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Building Institutional Capacity for Field Education During COVID 19: Implementing an Evidence Informed Response to the Public Health Crisis

Caliboso-Soto, Hu, Hsiao, Cox, and Supranovich

Abstract

In response to the COVID-19 pandemic, a school of social work swiftly developed an evidenced informed response that provided a quality training program for Master of Social Work (MSW) students. Using a human centered design (HCD) framework, the field department expanded an existing tele-behavioral health teaching clinic housed within the school. Field faculty adapted the training and service delivery modality to successfully accommodate MSW students displaced from their internship and respond to community mental health needs.

Introduction

When COVID-19 forced the closure of university campuses and required instruction to go online, social work programs had to adapt quickly. Field departments were especially challenged as they navigated field agency closures and student health and safety while still training students to become competent providers. Some field agencies adapted quickly to provide services remotely via phone and video conferencing, while other agencies deemed student interns as essential workers and provided personal protective equipment (PPE) for those willing and able to serve the public in person. Other agencies discontinued internship programs or had to close their doors altogether. A school of social work with a preexisting telehealth clinic (THC) employed a human centered design (HCD) approach to rapidly expand and meet the needs of students who could not go to field agencies in person as well as provide a much-needed community service. This article will describe how, in just five weeks in the middle of a pandemic, field educators created an innovative response that teaches students to be competent in what have now become essential skills for the profession – providing social services online.

Telehealth Clinic

The school's THC is a virtual, outpatient behavioral health clinic that uses videoconferencing to provide evidence-based care. The clinic was originally created to host online advanced practice MSW students living in rural areas without access to quality clinical placements. THC provides live, "face-to-face" tele-mental health services, where both the provider and client connect from separate locations via a computer, laptop, tablet, or smartphone. Clients receive up to 12 virtual counseling sessions which they attend from their own home or in professionally supervised private office spaces provided by community-based agency partners. MSW interns in the traditional THC model are initially trained for six weeks and then must commit to a three-semester internship.

Since launching in 2012, THC has served over 2,000 clients from diverse socioeconomic, educational, racial, and cultural backgrounds who have varied reasons for seeking care such as personal life crises, grief and loss, home/work/school related problems, anxiety, and depression. The clinic receives referrals from agencies across the community as well as by word of mouth. Populations commonly served include middle/high school, college, and graduate students; parents of children with special needs; victims of crime; transitional age youth; active-duty military, veterans, and their families; and people experiencing the homelessness.

In May 2020, THC initiated the Supporting, Assessing, Facilitating Engagement through Telehealth (SAFE-T) program as a new short-term (2-8 session) service delivery model. Students at any point in the MSW program, including incoming students, complete two weeks of training to provide crisis and supportive counseling and linkage to community resources for clients impacted by COVID-19.

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Literature Review

The debate over in-person or virtual educational programming was heated in the 2010s as online education moved from the domain of for-profit colleges to mainstream education and even top tier universities. Pre-COVID, the percentage of college students receiving at least part of their education online had grown to 35.3% (National Center for Education Statistics, 2019) and is now, during COVID, close to 100%. With this expansion, the debates have intensified further.

At the same time, studies analyzing the quality, benefit, and reuse of online counseling services have increased in frequency and reveal interesting findings. Overall, the literature shows little difference in consumer satisfaction with online counseling versus in person. A meta-analysis of online counseling services that included 92 studies from 64 different papers involving more than 9,764 clients found that delivering services virtually can be effective in the areas of "child psychiatry, depression, dementia, schizophrenia, suicide prevention, post-traumatic stress, panic disorders, substance abuse, eating disorders, and smoking prevention" (Kraus, 2011, p. 1).

In a study of counseling for women in the aftermath of pregnancy miscarriage, outcomes regarding anxiety and metaworry were significantly better for online versus in-person counseling, and retention and attendance were higher online (shaham Abadi, Farajkhoda, & Mahmoodabadi, 2020). Another study found that persons with disabilities and members of migrant groups benefited from the "instant rapport, genuineness and empathy (that) appear to be strong factors supporting the effectiveness of online counseling" (Direktör, 2017, p. 79).

Regarding field education, pre-COVID the overwhelming majority of MSW internships across the country were conducted in person, but this has changed significantly since March 2020. The Council on Social Work Education (CSWE) responded to the pandemic with flexibility in terms of approved field activities (e.g. use of trainings and simulation), reduced field hours, and no limits on the number of allowed virtual field hours (CSWE, 2020a). Previously, CSWE defined simulation as contact with "non-humans," such as avatars or other computer-generated interactions (Roberson, 2020, and the standard expectation was that all internship experiences be "in-person." The new ruling allows for a variety of virtual field experiences that previously could have jeopardized program reaccreditation. Virtual internship programs that may have questioned whether they could legitimately participate in MSW field practicum could now move forward with confidence.

CSWE stated that social workers are "resourceful problem solvers" who are "quickly adapting their practice to ensure continuity of care despite social distancing" (CSWE, 2020b, para. 7). In this changing environment where service delivery looks and feels different, the opportunities for innovation abound. To some extent, social workers have had limited involvement in social innovation, hindered by self-imposed limits of social work education, professional organizations with diffuse interests, and siloed professional groups (Traube, Begun, Okpych, & Choy-Brown, 2017), as well as values that emphasize practicing within one's area of competence. The realities of the pandemic have ushered in an openness to increased creativity and acceptance of new ways of thinking and doing, tapping into social workers' latent desires to be effective change agents of systemic processes. Calls from leaders for social workers to embrace innovation began before the COVID-19 pandemic (Zuchowski, Cleak, Nickson, & Spencer, 2019) and have only intensified as the profession has been forced to develop new ways to meet client needs.

HCD is an innovative organizing framework with socially responsible design implications (Rose, 2016) that emphasizes both technical and human solutions to solving problems, including those associated with poverty. It aligns with social workers' natural affinity for cocreation, and underscores Buchanan's (2001) understanding that "human-centered design is fundamentally an affirmation of human dignity" (p. 37). The steps of HCD are illustrated in the development of the SAFE-T program.

The empathize step involves understanding what will inspire and motivate technical and emotional change: for SAFE-T, empathize meant addressing the problems of reduced internship op-

portunities and infrastructure challenges to create a new program with viable internship experiences, a strong referral pipeline, well-trained service providers, supervision support, leadership endorsement, and the confidence of referring organizations. The ideate step is the generation of ideas in a social context with the goal of finding big ideas that transform the problem (King, Shervais, & Burrage, 2020); for SAFE-T, ideate involved soliciting diverse stakeholder input through virtual planning meetings, organizational consultations, leadership engagement and buy-in, creation of student belief, and faculty commitment. The prototype step is limited implementation followed by a launch to meet challenges of scale head-on; for SAFE-T, this meant orienting students to a program that had not yet begun, signing up students for training that had not yet been formalized, teaching them about clients who had not yet been referred, and establishing a culture for a program that was not yet operational and had no history or alumni. The fourth step, test, means determining what works and what does not, making midcourse corrections, and seeking improvement; for SAFE-T this occurred throughout the first semester of implementation as the team refined processes and protocols, responded in vivo to student needs, and built confidence that the work would pay off. The final step of iterate feeds learning back into the system to improve it so that each new version is building on the lessons learned from the previous one (King et al., 2020); for SAFE-T, iteration occurred throughout and was catalyzed in between semesters when lessons learned from the prior semester were reviewed to inspire program redesign.

Training social work students to effectively utilize a digital platform to deliver services is ethically sound and supported by the profession's core ethical principles of the importance of human relationships, the dignity and worth of each person, competence, social justice, and service (National Association of Social Worker [NASW], 2017). Furthermore, engaging students in virtual internships is aligned with the Grand Challenges of Social Work (American Academy of Social Work and Social Welfare [AASWSW], 2020), specifically eradicating social isolation, harnessing technology for social good, closing the health gap, ensuring healthy development for all youth, and achieving equal opportunity and justice. The 13 social work grand challenges encompass the most serious social problems facing society. Climate change, natural and man-made disasters, and now the COVID-19 pandemic have forced social work practitioners to quickly adapt in order to best serve vulnerable and marginalized populations most impacted by these global catastrophes. HCD offers a useful framework to guide the rapid development, implementation, and scaling up of needed changes and adaptations.

Program Description

The goal of SAFE-T was to create a brief treatment model specifically for individuals experiencing mild to moderate mental health symptoms and increased stress due to COVID-19. Outreach targeted agencies and organizations that serve the unhoused, older adults, foster youth, LGTBQ+, families of essential workers, and school districts. Client eligibility was to be a state resident over the age of 12 with access to a valid telephone or internet connection.

Field faculty liaisons and the placement team prioritized students for placement, beginning with those entering their last semester of field who were out of placement due to the pandemic. Once selected, students cleared background checks, registered in the National Provider Identifier Registry, and completed training on the Health Insurance Portability and Accountability Act (HIPAA). They then participated in a two-week intensive training in psychosocial assessment (children and adults), risk assessment, limits to confidentiality, treatment planning, clinical documentation, the electronic health record (EHR) system, clinic protocols, use of Zoom for sessions, use of outcome measures, and the fundamentals of case management. Students received specialty training for working with people experiencing homeless, LGTBQ+, and essential workers. Faculty provided the training via prerecorded sessions, webinars, and live face-to-face sessions via Zoom.

Field instructors (FI) were carefully selected from a pool of adjunct field faculty with diverse areas of expertise and extensive experience as clinicians. FIs participated in a live virtual training covering orientation to the clinic, the primary interventions to be used by the students, and EHR. As a critical stakeholder group, the FIs pro-

vided feedback at the end of the semester about their experience, identified areas for improvement, and recommended changes.

A critical decision early in the design process was to determine what type of intervention would be most effective in addressing the impact of COVID-19 that could be taught to students in a short time frame. The school had a wealth of experience among the field faculty in the area of disaster relief and trauma recovery, and thus the team quickly landed on Psychological First Aid (PFA): Learn Protect Connect (LPC)-Model and Teach intervention. This intervention was developed by Drs. Marleen Wong, Merritt Schreiber, and Robin Gurwitch and provides a five-step framework for users on how to engage and support those who have experienced a crisis or some type of disaster. PFA/LPC is designed to reduce stress and foster adaptive functioning and positive coping skills. The core actions of PFA/LPC are engagement, safety/comfort, stabilization, connection to social support, identification of needs, development of coping skills, and linkage to community resources (Wong, Schreiber, & Gurwitch, 2008). To further enhance the effectiveness of PFA/LPC during the pandemic, Dr. Marleen Wong and the North American Center for Threat Assessment and Trauma Response embedded COVID-19 PFA/LPC questions (Wong, 2020). Faculty familiar with PFA/LPC trained the students on the five steps, the COVID-19 questions, as well as problem solving skills and the importance of modeling self-regulation.

To promote inclusivity, the implementation team trained students and FIs together. Students and FIs were also impacted by the pandemic and training them together in this model taught them collectively how to promote their own healing process, enhance their coping skills, and develop strategies to adapt to the new normal. Students and FIs learned the common reactions to stress and how integrating PFA/LPC skills into their lives could boost their resilience levels and better prepare them to do the same for their clients and the community.

Program Outcomes

Forty-one MSW interns completed their summer semester internship at SAFE-T. Thirty-three of these students were able to graduate after finishing their final practicum semester and 7 chose to continue for one more semester to finish out their field practicum requirements. One student returned to their original practicum once the placement agency reinstated their internship program. During the 12-week summer semester, 156 clients were referred, and 128 clients received services. Only 20 referred clients did not follow through on the referral and just 7 clients scheduled an appointment but did not show up.

SAFE-T utilized the Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder (GAD-7) to screen and monitor the severity of depression and anxiety symptoms (Kroenke & Spitzer 2002; Williams, 2014). Mean scores of the PHQ-9 pre- and post-tests were 13.4 and 7.3 respectively; for the GAD-7, mean scores of pre- and post-tests were 13 and 7, respectively. Of the 78 client questionnaires completed, there was a 72% reported decrease in PHQ-9 scores and 82% reported decreased scores on the GAD-7. Fifty-four percent of all clients met or partially met their treatment goals.

Students evaluated the PFA training immediately after the training, utilizing a Likert scale and open-ended questions. Of the 20 surveys, 78% reported that the training increased their knowledge of the intervention and 90% stated that they felt more competent in applying the PFA skills into their scope of practice. Student feedback suggested that MI techniques could be embedded in the SAFE-T training as many clients in crisis needed unconditional positive regard and were often ambivalent about making behavioral changes in response to the pandemic (e.g. mask wearing, social distancing, restricted activities). Trainees also recommended that the training format be spread across several days versus all in one day, as being online for long periods was challenging when learning a new skill. Students endorsed the use of experiential interactive activities such as when they were placed in breakout rooms to practice applying newly learned skills via role play. As one student stated, “I learned through role-play, and integration of skills of PFA.” The choice of PFA as a primary intervention was reinforced by students as illustrated in this student statement: “I did not know PFA before this training so everything I learned today

was new. I am glad to be trained in this and will be able to not only apply it to the internship but in my future career."

At the end of the semester students were asked to complete an anonymous survey. The 46-question survey consisted of a combination of Likert scale items and open-ended questions. The survey evaluated the students' experience with training, self-efficacy, support staff, field instructor, and invited any recommendations for improvement. There was an 89% response rate on the survey and overall students rated the experience very high. Ten students volunteered to participate in an exit interview with administrative staff and responded to open ended questions about their experience during onboarding and training, supervision, and overall learning. Student responses were extremely positive. The following quote summarized what many students reported: "I am grateful that the SAFE-T program was developed as a way of both serving the community and allowing MSW interns to gain experience. I was able to develop skills in short term therapy, psychological first aid, and in working with diverse clients through this program. SAFE-T has helped me to increase my confidence as a social worker."

Conclusion

The school needed to create a solution quickly to meet students' needs, but with the uncertainty of COVID-19, the solution had to have the potential to be replicated for future semesters. SAFE-T was successful in part because of the clinic's existing infrastructure, an organizational culture of innovation, and a dedication to providing a quality educational experience for students. The school did not want students to "go through the motions" of completing field hours during this critical time as social work graduates need to be fully prepared to function as competent professionals and ready to adapt to whatever other social crises may be on the horizon. While we may hope that COVID-19 is a transitory and short-lived pandemic, for students pursuing their MSW during this time it is their one opportunity to be educationally prepared for the profession and they deserve to get the best possible education even under adverse circumstances. Furthermore, virtual social work jobs have been part of the profession since 2000, and training students to be conversant in the digital medium is a value-added part of MSW graduates' resumes. The United States Bureau of Labor Statistics (2020, p. 1) lists "distance counseling" as an area of expertise for social workers, citing their ability to use "videoconferencing or mobile technology to meet with clients and organize support and advocacy groups."

At the time of writing this article, SAFE-T has completed its second semester of operations and begins its third iteration. The process of testing and reiterating continues, and the school continues to expand THC operations to provide training for students (and alumni) on the critical skills of online service delivery. To further grow the clinic, a team is working on financial sustainability by pursuing grants, donors, and other funding opportunities. There are also renewed opportunities for research faculty to study the efficacy of tele-mental health and tele-social services both during and post pandemic. With a focus on indigent communities and serving marginalized and oppressed communities, THC plays an important role in the community as both a teaching and research clinic preparing the future professional workforce.

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