



**Psychopharmacology Knowledge, and Use with Social Work Professionals: A Continuing Education Evaluation**

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# Psychopharmacology Knowledge and Use with Social Work Professionals: A Continuing Education Evaluation

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Practicing professional social workers must be aware of medication use and the effects this use will have on the clients that they serve. As psychopharmacology becomes more commonly used as a sole or the primary modality in mental health treatment, knowledge and skill in regard to medication use and misuse has become a practice reality (Bently & Walsh, 1996; Bently, 1998; Callaway, 1998; Dziegielewski, 1998a; 1998b; 1997; Dziegielewski & Leon, 1998; Levine & Dang, 1977; Walsh, 1998). In social work, this tradition continues as social workers are being called upon to help their clients monitor, use and educate clients in regard to the use of psychotropic medications; unfortunately, however the information provided in their educational training is generally limited (Bernheim, 1982).

The role of medications in regard to mental health counseling can be a complicated one; and, this can be particularly problematic for social workers in solo practice who do not have either multidisciplinary or interdisciplinary team support. For these independent practitioners performing triage services or acting as a service broker becomes an integral part of their treatment roles. Further, even those that do have this team support are being called upon to be more knowledgeable and interactive in utilizing this knowledge in their practice with individuals, families and groups. As professionals who assess and intervene at all levels of the client's biopsychosocial functioning, social workers are in a pivotal position to monitor treatment regime, adherence and overall compliance. Therefore, social work professionals need to be keenly aware and alert to their client's possible need for medication, knowledgeable of the medications being taken and remain aware of side-effect profiles, while serving as an advocate for the client through out the intervention process.

The support for educational services in this area is deep-rooted in the profession. The Council on

Social Work Education (CSWE) and others (Bently & Walsh, 1996; Bently 1997; Davidson & Jamison, 1983, Dziegielewski, 1996, 1997, 1998; Hankoff & Galvin, 1968; Johnson, 1989; Johnson et al., 1990; McCollum, Margolin, & Lieb, 1978) have recognized the multi-faceted roles that social workers assume when treating clients on medications and the decisions involved in their care. Therefore, it logically flows that social workers be trained in the use of medication, and their influence on the counseling environment. Since School's of Social Work are not required to offer this type of training, and those that do, offer it on such a limited basis, the role of continuing education in this area cannot be underscored.

Direct education in regard to medication use and misuse can assist social work professionals to provide effective treatment planning and better client services (Dziegielewski & Leon, 1998). In addition, when trained social work professionals provide this educational service the issues, values and concerns primary to social work professionals can be highlighted. In closing, the controversy in the field of social work in regard to medications is not around the issue that training should be provided but rather how active the social worker should be in this area when helping the client. For example, Bently (1997) defined the true role for the social work professional as understanding the use and misuse of medications while assisting clients who are taking them, This, however, was very different from Dziegielewski (1997), who advocated for a more active and directive role. Dziegielewski (1997) stated that social workers should consider seeking limited prescription privileges after receiving additional training and certification in the area. Regardless of the disagreement that exists throughout the profession on how active social workers should be and the legal and professional ramifications of these prescribed levels of activity most

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professionals do agree that at some level education in this area- is a practice necessity (Bently, 1997; Bently & Walsh, 1996; 1998, Bently, 1998; Bently & Reeves, 1992; Dziegielewski, 1997, 1998a, 1998b; US Department of Health and Human Services, 1990). Further, many social work professionals and educators believe it needs to be incorporated in the social work curricula at both the graduate and the undergraduate levels (Bently & Walsh, 1996; Dziegielewski, 1997; Rowan & Dziegielewski, 1996).

### Literature Review

Psychotropic drugs have been used in the treatment of the mentally ill for more than 30 years (Greenhill & Gralnick, 1983); and this acceptance stems from the fact that they can effectively control some of the major symptoms associated with both chronic and acute mental disorders. For many social workers, knowledge of psychotropic medications was not highlighted in their graduate or under-graduate training leaving them to feel limited in their professional competence and expertise in this area. Social workers need to possess some basic understanding of these drugs, their effects on the behavior of clients, their use with different types of disorders, as well as some of their possible limitations and side-effect profiles. In reviewing the literature, there are very few research studies that explore the actual role of the social worker in regard to medication use and misuse. Actually, it is only in the last few years that this debate has begun to fuel. The few previous studies found suggest that social work involvement in psychotropic treatment varies in relation to the nature of the treatment setting (Levine & Dang, 1977; Littrell & Ashford, 1994). For example, social workers in outpatient programs tend to perform tasks and activities that are less directly related to decision making about the use of drugs than those in the inpatient setting. For the inpatient workers activities such as assessment of side effects profiles and making of specific recommendations on types of medication and dosage are expected (Berg & Wallace, 1987).

After an exhaustive search, it was found that Levine and Dang (1977) had conducted a continuing education seminar on psychopharmacology that was held at a large regional institution located in Patterson New Jersey. Although now somewhat dated, this study also directly involved patient care activities. This program was held on a weekly basis as part of the in-service training program of the Department of Psychiatry's mental health clinic. The majority of those attending were social workers with responsibility for primary treatment of ongoing cases in the clinic, and ancillary responsibility for the inpatient unit. The social workers in particular, had expressed a belief that a clearer understanding of their patients' medication regimen would be helpful in the overall management of their care.

The seminar addressed issues related to practical, organic psychiatry, as well as knowledge and administration of psychotropic medication. A detailed description of the diagnostic evaluation leading to diagnosis was presented. This included: (1) taking the psychiatric and medical history; (2) the physical examination including additional physical tests that may have to be ordered; and (3) ordering pertinent additional tests, such as psychological and neurological evaluations.

Other discussions during the seminar included: the role of the psychiatrist in the administration of psychotropic drugs; monitoring of the patient taking prescribed medications; and check-up schedules. This information was essential because medications often differ in type, dosage, route of administration, and so forth. General categories of psychiatric medication were then discussed in terms of brief history, action, indications, and contraindications for administration, side effects, and results of various combinations with each other. Electro-convulsive therapy (ECT), insulin therapy, and psychosurgery were also included, especially since they represent other types of treatment interventions for mental health conditions other than medications.

Overall, social worker evaluations of the workshop were very positive. Specific comments included: they now felt they had more professional comprehension of their patients' total treatment; they felt they had greater understanding of the extent of the psychiatrist's knowledge and skill in administering medication, and a greater respect for the use of medication per se. Second, the social workers reported that inclusion in the training lead them to feel like true participants of the psychiatric team, trusted and respected enough to be capable of using this increased knowledge conscientiously on behalf of patients needs.

Specific observations during the seminar included the following. (1) Social workers wanted more training in the basics of psychopharmacology, and provision of this information made them more sensitive to information that should be brought to the psychiatrist's attention (otherwise, such information might be needlessly delayed in communication, or even lost). (2) Social workers reported that since they were alert to changes in the patient's private life during treatment, they could be invaluable in presenting social or environmental changes that could affect the treatment process and treatment regiment. (3) The social worker could serve as the psychiatrist's ally making him/her aware of typical side effects of medication, particularly during the adjustment period. This alliance could prevent fewer patients being disproportionately alarmed or unintentionally allowed to go through needlessly prolonged periods of discomfort or confusion.

Berg and Wallace (1987) who utilized a sample of experienced clinical social workers determined that a social workers' knowledge of and attitudes toward psychotropic medication was observably impacted by the treatment setting in which they were employed. For example, inpatient workers were more likely to be knowledgeable in this area than outpatient workers (75 percent versus 45 percent). Thus, social workers in inpatient settings possessed different knowledge levels and attitudes than those employed in outpatient programs.

Wise (1986) reported that increased use of prescribed and nonprescribed drugs now required that traditional social work activities such as assessment and advocacy include knowledge of the effects of drugs. She believed social workers, as health professionals needed to play a role in the total care of the client and stressed the need for the social workers to have a basic knowledge of drug actions and effects. This article outlined the basic concepts in drug therapy essential for the social worker's knowledge base as well as the multiple responsibilities and recommended interventions for social workers with clients on medication. According to Wise (1986) both community and hospital social workers, collaborate with other health professionals providing continuity and a vital link in the client's care. The hospital social worker knowledgeable on drug actions is better prepared to communicate client's needs with increased clinical accuracy to other members of the interdisciplinary team. This communication benefits clients and improves the team's efforts to address all aspects of the client's care. It also aids in expanding the role of the hospital social worker beyond the traditional duties of family interventions and discharge planning. Informed social workers can also participate in consumer education helping to educate individual clients and groups about medication use and abuse (Wise, 1986). Unfortunately, few schools of social work offer course work that either extends drug-related information or stresses its relevance (Wise, 1986). This is not surprising since traditionally prescribing and monitoring medications was perceived to be the physician/psychiatrist's responsibility. When an informal survey of master's programs at 130 schools of social work was conducted only 28 schools had course work related to health care, and only three offered courses that included pharmacology or the social implications of medication usage.

In summary, the dearth of literature connecting pharmacology with social work demonstrates the need for more attention and investigation in this

area. Further, regardless of specific functions and activities that social workers perform a basic knowledge of psychopharmacology could benefit all (Dziegielewski, 1998b; Bently & Walsh, 1996). Unfortunately, little empirical evidence exists concerning social workers' knowledge of psychopharmacology and limited recent data is available on the attitudes of social workers toward the use of psychotropics in clinical settings (Berg & Wallace, 1987). Therefore, the purpose of this study is twofold: (1) to assess the opinions of social work professionals in regard to medication knowledge and use; and (2) to evaluate their perceptions of a continuing education training program designed to help educate them in regard to medications.

### Methodology

This study was conducted in August of 1996. The participants were professional social workers seeking continuing education credits who participated in a one-day (six-hour) educational program on medication usage and application to social work practice. The sample size was 169 professional social workers from across the State of Alabama (group 1 = 75, group 2 = 94). Both workshops were conducted in the same week and were identical in content, format and featured the same presenter; therefore, based on similarities between the workshops participant responses were pooled together in terms of responses and analysis. All respondents who participated in the entire class responded to the pretest/posttest measure resulting in approximately 137 completed responses. At the beginning of the workshop the surveys were handed out and each participant was instructed to complete the survey, including the pretest section in part two. At the end of the training social workers were asked to complete the posttest. **Sample Description**

The resulting sample consisted of 152 females and 17 males, ages ranging from 21 to 68 with a mean age of 41. In regard to race, 151 individuals were white, 17 were black and one chose other (Asian). Professional educational levels included: 110 MSWs, 15 BSWs, 10 MSW students and 1

PhD level social worker. In this pool 111 social workers were professionally licensed in social work, 26 were not and 32 responses were not given. The reported years of experience and training in the field of health social work ranged from 1 to 28 years. These social workers were primarily full-time and part-time practitioners that came from several different medical and mental health settings such as hospitals, mental health centers, nursing homes, private practice, home health agencies and multiple types of geriatric programs.

### Training Provided

The workshop consisted of a six-hour presentation by Dr. Sophia Dziegielewski, an experienced social work clinician. Dr. Dziegielewski has designed and conducted these workshops all over the United States and adheres closely to a consistent and structured content and format.

Each participant was given a seven-page outline that followed this format exactly. The presenter stated openly that she had already taken notes for those in attendance so they could follow along easily. The only information not written in the handouts was the use of case examples, stories, songs, etc. and other means of helping the participants to remember the information presented.

The description and summary of the workshop as printed in the advertisements read:

Social work and other professionals who work in the counseling environment often help to address the needs of adult clients who are currently taking prescribed medications. These professionals do not prescribe medications, however, they must be aware of the therapeutic effects and possible problems that can result from medication intervention. In this era of managed care less emphasis is being placed on interpersonal practice as the "sole" treatment modality. Understanding psychotropic medication usage has become a practice reality. This workshop is designed to provide professionals with basic knowledge of psychotropic medications often used in the health care environment.

The outline for the workshop included:

- I. Introduction: Several Myths About Medications Use
- II. The Basics of the Brain
- III. Review of Medical Terminology and Symbols Used in Prescribing
- IV. Basic Rules to Follow When Using Medications
- V. Similarities of Generic Drugs and Brand Names
- VI. Presentation and Classification of Psychotherapeutic Medications and Related Side Effects
- VII. Problematic Mental Health Conditions and the Medications Used to Treat Them

The following learning objectives were covered in the seminar and outlined clearly in the handout provided to each participant.

After completion of the course participants will:

1. Become familiar with several myths associated with prescription medication use.
2. Understand the basics of how the brain can affect mood and behavior.
3. Become familiar with the basic medical terminology and the new symbols, etc. that have been recommended for use in prescribing.
4. Become familiar with the basic rules that need to be addressed when working with clients who are using medications to supplement therapeutic treatment gains.
5. Become familiar with the features for selection of a generic versus a brand name medication.
6. Understand the medications that are being used to treat problematic mental health conditions such as Depression, Psychosis and Anxiety.

### **Measurement Instrument**

The workshop presenter created the survey instrument, and it was designed to measure participants' self-reported evaluation of the workshop content and overall workshop helpfulness in regard to raising comfort with medication knowledge and use. The first section of the instrument involved eight statements that addressed the participant's overall knowledge and use of medications. Sample statements included information in three areas: comfort, use and the need for formalized education in this area. Social workers were asked to rate their comfort level in regard to: their perceived knowledge of medications, their own knowledge when compared to other professionals; and when recommending possible medications for the clients they serve. In the area of use, social workers were asked to rate their impressions of how much input they had on medication decisions, and if they were influential in initially or continually providing input in medication decisions. In the last statement social workers were asked their opinions on the need for formalized education and training in this area. Each of these statements was rated on a scale from 1 (1=never) to 5 (5=always).

In the second section, a pretest and posttest design was implemented. Participants were distributed the survey at the beginning of the workshop and completed the pretest portion of the exam. At the conclusion of the workshop the posttest was completed. This pretest/ posttest section was designed to measure whether the workshop was able to affect the previous comfort and knowledge level of the social work practitioner in regard to medication use with their clients.

### **Results**

In this study, the first section of the survey instrument was designed to measure the social workers general comfort with medications, use of medications and the need for formalized education in this area (See Table on page 37). When asked how comfortable they felt in discussing medication use with their clients, the majority of the sample

sample  $n=84$  noted some discomfort and hesitance in doing this. When they were asked to express their level of comfort with medications when compared to other professionals working with them the overwhelming majority reported that they were not generally comfortable  $n=104$ . When asked how comfortable they felt recommending medications to assist their clients mental condition 7 or 5.1% said always, 20 or 14.6% said often, 41 or 29.9% said sometimes, 38 or 27.7% said rarely, and 31 or 22.6% said never. Further, when asked if schools of social work should be mandated to provide at least one course on medication use, there was almost unanimous agreement as 135 or 98.5% felt strongly that it was needed.

In order to compare the above statements with one another correlations were performed and significant relationships were determined to exist between the social workers' comfort talking about medications with clients and their degree of knowledge about the medication ( $\chi^2=96$ ;  $df=16$ ;  $p < .05$ ). This was further supported as the more comfortable social workers had when talking about medication use, the more comfortable they were recommending possible medications for improvement ( $\chi^2=82$ ;  $df=16$ ;  $p < .05$ ); and, the more secure they were in their own knowledge when compared to other professionals, the more likely they were to make recommendations for medication changes ( $\chi^2=122$ ;  $df=16$ ;  $p < .05$ ).

In directly examining pretest and posttest scores on the workshop's impact for the social work professional significant differences were obtained. Using the Paired  $t$  test, the over-all mean changed significantly resulting in a  $p < .05$  ( $t=-15.20$ ;  $df=135$ ). To further explore response patterns and based on the level of measurement of the scaling measure, a less robust nonparametric test was employed. This test, the Wilcoxon Matched Pairs Signed Ranks Test, further supported this statistically significant difference again resulting in a  $p < .05$  ( $Z=-9.6295$ ). Individual results were as fol-

lows. When respondents ( $n=137$ ) were asked how comfortable they were with the use of medications as part of their practice, the majority ( $n=87$ ) reported that they were sometimes, rarely or never comfortable, as opposed to the posttest score which revealed that out of the 130 responses, the majority ( $n=78$ ) now reported feeling comfortable some or most of the time. The second statement addressed whether experienced social workers should pursue limited prescription privileges similar to some of the other professions (such as psychologists, etc). On the pretest measure ( $n=136$ ) the majority of the respondents ( $n=93$ ) stated that they did not support this assumption and four individuals stated that they had never thought about it before; on the posttest measure ( $n=136$ ) the opposite occurred as the majority ( $n=108$ ) stated that they did concur that it was something the profession should explore. The third area on the pretest addressed whether social workers felt that they could see the relationship between the monitoring of medications with the client and how it enhanced the care they provided. On the pretest responses ( $n=132$ ) the majority of individuals reported that they sometimes, rarely or never understood this relationship ( $n=90$ ); as opposed to the posttest responses ( $n=132$ ) which revealed that now 115 individuals felt that they could see this relationship and considered it an important one to enhance. The last area to be pre and post tested involved the respondent's feelings in regard to whether social workers needed to understand and use medications as a part of the counseling process. On the pretest measure ( $n=135$ ) the results were fairly equally divided between whether they felt that way rarely or never ( $n=64$ ) as opposed to sometimes, often or always ( $n=71$ ); this changed, however on the posttest as respondents ( $n=135$ ) reported feeling much more supportive of social workers needing to address medication issues in the counseling environment with 115 reporting that this should often or at least sometimes be the case, as opposed to 16 who now reported rarely or never.

**Psychopharmacology Knowledge and Use with Social Work Professionals**

**Table - Medical Knowledge and Usage**

Variable	N	Valid Percent	Cumulative Percent	Variable	N	Valid Percent	Cumulative Percent
<b>(1) Feel comfortable talking about meds. with clients</b>				<b>(5) As part of the health care team I suggest the initial meds. my client can use.</b>			
	N=137	%	%		N=136	%	%
Always	17	12.4%	100%	Always	7	5.1%	100%
Often	36	26.3%	87.6%	Often	16	11.8%	94.9%
Sometimes	56	40.9%	61.3%	Sometimes	19	14.0%	83.1%
Rarely	26	19%	20.4%	Rarely	25	18.4%	69.1%
Never	2	1.5%	1.5%	Never	69	50.7%	50.7%
<b>(2) Feel equally knowledgeable on medication compared to other professionals.</b>				<b>(6) I suggest the final or continued meds. for my clients.</b>			
	N=137	%	%		N=135	%	%
Always	7	5.2%	100%	Always	5	3.7%	100%
Often	24	17.8%	94.8%	Often	22	16.3%	96.3%
Sometimes	46	34.1%	77%	Sometimes	15	11.1%	80.0%
Rarely	40	29.6%	43%	Rarely	23	17.0%	68.9%
Never	18	13.3%	13.3%	Never	70	51.9%	51.9%
<b>(3) Feel comfortable recommending medications</b>				<b>(7) I do not try to get involved with medication use of my clients and prefer it that way.</b>			
	N=137	%	%		N=126	%	%
Always	7	5.1%	100%	Always	5	4.0%	100%
Often	20	14.6%	94.9%	Often	12	9.6%	96.0%
Sometimes	41	29.9%	80.3%	Sometimes	26	20.6%	86.4%
Rarely	38	27.7%	50.4%	Rarely	31	24.6%	65.8%
Never	31	22.6%	22.6%	Never	52	41.2%	41.2%
<b>(4) I am asked for input on medication usage.</b>				<b>(8) Schools of social work should be mandated to provide at least 1 course on medication use and its application to practice.</b>			
	N=135	%	%		N=137	%	%
Always	12	9.0%	100%	Always	130	94.9%	100%
Often	15	11.1%	91.0%	Often	5	3.6%	5.1%
Sometimes	32	23.7%	79.9%	Sometimes	1	.7%	1.5%
Rarely	28	20.7%	56.2%	Rarely	1	.7%	.7%
Never	48	35.5%	35.5%				



### Discussion

The results of this study were similar to that of Levine and Dang (1977) and suggested that social workers feel the need and want to become trained in medication use. Unfortunately, prior to this study many social workers reported that they were not adequately trained in comparison to other professionals and attributed their discomfort in actively intervening for clients on medication issues to this lack of training.

The workshop presented was a one day training and should not be equated with a full course offered on medication use and misuse; however, this concentrated course given to those in the field did appear to yield statistically significant change in their opinions of medications, and the level of active participation in medication related issues. Pretest posttest results yielded significant correlations, between how comfortable social workers felt discussing medication use and assisting clients with mental health conditions by making medication recommendations. There was also a significant correlation between the social worker's ease in talking about medications, and medication knowledge base when compared to other professionals.

This study supports that attending a workshop could indeed increase the comfort and knowledge level of social workers in regard to medications and demonstrates the need to formally train social workers on medication content. The results of this study strongly support that social workers working in the health field believe schools of social work should be mandated to offer at least one course in their curriculum. When asked this question 135 or 98% of the social workers felt it was needed.

### Conclusions

Equipped with a basic knowledge of commonly used drugs, the social worker can more constructively participate in the consultation and interdisciplinary team process. Knowledge of over-all medication effects and the resulting side effects can assist the social work clinician to impact and enhance the client's overall functioning level

(Dziegielewski & Leon, 1998). In comparison to the periodic visits from physicians/psychiatrists social workers often have regular and subsequent contacts with their clients and can subsequently provide valuable consultation information to those physicians. This continued contact is particularly important between follow-up visits as a means of assisting the consulting physician/psychiatrist or the multidisciplinary or interdisciplinary care teams. As a member of the team who has established rapport with the client and is also aware of pertinent social and environmental concerns the social workers input in medication regime, tolerance and compliance cannot be underestimated. The social worker remains in a key position to allay the client's and his/her family's fears as well as elicit their help and support (Bernheim, 1982). Moreover, with the increased availability and "lay" popularity of drug information, clients and their families have become increasingly assertive in questioning social workers about the use of medication. Often times clients and family members have limited information in these areas and are uncomfortable admitting to health care professionals that they believe another mode of treatment might be better. The well-informed social worker can correct distortions and foster cooperation and collaboration between clients, family members and among treatment team professionals (Dziegielewski & Leon, 1998). When social workers are knowledgeable or know where or how to get information knowledge on medication they can help to prepare as well as educate clients and family members about the responsible use and expectations of psychiatric medications.

Taking into account the limitations of this study (primarily the use of a non-randomized sample, and that these social workers were already in the field and the effect that can have on enhancing medication knowledge) this study strongly supports the need for social workers to be educated in regard to medication use, and incorporating medication knowledge into the social workers knowledge base. This requires social work professionals to keep

abreast of newer drugs (Dziegielewski, 1997, 1998a); they must also be conversant with some of the more controversial issues in the field of psychopharmacology (Matorin & DeChillo, 1984).

Information regarding medications and the way these drugs can affect the client should not be obtained by chance; program administrators and the social work professional should periodically arrange to enhance current levels of medication knowledge and expertise (Miller, Wiederman & Linn, 1980; Levine & Dang, 1977). The social work practitioner, however, must not always depend on formal or planned seminars. Social workers need to remain committed to continued professional development. This assures clients that social workers will equip themselves with the knowledge required for competent and effective practice.

As stated earlier, schools of social work need strongly to encourage this type of course work in their curriculum. Social workers need to use the clinical, educational, case management, research, and advocacy skills that they have to be more active in, and responsive to, the medication dilemmas of their clients (Bently & Walsh, 1996). More continuing education programs (that are social work friendly) in regard to medication use are needed for the fast growing field of social work to compete or stay equal in the professional arena. Since social workers are held accountable for their own practice actions, they also need to strive to achieve the highest standards of our profession.

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