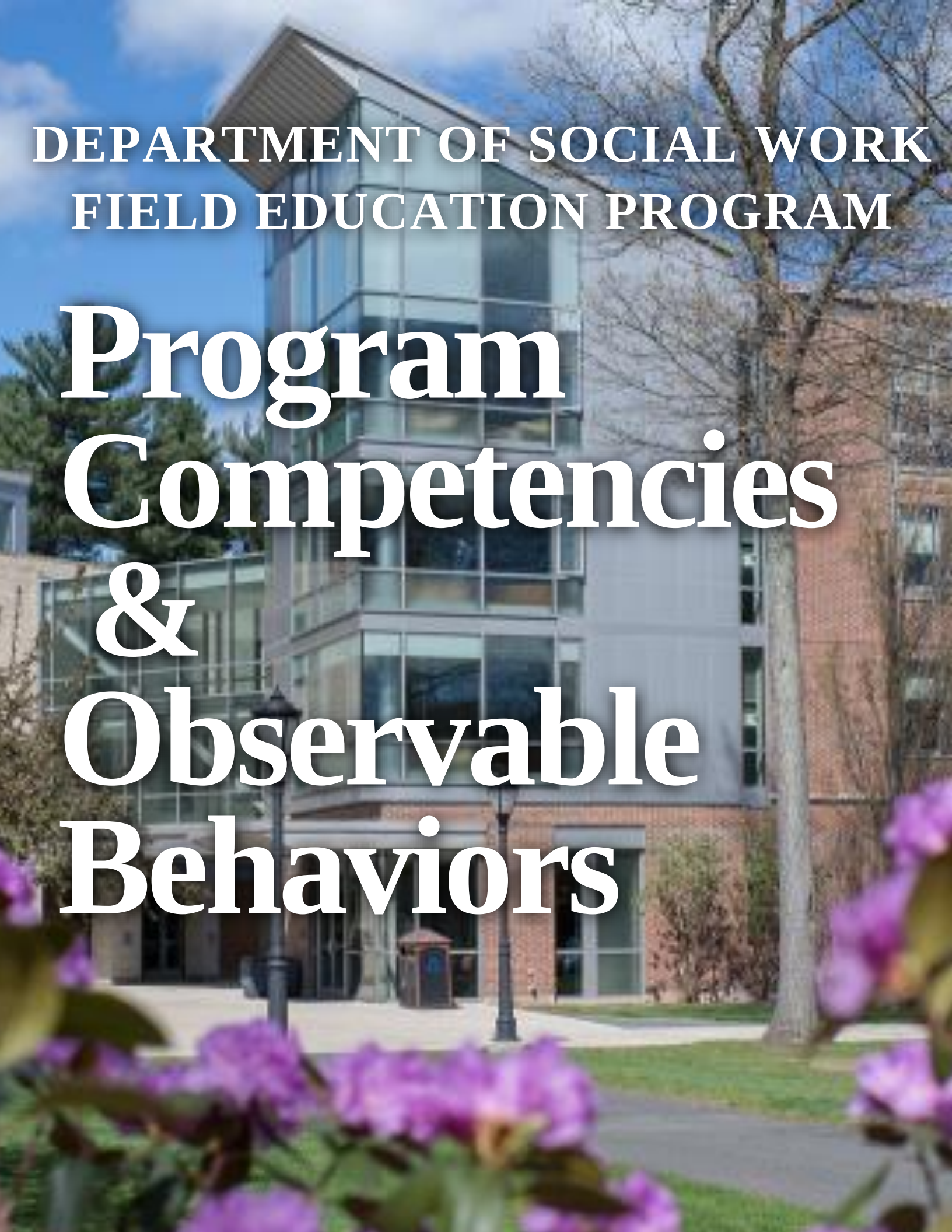
- In addition to the IBHC Fellowships, all our MSW student have the opportunity to gain specialized IBH training within our clinical program. Our new **specializations** will address crucial areas of need across our region and better prepare our workforce as they learn and train within these focus areas:

    - Children, Youth, and Families
    - Health Social Work
    - Substance use & Addictions
    - Latinx Community Health *(some coursework delivered in Spanish & bilingual field placement)*

For Additional Information, Contact:

Terri J. Haven, MSW, LICSW, IBHC Field Education Director 413-572-8405, thaven@westfield.ma.edu
Nora Padykula, PhD, LICSW, IBHC Project Director, 413-572-8239, npadykula@westfield.ma.edu

The Integrative Behavioral Health Equity Project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,509,647.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.



DEPARTMENT OF SOCIAL WORK
FIELD EDUCATION PROGRAM

Program Competencies & Observable Behaviors

Learning Agreement – Key Points

A BRIEF SUMMARY:

- **What is a Learning Agreement?**
  - Describes how the student will specifically develop and apply the required Social Work Competencies in *observable* ways within the internship setting and represents the student's specific objectives for the internship.

- **How/when is the Learning Agreement Developed?**

  - Template provided in IPT

  - Developed during the first month of the internship

  - Collaborative Process:
    - Student – overall responsibility to initiate the process; strengths, abilities, interests, areas for professional growth
    - Field Instructor – opportunities at the agency; expectations of student; keep the agency mission, areas of service in mind; how will you observe the student doing this? (what will you see, hear, etc.)
    - Faculty Field Liaison - support Field Instructor and Student in operationalizing the competencies, final approval of the Agreement
    - Student, Field Instructor, and/or Faculty Field Liaison may write in the Learning Agreement

  - Activities should be behaviorally specific
    - Helpful verbs may include: interview, read, observe, discuss, demonstrate, take initiative, utilize, attend, distinguish between, write

  - How to Acknowledge the Learning Agreement is Complete?
    - Student first signs, then Field Instructor, then Faculty Field Liaison

  - What Happens if the Learning Agreement Needs to be modified after it has been signed?
    - Contact the Field Program Staff Identified on the first page of IPT and ask that signatures be removed – edit the form – re-sign

- **How is the Learning Agreement Used throughout the Internship?**
  - This becomes the agreement about how and what the student is doing throughout the year, how the Social Work Competencies are being specifically met, and becomes the basis, the blueprint, for both the fall and spring semester evaluations.

"TELL ME AND I FORGET. TEACH ME AND I REMEMBER. INVOLVE ME AND I LEARN."
Benjamin Franklin

Competency-Based Education

In 2008 CSWE adopted a competency-based education framework for its EPAS. As in related health and human service professions, the policy moved from a model of curriculum design focused on content (what students should be taught) and structure (the format and organization of educational components) to one focused on student learning outcomes. A competency-based approach refers to identifying and assessing what students demonstrate in practice. In social work this approach involves assessing students' ability to demonstrate the competencies identified in the educational policy.

Competency-based education rests upon a shared view of the nature of competence in professional practice. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. EPAS recognizes a holistic view of competence; that is, the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of

judgment in regard to unique practice situations. Overall professional competence is multi-dimensional and composed of interrelated competencies. An individual social worker's competence is seen as developmental and dynamic, changing over time in relation to continuous learning.

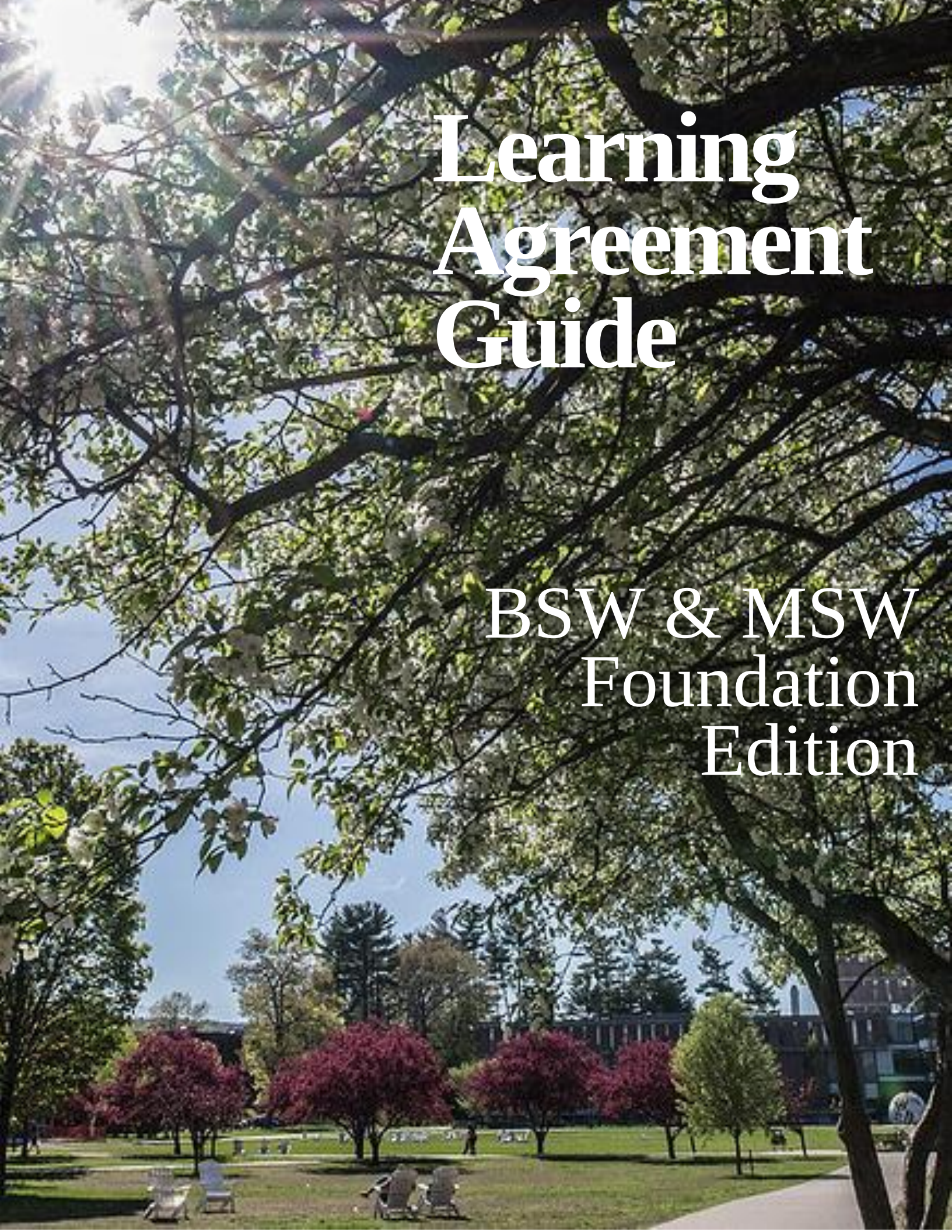
Competency-based education is an outcomes-oriented approach to curriculum design. The goal of the outcomes approach is to ensure that students are able to demonstrate the integration and application of the competencies in practice. In EPAS, social work practice competence consists of nine interrelated competencies and component behaviors that are comprised of knowledge, values, skills, and cognitive and affective processes.

Using a curriculum design that begins with the outcomes, expressed as the expected competencies, programs develop the substantive content, pedagogical approach, and educational activities that provide learning opportunities for students to demonstrate the competencies.

Assessment of student learning outcomes is an essential component of competency-based education. Assessment provides evidence that students have demonstrated the level of competence necessary to enter professional practice, which in turn shows programs are successful in achieving their goals. Assessment information is used to improve the educational program and the methods used to assess student learning outcomes.

Programs assess students' demonstration of competence. The assessment methods used by programs gather data that serve as evidence of student learning outcomes and the demonstration of competence. Understanding social work practice is complex and multi-dimensional, the assessment methods used by programs and the data collected may vary by context.

"Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. "



Learning Agreement Guide

BSW & MSW Foundation Edition

OVERVIEW

COMPETENCY-BASED EDUCATION

Social Work education is competency-based. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being.

The framework for competency-based education includes a focus on the assessment of the student's ability to **demonstrate** the competencies rather than only on the assessment of inputs (such as coursework and resources). Social work practice competence consists of nine interrelated competencies, with specific observable behaviors for each competency. The overall objective of the practicum is to demonstrate competency for entry level generalist practice as identified in the nine social work competencies and specific observable behaviors.

The Council on Social Work Education (CSWE) and our social work program recognize a **holistic view of competence**; that is, the demonstration of competence **is informed by the holistic dimensions of knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment in regard to unique practice situations.**

LEARNING AGREEMENT INSTRUCTIONS

The Learning Agreement is developed collaboratively by the student, field instructor, and faculty field liaison. The Agreement will describe how the student will specifically apply the competencies in observable ways within the internship setting. The completed Learning Agreement then represents the student's specific objectives for the internship.

Observable behaviors are listed below each competency. In the subsequent text boxes, please describe the specific activities the student will complete at the internship setting for each observable behavior listed. These activities should provide opportunities for mastery of each competency, demonstrated and informed by the holistic dimensions of knowledge, skills, values, and cognitive and affective processes.

PURPOSE OF THIS GUIDE

The purpose of this guide is to provide you with general examples of activities for the observable behaviors listed under each competency to assist in supporting your development and creation of site-specific activities.

The activities associated with a specific observable behavior can look very different in working with different populations and settings. Faculty Field Liaison, Field Instructor and student should make every effort to assure a learning plan for all competencies and observable behaviors. In the rare occasion that a particular competency/observable behavior appears completely unavailable at that site, the Faculty Field Liaison should collaborate with the student and field instructor to explore the ways in which that competency may be mastered in the setting. Please consider demonstration of the behavior through simulation as a possible alternative prior to an "N/A" being utilized.

BSW & MSW FOUNDATION COMPETENCIES

Competency #1 **Demonstrate Ethical and Professional Behavior**	
Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in interprofessional teams. Social workers recognize the importance of lifelong learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice. Students will demonstrate the following behaviors by the end of their generalist field practicum:	
F 1.1	**The ability to make ethical decisions by applying the standards of the NASW code of ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context**
	❑ Refer to the NASW Code of Ethics when encountered with an ethical issue to identify ethical dilemmas, any potential strategies to resolve those ethical dilemmas, and will demonstrate emerging knowledge of ethical decision-making models in collaboration with field instructor. ❑ Recognize ethical dilemma in practice and seek out appropriate assistance from field instructors in coming to a resolution of the dilemma and can identify all relevant ethical principles that apply to specific cases. ❑ Read and review agency Code of Ethics and compare with NASW Code of Ethics. Discuss this in supervision.
F 1.2	**The use of reflection and self-regulation to manage personal values and maintain professionalism in practice situations**
	❑ Recognize the differences between a personal response to a client and a professional response during an interaction with a client and provide the rationale for your professional response. ❑ After each client interaction, reflect on what occurred and consider personal strengths and opportunities to improve when interacting with each client. During supervision time, discuss these reflections with my field instructor and identify personal values that are in agreement and/or conflict with agency and client population. ❑ Practice behaviors that demonstrate commitment to appropriate roles and boundaries, increase practice skills, increase self-awareness, and utilize feedback to develop and implement plan for self-correction (e.g. not exchanging personal contact information with clients, being mindful of use of social media, etc.).

F 1.3	**Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication**
	❑ Use professional language (verbal/nonverbal) when dealing with clients and other professionals in the workplace, and refrain from use of derogatory language in written and verbal communication. ❑ Read and follow agency policy and procedures regarding professional behavior, dress code, and communication (e.g., case notes, memos, e-mail, etc.). ❑ Exhibit a professional attitude by arriving to the Field Practicum Site dressed appropriately, with a positive outlook, prepared mentally and emotionally to engage with staff and clients, and prepare to learn.
F 1.4	**The use of technology ethically and appropriately to facilitate practice outcomes**
	❑ Demonstrate awareness of agency policy regarding use of technology and verbalize to Field Instructor. ❑ Use strategies of ethical reasoning to address the use of technology in all client and/or constituency settings and be cognizant of its effect on client rights. ❑ Evaluate the ethical and appropriate use of technology to facilitate practice outcomes with individuals, families and small groups.
F 1.5	**The use of supervision and consultation to guide professional judgment and behavior**
	❑ Meet weekly for individual supervision, manage and learn from constructive feedback, demonstrate the capacity for critical thinking, self-examination, insight, insight in self-awareness, and display increasing initiative and independence within the agency structure and in keeping within the lines of authority and the student role. ❑ Discuss a case with field instructor, supervisor, or other agency staff before, during and/or after client contacts/agency activities and follow up with recommendations and listen to feedback regarding strengths and opportunities to improve. ❑ Demonstrate the effective use of consultation and supervision to guide ethical decision making in one's own practice.

Competency #2
Engage Diversity and Difference in Practice

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 2.1	**The ability to apply and communicate understanding of the importance of diversity, intersectionality and difference in shaping life experiences in practice at the micro, mezzo, and macro levels**
	❑ Discuss barriers to services faced by clients, and when assessing client problems, considers impact of economic, racism, political, and social and institutional oppression on client functioning. ❑ Demonstrate knowledge and respect of differences in relation to age, class, color, disability, ethnicity, family structure, gender, marital status, national origin, race, religion, sex, and sexual orientation in social work generalist practice. ❑ Identify structures and values that contribute to oppression and marginalization. Describe with supervisor the ways in which clients have been marginalized and the cultural and societal dynamics which promote the marginalization (i.e., ethnicity, religious beliefs, socioeconomic status, rural vs. urban environment, gender, sexual orientation, ageism, etc.).
F 2.2	**Presentation of themselves as learners and engage clients and constituencies as experts of their own experiences**
	❑ Participate in professional development to learn about diversity issues (i.e. Refugee populations, UNI NCBI training, poverty simulation, etc.) ❑ Engage in continuing education to develop specialized knowledge and understanding of the history, traditions, values, family systems, and artistic expressions of major client groups served. ❑ Sit quietly in an intake or waiting room area and observe the atmosphere, conversation and behaviors of persons entering the service delivery system, as well as of those who serve them.
F 2.3	**The ability to apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies**
	❑ Recognize when personal biases may impact/influence ability to serve client. ❑ Acknowledge negative emotions associated with difficult ethical decisions. ❑ Seek consultation and support from peers and colleagues and values differing opinions regarding ethical dilemma.

Competency #3
Advance Human Rights and Social, Economic, and Environmental Justice

Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers understand the global interconnections of oppression and human rights violations and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably, and that civil, political, environmental, economic, social, and cultural human rights are protected.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 3.1	**The ability to apply their understanding of social, economic, spiritual, and environmental justice to advocate for human rights at the individual and system levels**
	❑ Use knowledge gained in the classroom about the effects of oppression, discrimination, structural social inequality and historical trauma on clients and/or constituencies to guide intervention and/or project planning. ❑ Apply principles of social, economic, and environmental justice to advocate for human rights within the scope of the organization's mission. ❑ Identify agency population being served and social policies that have created and/or continue to create oppressive circumstances for the life course of the individuals/group.
F 3.2	**The ability to engage in practices that advance social, economic, spiritual, and environmental justice**
	❑ Explore agency initiatives regarding gaps in access to services for underserved populations (e.g., attend NASW LEAD Day, attend NASW Advocacy Day, etc.). ❑ Evaluate needs of clients, barriers in meeting them, and establish creative, cost-effective solutions consistent with agency mission/goals. ❑ Attend relevant trainings, community outreach events, and public policy meetings.

Competency #4
Engage in Practice-informed Research and Research-informed Practice

Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. Social workers know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 4.1	**The use of practice experience, theory, and multiple perspectives, to investigate the social world and practice efficacy**
	❑ Use a client situation or issue to research scholarly information (i.e., domestic violence, juvenile delinquency, truancy) and begin to connect underlying issues. ❑ In consultation with field supervisor, identify an agency problem or issue that needs to be addressed and formulate a problem statement. ❑ Through observation of staff workers and field instructor, learn about planned change process and be able to understand the definition and discuss how it is implemented in helping clients achieve their goals.
F 4.2	**The ability to apply critical thinking skills to analyzing research methods and findings**
	❑ Review, evaluate, and appraise current agency services, as well as needs and trends in the communities in which services are being provided. ❑ Take initiative to locate a peer reviewed article that provides research information on population served at internship, using material learned from Research Methods class, critically analyze the findings and share thoughts with field instructor. ❑ Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings, and develop informed practice initiatives, while working with individuals, families, and small groups.

F 4.3	**The ability to use and translate research evidence and integrate evidence-based approaches to improve practice, policy, and service delivery**
	❑ Take initiative to locate peer reviewed articles that provide research evidenced-based practice interventions and share with field instructor the implications for practice on the agency, assigned clients and/or projects. ❑ Gain knowledge on state/national policies relevant to agency and discuss implications of policies with field instructor. ❑ In supervision with field instructor, discuss best practices and evidence-based approaches used in the agency and how they could potentially be improved or how they have evolved.

Competency #5
Engage in Policy Practice

Social workers understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. Social workers understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. They are also knowledgeable about policy formulation, analysis, implementation, and evaluation.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 5.1	**Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services**
	❑ Describe social policies, laws, and practices that impact the client system or delivery of services. ❑ Review federal, state and/or local policies that impact agency services/activities and (process it during supervision and/or apply it to a case/example. ❑ Identify the evolution of social policies at the local, state, and federal level and analyze how they impact well-being, service delivery, and access to social services for individuals, families, and small groups.
F 5.2	**Assess the impact of social welfare and economic policies on the delivery of and access to social services**
	❑ Recognize the relationships between funding sources, public policies and client systems that are served by placement and discuss with supervisor the impact on client's and constituencies served. ❑ Identify and apply a framework that assesses how social welfare and economic policies impact the delivery of and access to social services for individual, families, and small groups. ❑ Identify both the intended and unintended consequences of policies for clients and how policies impede access to services and/or service delivery.
F 5.3	**Critically analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice**
	❑ Collaborate with agency to identify tasks to help resolve an identified social problem that is impacted by policy at the agency, community, local, state or federal level. ❑ Use information from policy classes to apply critical thinking and analysis on the best way to advocate for services needed by clients and/or clientele. ❑ Anticipate development of barriers to service delivery (e.g., budget cuts, negative publicity regarding target population) and propose strategies to prevent disruption of services.

Competency #6
Engage with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies. Social workers value principles of relationship building and interprofessional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 6.1	**The use of knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies**
	❑ Apply preparing skills prior to engagement activities at the micro, mezzo and/or macro levels and process it during a supervisory session and/or apply it to a case/example. ❑ Identify and integrate theoretical frameworks to prepare for and build relationships with individuals, families, and small groups. ❑ Read case files and any other pertinent information to prepare for engagement with individuals, families, groups, organizations, and communities.
F 6.2	**The use of empathy, reflection, and interpersonal interviewing skills to effectively engage diverse clients and constituencies**
	❑ Receive feedback from field instructor during supervisory sessions regarding engagement skills (attend, seek, clarify, reflect) and follow through with recommendations. ❑ Establish rapport with the client system and "start where the client is." ❑ Listen attentively to clients and work to accurately grasps feelings and understand circumstances of client.

Competency #7
Assess Individuals, Families, Groups, Organizations, and Communities

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of interprofessional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 7.1	**The collection and organization of data, and the application of critical thinking to interpret data gathered from clients and constituencies**
	❑ Be aware of, and appropriately utilize, standardized measurement and diagnostic tools. ❑ Effectively articulate summaries of assessments, and auxiliary documentation to assist in the development of a tentative treatment plan for clients. ❑ Be able to display the ability to collect and organize data by utilizing tools such as genograms and Eco maps, and correctly interpret data gathered from assessment tools as evidenced by discussions during meetings with field instructor.
F 7.2	**The use of knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies**
	❑ Applies knowledge of multi-disciplinary theoretical frameworks (i.e., human behavior, person-and-environment, among others) in assessing information from clients and constituencies. ❑ Identify conceptual frameworks that explain development and impact on a client system. ❑ Do role-playing with the field instructor or others to try out new skills and techniques.
F 7.3	**The development of mutually agreed on service plans (intervention goals and objectives) based on the critical assessment of strengths, needs, and challenges within clients and constituencies**
	❑ Engage client participation verbally and have client state goals and objectives. ❑ In collaboration with client system, be able to develop clear and timely service goals and develop measurable objectives designed to meet agreed upon goals. ❑ Observe, reflect, and apply practice skills that assist individuals and/or groups to enhance their well-being from a strengths-based perspective.
F 7.4	**The selection of appropriate intervention strategies based on the placement agency, assessment, research knowledge, and values and preferences of clients and constituencies**
	❑ Select an intervention strategy. Documentation of the strategy will include an informed consent form signed by the client that defines the intervention, why it was mutually selected, and a contract that specifies a tentative duration of the treatment. ❑ Understand developmental stages of client population and integrate into the assessment. ❑ Considers possible levels of intervention (micro, mezzo, and macro) and articulates reasoning behind choice of intervention target.

Competency #8
Intervene with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence informed interventions to achieve client and constituency goals. Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and interorganizational collaboration.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 8.1	**The ability to critically choose and implement interventions, including use of self, to achieve service plan goals and enhance capacities of clients and constituencies**
	❑ Selects appropriate intervention strategies based on assessment, research knowledge, values and preferences of clients and constituencies. ❑ Initiate and implement interventions to achieve client-directed goals. ❑ Identify and apply social work theories as they may apply to the process of assessment, intervention or evaluation of clients within the agency.
F 8.2	**The use of knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies**
	❑ Apply contracting phase skills during intervention activities at the micro, mezzo and/or macro levels and (select one or more) reflect on it in a summary of learning(s), process it during a supervisory session and/or apply it to a case/example. ❑ Use a strengths and empowerment perspective as well as the bio-psycho-social-cultural-spiritual theoretical frameworks learned in the academic classroom to collaboratively develop interventions with clients and/or constituencies. ❑ Identify and discuss with Field Instructor, Faculty Field Liaison, or peers in practicum seminar, various theories about human behavior as may be observed when working with clients (biological, social, cultural, psychological, and/or spiritual).
F 8.3	**The use of interprofessional collaboration as appropriate to achieve beneficial practice outcomes**
	❑ Effectively collaborate with other professionals, such as through interprofessional treatment teams, to achieve beneficial practice outcomes for individuals, families, and small groups. ❑ Connect client to community resources. ❑ Utilize collaborative relationships formed with other providers to secure beneficial services.
F 8.4	**The roles of negotiator, mediator, and advocate with and on behalf of diverse clients and constituencies**
	❑ Help clients identify interpersonal strengths, as well as network of familial and community resources to address problems. ❑ Demonstrate knowledge of community resources and facilitate referral process of client to another agency, when appropriate. ❑ Distinguish when it is appropriate to advocate rather than broker on behalf of individuals, families, and small groups to build client capacity to negotiate and advocate for their selves.
F 8.5	**The facilitation of effective transitions and endings that advance mutually agreed on goals and appreciate the nature of the professional relationship**
	❑ Actively discuss with clients and/or constituencies potential transitions and terminations from the beginning of the treatment process in order to be prepared for, planned or unplanned transitions or terminations. ❑ Actively plan for termination process with clients by anticipating common responses among clients (e.g., feeling of loss, anxiety, recurrence of old problems, development of new problems). ❑ Assist clients in developing maintenance strategies (e.g., relapse prevention strategies, utilize other formal resources, utilize informal support systems)

Competency #9
Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations and communities. Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. Social workers understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

Students will demonstrate the following behaviors by the end of their generalist field practicum:

F 9.1	**Select and use appropriate methods for evaluation of outcomes defined in service plans**
	❑ Identify specific measurements for evaluating progress for each activity on intervention plan at micro, mezzo and/or macro level. ❑ Identify alternative evaluation methods that factor in qualitative outcome measures, in addition to only quantitative measures. ❑ Apply knowledge of family and group development/dynamics to design proactive services (e.g., marital enrichment programs; parenting education, classes; social skills groups for teens, etc.).
F 9.2	**Use knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes**
	❑ Identify variables in the social context that could potentially impact evaluation process or outcomes. ❑ Apply various stage theories to assess development of strengths and psychopathology (psychodynamic, object relations, family life cycle, stages of change, group formation and process). ❑ Demonstrate knowledge of self-determination and various aspects of human behavior on evaluation and outcome measures.
F 9.3	**Critically analyze, monitor, and evaluate intervention and program processes and outcomes**
	❑ Continuously evaluate intervention, not only at termination, but also throughout process, and be able to evaluate results that test the efficacy of interventions used and monitor successes, failures, and progress in achieving outcomes. ❑ During supervisory sessions, discuss and evaluate an intervention technique in a field program and identify evaluation mechanisms at agency. ❑ Evaluate results that test the efficacy of interventions used and monitor successes, failures, and progress in achieving outcomes.
F 9.4	**Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels**
	❑ Identify strengths and potential future changes with evaluation process at the agency that could lead to improved outcomes for clients and client systems. ❑ Apply data interpretation to changes at the agency at the micro, mezzo and/or macro levels. ❑ Synthesize the process and outcome data from practice with individuals, families, and small groups to improve program and agency practice.

Learning Agreement Guide

MSW Advanced Edition

OVERVIEW

COMPETENCY-BASED EDUCATION

Social Work education is competency-based. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being.

The framework for competency-based education includes a focus on the assessment of the student's ability to **demonstrate** the competencies rather than only on the assessment of inputs (such as coursework and resources). Social work practice competence consists of nine interrelated competencies, with specific observable behaviors for each competency. The overall objective of the practicum is to demonstrate competency for entry level generalist practice as identified in the nine social work competencies and specific observable behaviors.

The Council on Social Work Education (CSWE) and our social work program recognize a **holistic view of competence**; that is, the demonstration of competence **is informed by the holistic dimensions of knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment in regard to unique practice situations.**

LEARNING AGREEMENT INSTRUCTIONS

The Learning Agreement is developed collaboratively by the student, field instructor, and faculty field liaison. The Agreement will describe how the student will specifically apply the competencies in observable ways within the internship setting. The completed Learning Agreement then represents the student's specific objectives for the internship.

Observable behaviors are listed below each competency. In the subsequent text boxes, please describe the specific activities the student will complete at the internship setting for each observable behavior listed. These activities should provide opportunities for mastery of each competency, demonstrated and informed by the holistic dimensions of knowledge, skills, values, and cognitive and affective processes.

PURPOSE OF THIS GUIDE

The purpose of this guide is to provide you with general examples of activities for the observable behaviors listed under each competency to assist in supporting your development and creation of site-specific activities.

The activities associated with a specific observable behavior can look very different in working with different populations and settings. Faculty Field Liaison, Field Instructor and student should make every effort to assure a learning plan for all competencies and observable behaviors. In the rare occasion that a particular competency/observable behavior appears completely unavailable at that site, the Faculty Field Liaison should collaborate with the student and field instructor to explore the ways in which that competency may be mastered in the setting. Please consider demonstration of the behavior through simulation as a possible alternative prior to an "N/A" being utilized.

MSW ADVANCED COMPETENCIES

Competency #1 **Demonstrate Ethical and Professional Behavior**	
Clinical social workers understand that the professional relationship and professional ethics are the foundation of clinical practice. Clinical social workers recognize the importance of the therapeutic relationship, the person-in-environment and strengths perspectives, the professional use of self with clients, and adherence to ethical guidelines of professional behavior. Clinical social workers understand their role and the role of other professionals on interprofessional teams and the ethical use of technology for clinical social work practice. Clinical social workers understand and apply ethical standards and model the ethical use of treatment modalities in practice. Students will demonstrate the following behaviors by the end of their advanced field practicum:	
A 1.1	**Apply ethical decision-making skills to issues specific to clinical social work, including responding to ethical dilemmas**
	❑ Demonstrate the ability to resolve complex ethical dilemmas in clinical practice from multiple perspectives. ❑ Review agency's policy manual and apply the NASW Code of Ethic to identify points of opposition, agreement and points not addressed by agency policy. ❑ Identify ethical dilemmas that may arise during organizational planning and formulate responses that are consistent with NASW Code of Ethics.
A 1.2	**Demonstrate professional use of self with clients that integrates an awareness of their own professional strengths, limitations, and challenges**
	❑ Use self-reflection and seek feedback from field instructor about personal strengths, limitations and challenges in clinical practice. ❑ Recognize and avoid dual relationships, discuss with field instructor in supervision. ❑ Identify how personal and professional values impact work within the organization/community.
A 1.3	**Develop, manage, and maintain therapeutic relationships with clients that reflect understanding of relationship dynamics, including power differentials**
	❑ In both oral and written communication, demonstrate sensitivity to level of expertise and understanding of intended audience and convey ideas in a manner that is sensitive to the level of knowledge and degree of sophistication of others. ❑ Appropriately adjusts choice of words in communicating with different groups (e.g., board members, clients, professional colleagues). ❑ Identify and discuss relationship dynamics with clients as well as discuss them and challenges with power differentials with field instructor.
A 1.4	**Use strategies of ethical reasoning to address the use of technology in clinical practice and its effect on clients' rights**
	❑ Evaluate the ethical and appropriate use of technology to facilitate practice outcomes with individuals, families and small groups. ❑ Become familiar with the use of various technological platforms (computers, databases, GIS, social media, etc.) to advance effective client outcomes and agency governance and protocol efficiency. ❑ Review agency technology policies and process it during supervision and/or apply it to a case.

Competency #2
Engage Diversity and Difference in Practice

Clinical social workers build on the generalist foundation competency to further understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including, but not limited to, age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion /spirituality, sex, sexual orientation, and tribal sovereign status. Clinical social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power. Clinical social workers understand and integrate into their assessments and interventions the effects on clients of oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim.

Students will demonstrate the following behaviors by the end of their advanced field practicum:

A 2.1	**Identify the structural and systemic dynamics present in the client's context and implications for clients' intersecting identities and experiences**
	❑ Recognize societal conditions that contribute to individual psychopathology and intervenes at micro, mezzo, and macro levels. ❑ Demonstrate knowledge of and critically analyze ethical issues arising in community organization practice, and identify barriers that prevent services from reaching target population and proposes change in service delivery. ❑ Expand use of basic engagement skills to include understanding of culturally specific norms, customs, and values regarding interpersonal interaction.
A 2.2	**Explore with clients the meanings they attribute to their various social identities, such as race, ethnicity, culture, gender, etc.; how their understanding of who they are interacts with dominant societal perceptions of the self; and the effect these identities and perceptions have on their lives**
	❑ Engage in continuing education to develop specialized knowledge and understanding of the history, traditions, values, family systems, and artistic expressions of major client groups served. ❑ Demonstrate knowledge of when and how to address issues of diversity in clinical practice. ❑ Explore culturally relevant issues when conducting assessments and planning interventions.
A 2.3	**Engage in self-reflection to examine their own values and personal biases and the possible effects these may have on their clinical relationships.**
	❑ Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups. ❑ Apply self-awareness and self-regulation to manage the influence of personal biases and values and recognize when personal biases may impact/influence ability to serve client. ❑ Identify and manage personal values and distinguish them from professional values that guide practice.

Competency #3
Advance Human Rights and Social, Economic, and Environmental Justice

Clinical social workers build on the generalist foundation competency to advance human rights and social, economic and environmental justice through their clinical practice. They understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Clinical social workers understand the global interconnections of oppression and human rights violations and are knowledgeable about theories of human need and social justice, as well as strategies for promoting social and economic justice and human rights. Clinical social workers identify and integrate strategies for practice that recognize with clients the oppressive structural barriers present in their lives and work to ameliorate the impact of those structural dynamics on the client system.

Students will demonstrate the following behaviors by the end of their advanced field practicum:

A 3.1	**Engage in clinical practices that promote social justice**
	❑ Understand specific contributions of social work in achieving agency mission and goals. ❑ Understand agency, local, state and federal guidelines for addressing oppression and discrimination and apply it to a case/example and identify underserved needs of population served by agency. ❑ Identify and describe forms and mechanisms of discrimination and oppression that adversely affect client systems.
A 3.2	**Identify systemic and structural barriers in field placement and work settings that bar specific groups from full societal participation and examine how social inequality operates at the macro, mezzo and micro level of society, as well as within multiple social work service contexts**
	❑ Identify groups/classes of clients who are disproportionately represented in systems (e.g., African Americans in the child welfare and legal systems), who receive substandard treatment, who are given particular diagnoses, etc. and discuss with field instructor the ways in which these things can/should be addressed systemically. ❑ Help clients reflect upon/sort out experiences in which discrimination and oppression play a role. ❑ Function in multiple macro roles (e.g., community planning, community organizing, administration, program development, and evaluation, policy analysis, legislative advocacy, etc.) that promotes empowerment with in the capacity and context of the community organization.
A 3.3	**Demonstrate an understanding of systemic and structural oppression and their effects on those with dominant and subjugated identities and integrate this knowledge into direct clinical practice with individuals and families**
	❑ Use knowledge gained in the classroom regarding systemic and structural oppression to help direct clinical practice with clients, discuss identified barriers with field instructor and solicit feedback on ways to help eliminate these barriers. ❑ Identify and use methods of practice that are designed to work against systemic and structural oppression. ❑ Elicit information from clients regarding the ways in which they have been oppressed and use that information to inform practice in a way that combats those oppressors.

Competency #4 **Engage in Practice-informed Research and Research-informed Practice**	
Clinical social workers use quantitative and qualitative research methods, multi-disciplinary sources, and multiple ways of knowing to advance the science of social work and to inform and evaluate the efficacy of their clinical practice. Clinical social workers apply the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Clinical social workers are knowledgeable about evidence-based interventions, best practices, and the evidence-based research process. Clinical social workers use a critical perspective in applying evidence based practice in assessment and intervention with clients, participate in the generation of new knowledge through research and practice, and use research methodology to evaluate practice. Students will demonstrate the following behaviors by the end of their advanced field practicum:	
A 4.1	**Use research methodologies from varied perspectives to identify and critically examine clinical interventions and/or outcomes for particular client systems, problems, and settings**
	❑ Evaluates strategies for conducting survey research and selects strategy that is most likely to yield best return rate. ❑ Attend seminars/conferences to garner most current information from experts in a specialized area of practice. ❑ Stay up to date on practices with client population served by agency/population of special interest by reviewing professional literature, attending conferences, searching web resources, etc.
A 4.2	**Use practice experience to critically evaluate relevant clinical knowledge and the need for additional research to address gaps in the existing knowledge base**
	❑ Stay abreast of developing trends in specialized area of clinical practice and advocate for implementation of promising, innovative practices with field instructor. ❑ Present analysis of an agency policy and makes recommendations with field instructor. ❑ Review literature to identify intervention(s) supported by empirical evidence.
A 4.3	**Evaluate the strengths and weakness of multiple theoretical perspectives and differentially apply them to client situations**
	❑ Integrate findings from multiple studies re particular problem/ diagnosis to develop most effective intervention strategy. ❑ Evaluate service delivery systems to ensure that target population is being reached and make recommendations in supervision to field instructor to improve service accessibility. ❑ Design culturally sensitive evaluation strategies including use of measures validated with specific population(s) served and obtaining feedback from minority clients as stakeholders.

Competency #5
Engage in Policy Practice

Clinical social workers understand that both client systems and social service delivery systems are affected by policy implementation at the federal, state, and local levels. Clinical social workers help clients to understand the impact of policy on their wellbeing, including, as appropriate, the political nature of policy. Clinical social workers engage in policy analysis within their practice settings, help clients to resist internalization of self-blame for social and economic circumstances that reflect policy decisions at the mezzo and macro level, and empower clients to advocate for policy change.

Students will demonstrate the following behaviors by the end of their advanced field practicum:

A 5.1	**Understand social welfare systems and policies, the impact of policy on clients and communities, and the skills of policy analysis**
	❑ Identify both formal (laws, polices, etc.) and informal structures (discrimination based on race, sexual orientation, socioeconomic status) that impact members of target population. ❑ Demonstrate knowledge of federal and state statutes and local policies that provide mandate, funding, and boundaries for agency services. ❑ Understand the policymaking process at the local, state, and federal levels and demonstrate the ways advocates can influence it.
A 5.2	**Use evidence-based practice to advocate for policies that advance social and economic well- being**
	❑ Identify impact of political, social, economic, and cultural forces on services delivered by agency. ❑ Assess the impact of a program design upon the interests of minorities and oppressed groups and proposes indicated changes to insure equitable service delivery. ❑ Assess and diagnose community needs and assets in ways that gather information, increase participation, and strengthen social diversity.
A 5.3	**Communicate to stakeholders the implication of policies and policy change in the lives of clients**
	❑ Anticipate development of barriers to service delivery (e.g., budget cuts, negative publicity re target population) and proposes strategies to prevent disruption of services. ❑ Select appropriate strategies with field instructor in supervision for advocacy (organized protests, letters to official and legislators increasing community awareness via media, etc.). ❑ Demonstrate the capacity to plan and advocate for needed agency policy changes on behalf of a client group, community, or organizational interest.
A 5.4	**Analyze policies at the agency level and advocate for agency policies that enhance client access and the delivery of effective services.**
	❑ Analyze how agency policy accommodates/fails to accommodate diversity in the community and proposes appropriate changes in policy with field instructor. ❑ Read and research agency policies related to access and service delivery paying attention to how they have evolved and discuss with field instructors' ways in which advocacy for access and delivery of services can be increased. ❑ Use knowledge gained in the classroom to assist in analyzing the policies of the agency related to access and delivery of services.

Competency #6
Engage with Individuals, Families, Groups, Organizations, and Communities

Clinical social workers understand that engagement is an ongoing component of the dynamic and interactive process of clinical social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Clinical social workers rely on advanced clinical knowledge to build relationships with clients' systems and interprofessional partners. They possess a clinically-informed understanding of reasons why clients might be motivated or hesitant to engage in services and they demonstrate a range of clinical skills that allow them to effectively engage those they serve.

Students will demonstrate the following behaviors by the end of their advanced field practicum:

A 6.1	**Apply clinical knowledge to the process of client engagement**
	❑ Evaluate relevance of multiple theories of human behavior (psychodynamic, object relations, cognitive behavioral, family systems, person-centered, social learning, multicultural theory, etc.) in understanding a particular client or group. ❑ Recognize need for and develops support or educational services for families or communities of primary clients, contributes social work's unique person in environment perspective in multidisciplinary teams. ❑ Apply preparing skills prior to engagement activities at the micro, mezzo and/or macro levels and process it during a supervisory session and/or apply it to a case/example.
A 6.2	**Use clinical concepts and skills that reflect an understanding of the importance of the clinical relationship; the dynamics of interpersonal relationships, including the therapeutic relationship; and the need for safe, accepting spaces for implementing a full range of social work interventions**
	❑ Use a variety of interpersonal skills (e.g., active listening, clarification, verbal following, summarizing, etc.) to develop collaborative relationships with colleagues, stakeholders, board members, potential funding sources, and clients. ❑ Convey respect for and appreciation of individual, family, and group diversity. ❑ Demonstrate ability to engage involuntary and hostile clients.
A 6.3	**Effectively engage a wide range of interprofessional partners and collaterals in promoting client goals and client well-being.**
	❑ Gather information from others working with client in order to create an understanding of existing services, treatment plans and needs. ❑ Review case files/records of client(s) to decrease repetition of services, increase knowledge of what needs they have already identified and/or treatment goals met. ❑ Elicit feedback and input from field instructor as well as other professionals involved on client's history and presentation in preparation for working with client.

Competency #7
Assess Individuals, Families, Groups, Organizations, and Communities

Clinical social workers understand that assessment is an ongoing component of clinical relationships and apply a wide array of bio-psycho-social-spiritual theories to their understanding of diverse clients and their social environments. Clinical social workers draw upon theories, frameworks, and models of human behavior, as well as information from clients, collaterals, and other professionals, to develop a rich, strengths-based understanding of the people they serve and the challenges they experience. Clinical social workers also reflect on their own reactions to the client system and consider the effects of environmental contexts in the processes of assessment and intervention planning.

Students will demonstrate the following behaviors by the end of their advanced field practicum:

A 7.1	**Use a range of clinical perspectives and theoretical frameworks to understand client strengths and needs**
	❑ Gather appropriate information regarding symptoms, duration, and onset to apply diagnostic criteria. ❑ Assist with data collection, analyses, and preparation of reports. ❑ Identify gaps in information and conflicting or confusing information.
A 7.2	**Develop a broad understanding of client systems that integrates psychological, cultural, social and political lenses**
	❑ Evaluate relevance of multiple theories of human behavior (psychodynamic, object relations, cognitive behavioral, family systems, person-centered, social learning, multicultural theory, etc.) in understanding a particular client or group. ❑ Analyze theoretical basis for treatment models utilized in practicum setting. ❑ Identify emerging social problems and challenges faced by agency's clients and discuss with field instructor in supervision possible proposals of modifications in service delivery to address these concerns.
A 7.3	**Use assessment data to consider readiness for change and optimal interventions for client systems of different sizes**
	❑ Use empathy to respond to feelings within client's awareness and to bring to the client's attention feelings and meanings below the surface for assessment. ❑ Find mutual goals to engage involuntary clients. ❑ Develop and revises treatment plans based on the evolving assessment of client's needs, problems, strengths, and capabilities.
A 7.4	**Reflect on their own reactions to client systems and consider the effects of environmental contexts, as well as their own and the client system's preferences, in the processes of assessment and intervention planning.**
	❑ Identify and integrate evidenced-based standardized assessment instruments in the development and implementation of treatment planning. ❑ Understand that problems may be defined at multiple levels (individual, family, community, society) and problem definition influences intervention. ❑ Accurately perceive cues that suggest need for in-depth exploration of particular issues and be able to create clinical recommendations to client systems based on information gathered.

Competency #8
Intervene with Individuals, Families, Groups, Organizations, and Communities

Clinical social workers demonstrate that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals and families. Clinical social workers apply evidence-based interventions to help achieve the goals of client systems. Clinical social workers integrate theories of human behavior and the social environment in implementing interventions with client systems. Clinical social workers use a critical perspective in identifying, analyzing and implementing evidence-based interventions to achieve client system goals. Clinical social workers engage in interprofessional teamwork, and communication in developing and implementing interventions, and demonstrate effective interdisciplinary, interprofessional, and interorganizational collaboration.

Students will demonstrate the following behaviors by the end of their advanced field practicum:

A 8.1	**Collaborate with client systems to define therapeutic goals and treatment outcomes that address micro, mezzo and macro systems**
	❑ Develop intervention strategies that utilize client's natural support network (e.g., religious leaders, elders, healers, etc.). ❑ Stay up to date on practices with client population served by agency/ population of special interest to student by reviewing professional literature, attending conferences, searching web resources, etc. ❑ Identify areas of high risk (e.g., medical problems such as high blood pressure, diabetes, stroke, child maltreatment, involvement in gangs, victim of domestic or other violence) for clients served by agency and explore with field instructor appropriate interventions to be delivered in practice.
A 8.2	**Initiate and implement strengths-based treatment plans and contracts, based on appropriate human behavior theory, and selectively apply and integrate evidence-based practice methods to meet these goals**
	❑ Appropriately select from a variety of theoretical and/or practice models to implement intervention strategies. ❑ Use a variety of intervention skills from multiple treatment models (CBT, DBT, narrative therapy, systemic family therapy, solution focused therapy). ❑ Apply and articulate social work values, ethical standards, and principles unique to interpersonal interventions involving diverse populations and settings.
A 8.3	**Demonstrate self-awareness and differential use of self, utilizing clinical concepts such as intersubjectivity, transference, and countertransference**
	❑ In process recordings, reflect on the emotions and thoughts that arise in working with each client (or client system) and consider similarities and differences in student and client systems. ❑ In treatment plans and process recording identify interventions that involve different use of self to meet different clients' strengths, challenges and context. ❑ In process recording and supervision discussions, identify issues that trigger countertransference and plan for how to use this to promote the therapeutic relationship rather than interfere with it.
A 8.4	**Advocate, communicate, and collaborate with other professionals to promote client well-being and achieve client system goals.**
	❑ Apply knowledge of group process to identify sage of current functioning of an agency or community task group and identify crucial leadership skill at this stage in group development, discuss with field instructor in supervision. ❑ Articulate decision process used in selecting a particular intervention for an individual client, and monitors client progress and alter interventions accordingly with guidance from field instructor. ❑ Compare efficacy of various intervention strategies used with an individual, family, or group at different stages of the intervention process.

Competency #9
Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Clinical social workers demonstrate that evaluation is an ongoing component of the dynamic and interactive process of clinical practice with, and on behalf of, diverse individuals and families. Clinical social workers evaluate processes and outcomes to advance practice, policy, and service delivery effectiveness. Clinical social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. Clinical social workers utilize qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

Students will demonstrate the following behaviors by the end of their advanced field practicum:

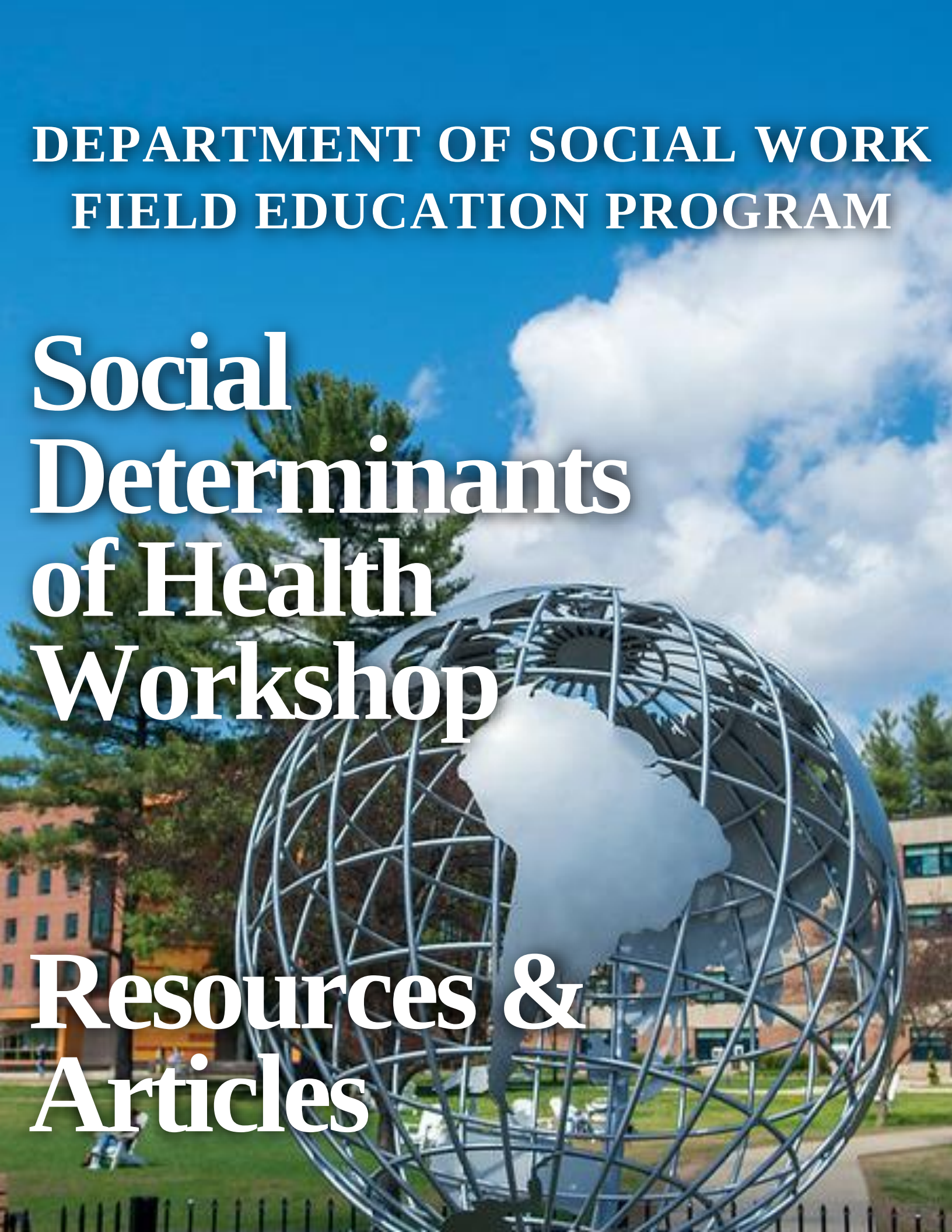
A 9.1	**Use a critical perspective and multiple methods for developing and implementing ongoing evaluation methods for clinical practice**
	❑ Demonstrate advanced knowledge in critically analyzing and monitoring, and evaluating intervention program processes and outcomes. ❑ Present rationale for selecting a particular group or single subject design to monitor progress toward treatment goals. ❑ Demonstrate the use of appropriate evaluation methods to assess and improve organizational operations and/or client systems.
A 9.2	**Work collaboratively with client systems and community stakeholders to identify and apply outcome measures that reflect client and agency goals and desired outcomes**
	❑ Evaluate relevance of multiple theories of human behavior (psychodynamic, object relations, cognitive behavioral, family systems, person-centered, social learning, multicultural theory, etc.) in understanding a particular client or group. ❑ Implements a group design with a treatment group with guidance from field instructor. ❑ Apply evaluating and ending phase skills during evaluation and/or termination activities at the micro, mezzo and/or macro levels and process it during a supervisory session and/or apply it to a case/example.
A 9.3	**Collaboratively utilize evaluation data to improve practitioner, agency and community practice.**
	❑ Continuously evaluate intervention, not only at termination, but also throughout process, and be able to evaluate results that test the efficacy of interventions used and monitor successes, failures, and progress in achieving outcomes. ❑ Develop continuous evaluation strategy that is linked to the initial assessment and intervention plan, and critically evaluates the relationship between the agency's mission statement, agency objectives, and actual service delivery, and report results of outcome evaluations to field instructor and others as advised by field instructor. ❑ Monitor and evaluate activities using techniques that assess activities and outcomes, raise critical consciousness, motivate participation, and contribute to improvement and changes.

A variety of Learning Agreements from social work programs across the country were reviewed in addition to the competencies and learning activities from our own students at WSU as part of the development of this Guide. We would like to acknowledge review of, and in some cases have adapted, documents from the publicly available websites of University of Michigan School of Social Work, Social Work Program of Ramapo College of New jersey, Whitney M. Young School of Social Work, University of Pittsburgh, Warner Pacific College, Western Illinois University, University of Montana School of Social Work, University of Northern Iowa, Salem State University, University of New England, USC Suzanne Dworak-Peck, and Northern Central University.

DEPARTMENT OF SOCIAL WORK
FIELD EDUCATION PROGRAM

Social Determinants of Health Workshop

Resources & Articles



Social Determinants of Health

ADDITIONAL RESOURCES:

Campaign for Action Toolkit:

- https://campaignforaction.org/resource/equity-toolkit-helps-communities-take-on-social-determinants-of-health/

CDC Tools for Putting SDOH into Action:

- https://www.cdc.gov/socialdeterminants/tools/index.htm

CHAMPS:

- http://champsonline.org/tools-products/quality-improvement-resources/social-determinants-of-health-resources

The EveryONE Project:

- https://www.aafp.org/family-physician/patient-care/the-everyone-project.html

Healthy People 2030:

- https://health.gov/healthypeople/objectives-and-data/social-determinants-health

National Rural Health Resource Center:

- https://www.ruralcenter.org/resource-library/the-everyone-project-screening-tools-and-resources-to-advance-health-equity

Integrating Social Care into the Delivery of Health Care to Improve the Nation's Health:

- https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health

Rural Health Disparities:

- https://www.ruralhealthinfo.org/topics/rural-health-disparities

SDOH World Health Organization:

- https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

GUEST EDITORIAL

Social Determinants of Health: Grand Challenges in Social Work's Future

Christine M. Rine

Addressing social determinants of health (SDOH) has a long history in social work, which from its inception has recognized the interplay between social context and the welfare of individuals, groups, communities, and the larger society. The profession has been, and will continue to be, well aligned with an SDOH perspective; this was addressed in a Viewpoint piece in this very journal in 2010 wherein social work was characterized as "a good fit" with this framework (Moniz, 2010). However, it is less clear as to what the future holds for countless well-established social work roles as well as those that are newly emerging as attention to collaborative SDOH initiatives expand and related partnerships, policies, and programs develop. Clearly, social workers will continue to "enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (National Association of Social Workers [NASW], 2015, p. 1). However, the manner in which social workers practice and the basis of their efforts will likely be increasingly interdisciplinary in nature and more closely and formally associated with an SDOH perspective in the near future.

As per the World Health Organization (WHO), SDOH are defined as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels" (WHO, n.d.). Furthermore, these conditions and circumstances heavily influence a variety of health risks and outcomes (Centers for Disease Control and Prevention, 2015), showing that consequences are inequitable and quite disparate. From this description, it is clear that understanding SDOH involves multifaceted exchanges between social and economic factors, the physical environment, and behavior. Consequently, one can look to the mission of social work with its focus on social and environmental contexts that affect well-being on all levels (NASW, 2015) and clearly recognize connections to a person-in-environment practice orientation and the biopsychosocial assessment model. Additional substantiation for upholding and expanding the integration of an SDOH perspective within the discipline is evident in the manner in which social conditions and the "distribution of money, power, and resources" (WHO, n.d.) is framed. Herein, language around inequity, disparity, and advocacy aimed at oppressed, vulnerable, and disenfranchised populations prominently frames SDOH as a social justice issue (Healthy People 2020, 2016). It is therefore important for our profession to focus change efforts on macro practice levels. By numbers alone, it is clear that social workers are well represented within the health professions; nationally, they provide the majority of mental health services, while medical settings are ranked as the third most common among practice areas (NASW, 2009). Therefore, it is incumbent on the profession to adapt and evolve within current practice arenas while actively seeking new spheres of proficiency in the future landscape of policies, initiatives, programs, and interventions that are built on an SDOH perspective.

Increased attention to SDOH across health professions has been seen within academic literature, demonstration projects, the development and application of evidence-based practices, and among various initiatives in the public and private sectors for quite some time (Braveman & Gottlieb, 2014). Moreover, an understanding of the cost-effectiveness of primordial prevention efforts that focus change where and when risk factors first develop is becoming more widely accepted (Braveman & Gottlieb, 2014). Perhaps the most influential reason for increased attention to SDOH is the Patient Protection and Affordable Care Act (ACA) of 2010 (P.L. 111-148). Though this reform legislation seeks to improve the quality, accessibility, and affordability of health insurance while reducing health care costs, it has also ushered in a new

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vernacular that supports an SDOH framework. For instance, the term "essential health benefits" is described as a collection of service categories required within health insurance plans; what is distinct about these classifications is that the ACA not only includes substance use, mental, behavioral, and rehabilitative care, but also clearly identifies preventive and wellness services. Prevention and wellness strategies herein are supported on two levels: through individual responsibility for one's behavior fostered by public awareness and education that promotes good choices and through community-level efforts funded by grants to local organizations (Leong & Roberts, 2013). Specifically, Subtitle C of the ACA provides grant funding to the state Departments of Health and Human Services and local organizations to provide large-scale interventions that promote well-being in localities that are characterized as having "racial and ethnic disparities, including social, economic, and geographic determinants of health." The use of SDOH language in the ACA not only demonstrates a national commitment to this perspective, but also informs the profession of social work about potential roles within this framework. Accompanying this paradigm shift is the opportunity for the development of innovative methods for delivering services, which was also expanded upon in this legislation. For instance, *telehealth*, or the electronic delivery of medical, behavioral, and educational wellness services (American Telemedicine Association, n.d.), is specifically referred to in the ACA in relation to care coordination, remote monitoring, collaborative community efforts, and in the development of new models for best practice. Forecasting potential innovative social work practice areas and reflecting an SDOH perspective, non–medical service provider utilization of telehealth methods for treating behavioral health problems in underserved areas is explicitly recommended (ACA, 2010). This particular example illustrates one of many ways in which social work practice may need to change and evolve in the near future; in this context, the profession must appreciate the current and growing market, interest and investment in novel approaches, and client outcomes to successfully adapt. To illustrate, it is predicted that the mobile health application market, or mHealth, is projected to grow 33 percent, reaching 59 billion dollars by 2020 (Maheu, 2016). Currently, thousands of mobile applications specifically designed for managing mental and behavioral health problems are available for download at your app store. Furthermore, many of these applications charge a monthly fee that covers electronic interaction with health professionals (East & Havard, 2015; Maheu, 2016); however, it is unclear whether social workers are prepared to fulfill these roles. This one case in point is among many anticipated changes indicating that it is imperative for social workers to be well represented among professionals of varying fields as we look to the future. The ever-changing landscape of health professional designations, specialties, certifications, and the like has the potential to subsume areas of practice traditionally fulfilled by social workers if we are not prepared to meet the challenge (Maheu, 2016). At the same time, an SDOH perspective seeks to address chronic social and environmental contributors to health from a collaborative and holistic approach; taken together, the potential for competition among professionals and the expectation of cooperative efforts lead one to consider how social work can best position itself as a leader within emerging approaches and shifting areas of practice.

The Social Work Grand Challenges introduced by the American Academy of Social Work and Social Welfare (AASWSW) in January of 2015 not only draw attention to the profession's connections to the SDOH perspective, but also provide a roadmap outlining prospective practice areas and settings in which to apply discipline-specific expertise. NASW (2009) has provided some direction about preparing for the future of the profession, but the introduction of the Social Work Grand Challenges furthers this path by plotting a distinct course of action with clarity of purpose. These high-level aims are described as "ambitious yet achievable goals for society that mobilize the profession, capture the public's imagination, and require innovation and breakthroughs in science and practice" (Kalil, 2012). These 12 challenges are indeed grand, yet the manner in which the AASWSW presents them, accompanied by supporting research, working papers, and ancillary materials, provides a clear and usable framework for the profession to "champion social progress powered by science" (AASWSW, n.d.). This initiative is a call to action for all in the discipline to make and use connections between scholarship, knowledge, and practice expertise by fostering collaboration across levels and disciplines to address our most persistent and impactful social problems.

The Social Work Grand Challenges reflect well-defined large-scale goals that, although separate, connote connections in their social impact and the

reciprocal manner in which they are depicted. The content of these challenges indicates an SDOH perspective suggesting that all forms of health and well-being are social in nature, not only in their etiology, but also by virtue of how they are disparately managed. This broad, holistic, collective, and interdependent understanding of health, well-being, and social problems is evident across these 12 challenges. At the same time, each of these aims is forward-looking, suggesting innovation and progressive thinking to prepare for the future. For instance, among the challenges is "harness technology for social good," which brings to mind the telehealth example. The description of this particular call to action tackles professional applications of digital technology targeted at social problems with the aim of having a larger influence among a greater number of individuals. Some advantages outlined by using innovative applications are cost-effectiveness, the provision of a greater breadth of services, easy access, and rapid program development. Referring directly to mHealth, a related working paper notes that "technology integration can create practice that includes flexible, on-demand, personal, and individually paced services" (Berzin, Singer, & Chan, 2015, p. 1). The discipline must prepare by developing commensurate proficiency as technology will continue to produce social work practice innovations. Unmistakably, the Social Work Grand Challenges are future oriented and innovative while building on historical accomplishments of the profession and evidence-based knowledge. The combination of these attributes yields a model for practitioners to discern what may be needed for social work to position itself as a leader within emerging approaches and shifting areas of practice. HSW

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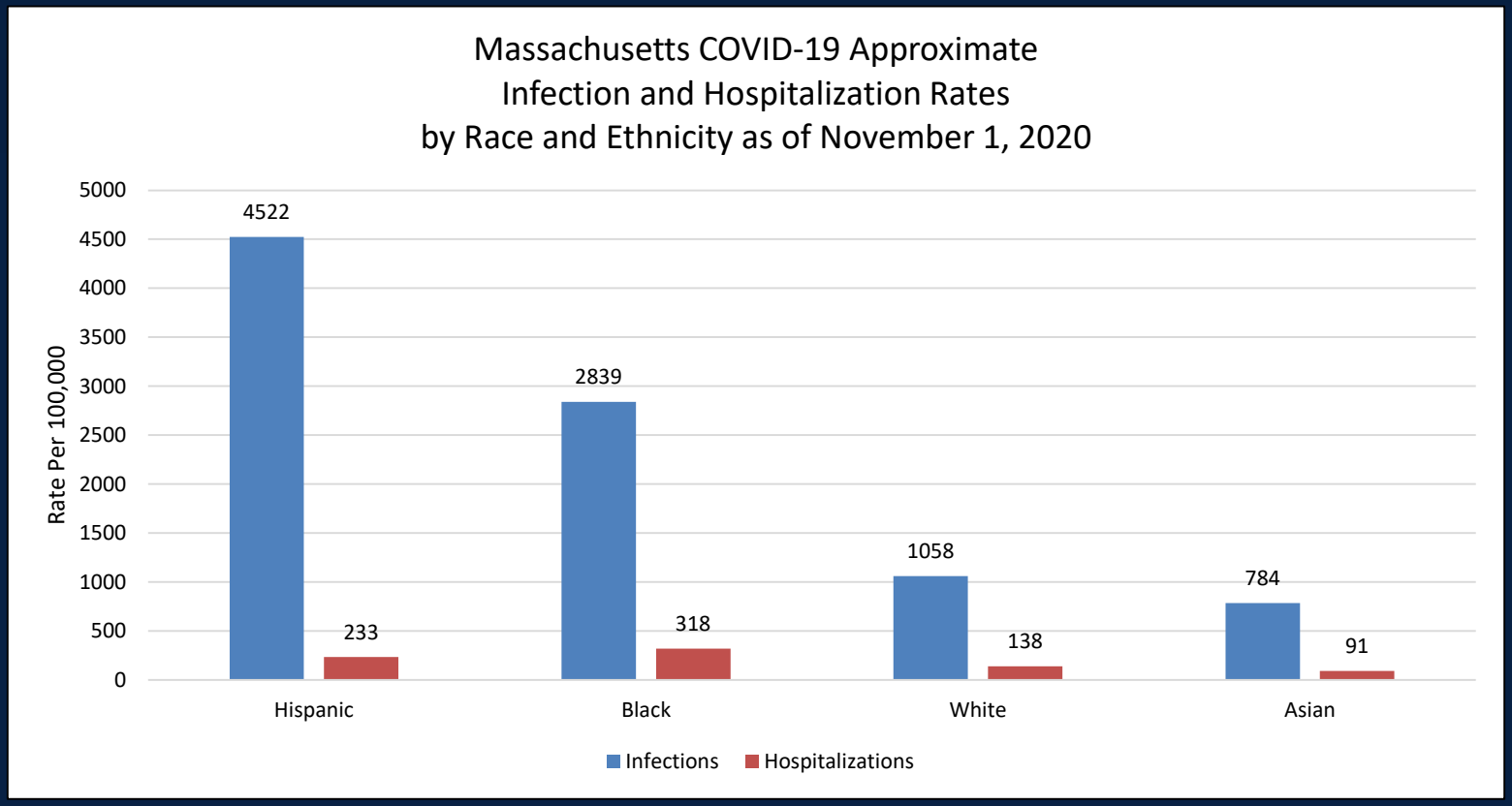
Advance Access Publication May 30, 2016

Building Toward Racial Justice and Equity in Health: A Call to Action

November 16, 2020

OFFICE OF ATTORNEY GENERAL
MAURA HEALEY
ONE ASHBURTON PLACE
BOSTON, MA 02108

Disproportionate COVID-19 Infections and Hospitalizations for People of Color



From: COVID-19 Dashboard, Mass. Department of Public Health (November 2020); U.S. Census Bureau.

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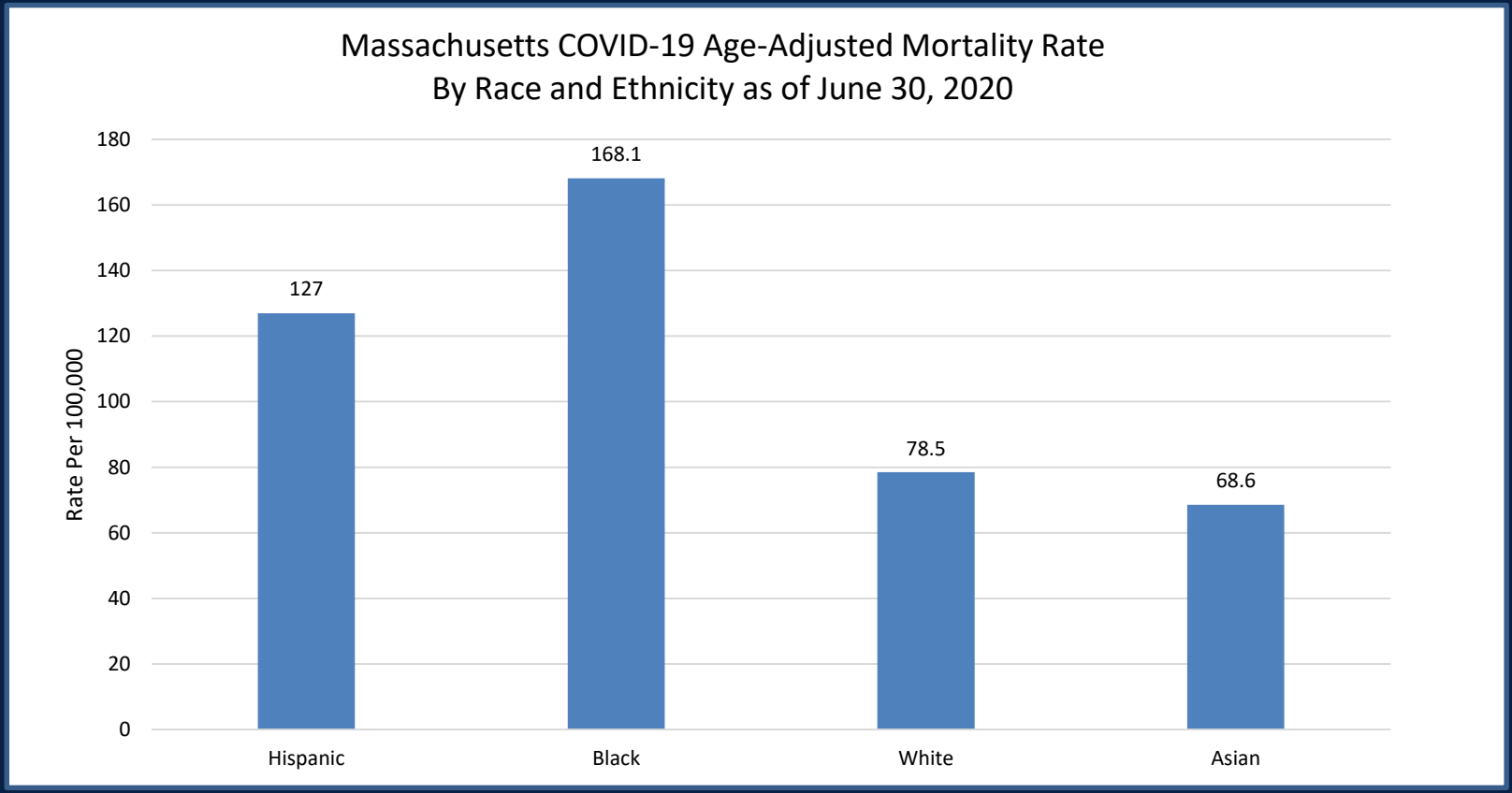
Disproportionate COVID-19 Mortality Rate for People of Color



From: DPH COVID-19 Health Equity Advisory Group: Recommendations, Data Release & DPH Response, Mass. Department of Public Health (July 8, 2020)

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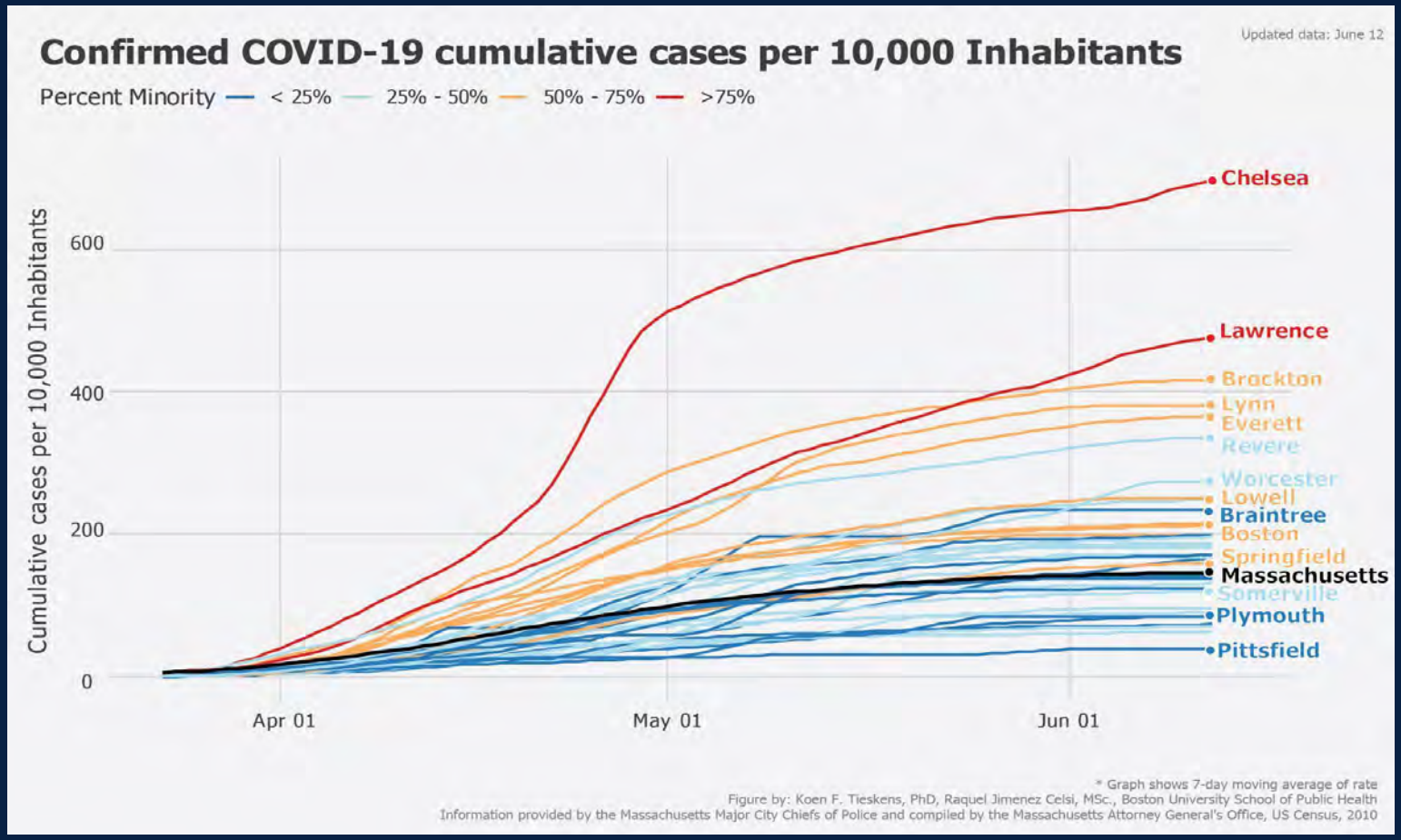
The Impact of COVID-19 on Communities of Color



From: Vulnerability in Massachusetts During COVID-19 Epidemic, Boston University (June 2020)

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Frontline Reflection

"The raw suffering I have witnessed during this pandemic as a physician has been hard to bear. But I also know this pandemic is not only about a virus, but also the structures and systems that have failed us during this public health crisis."

- Physician, Cambridge Health Alliance

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Recommendations in Five Domains

I. Data for Identifying and Addressing Health Disparities
II. Equitable Distribution of Health Care Resources
III. Clinical Health Equity: Telehealth as a Tool for Expanding Equitable Access
IV. Health Care Workforce Diversity
V. Social Determinants of Health and Root Causes of Health Disparities

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Data for Identifying and Addressing Health Disparities

Standardized demographic data collection plays a role in improving outcomes and addressing health disparities at every point along the continuum of care, from the individual provider-patient relationship to population health management.

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Data for Identifying and Addressing Health Disparities

1) Standardize Reporting and Sharing of Robust Demographic Data in Health Care
2) Report Health Care Data by Census Tract Where Possible
3) Harness Data to Measure Progress toward Health Equity Benchmarks

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Equitable Distribution of Health Care Resources

The disproportionate impact of COVID-19 on communities of color amplifies the longstanding need to change how health care resources are allocated, starting with payments to providers who care for underserved populations.

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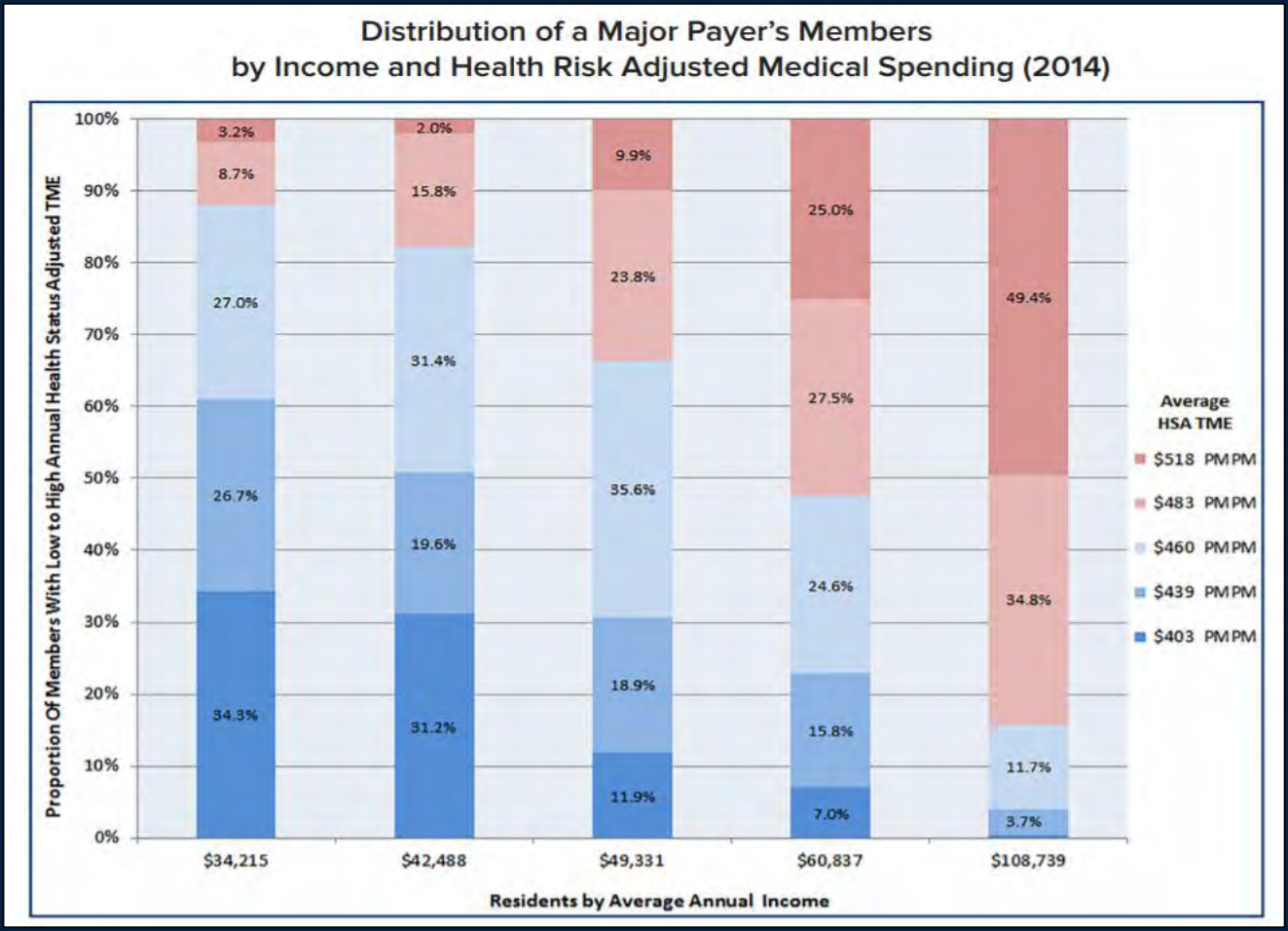
Equitable Distribution of Health Care Resources



From: Massachusetts AGO Cost Trends Report, (October 2016)

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Equitable Distribution of Health Care Resources

1) Promote Equitable Provider Payment Rates
2) Address Cost Sharing Affordability as an Equity Priority
3) Expand Flexible and Equitable Global Payments

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Clinical Health Equity: Telehealth as a Tool for Expanding Equitable Access

Although telehealth is an opportunity to increase access to care, we must ensure that the expansion of telehealth does not worsen existing health disparities by leaving behind low-income, older, rural, and non-English speaking residents.

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Clinical Health Equity: Telehealth as a Tool for Expanding Equitable Access

1) Address the Digital Divide
2) Continue Coverage and Rate Parity for Telephonic and Video Visits Where Clinically Appropriate
3) Ensure Access to Telehealth for Individuals with Disabilities and Limited English Proficiency

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Health Care Workforce Diversity

The pandemic's disproportionate impact on communities of color has brought attention to the importance of making our health care workforce more representative of the populations served.

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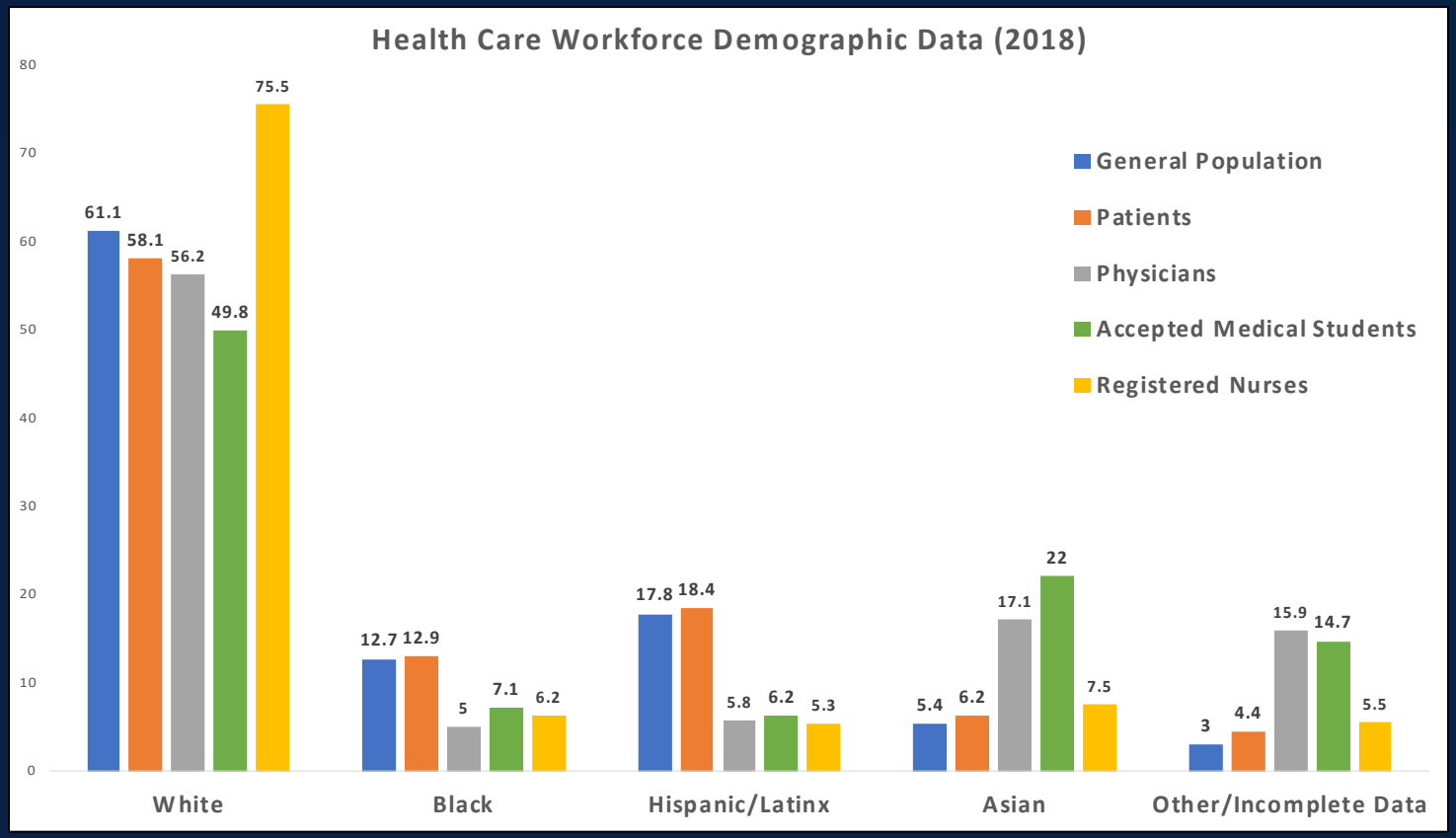
Health Care Workforce Diversity



From: U.S. Census Bureau, NCHS, AAMC, Institute for Diversity, Journal of Nursing Regulation

Note: Due to data limitations, physician data in the "Hispanic/Latinx" category includes only Hispanic physicians.

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Health Care Workforce Diversity

1) Increase Health Care Workforce Diversity through Expanded Educational Opportunities
2) Promote Equitable Development of Health Care Workforce Diversity and Capacity
3) Build Community-Based Health Workforce Capacity to Meet Needs of Underserved Populations

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Social Determinants of Health and Root Causes of Health Disparities

The health care system alone cannot address the root causes of health inequities. Underlying social determinants of health play a significant role in determining population-wide health risks and outcomes.

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Social Determinants of Health and Root Causes of Health Disparities

1) Invest in Social Determinants of Health to Address Root Causes of Disparities
2) Expand Capacity of and Coordination Across Local Public Health Departments
3) Explore New Regional Health Equity Infrastructure

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Next Steps

The goal of this report is to build on our statewide dialogue on health equity, invite collaboration, and launch discussion about how best to advance these priorities. We invite policymakers, providers, payers, community leaders, patients, and other stakeholders to share their ideas with us.

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