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# Which Clinical Methods Are Associated with Better Preparing Social Work Students and Practitioners for Managed Care, State Licensing, and Other Important Practice Areas?

*Michael N. Kane, PhD, MSW, MDiv; Eldwood R. Hamlin II, DSW, MSW; Wesley E. Hawkins, PhD, MSW, MA*

Licensed clinical social workers function as direct service practitioners, administrators, educators, field instructors, and in many other roles. Traditionally, they have been present in health, mental health, and social service environments. Working with clients along the life continuum, social workers have provided services from prenatal care, to the care of elders and the terminally ill. In all of these capacities, social workers have used their knowledge and skills guided by their professional code of ethics (NASW, 1996). Social work educators, continuing educators, and clinical supervisors are faced with the task of ensuring that their students and supervisees are competently prepared for practice in multiple environments and with diverse client systems. This study sought to identify which of 14 commonly used methods of clinical supervision were perceived by current practitioners as the most effective to prepare future practitioners for managed care, state licensing, and other important service concerns.

Students and supervisees must possess a broad knowledge and skill base that prepares them for "real world" jobs and have the ability to be a member of an interdisciplinary team. Practitioners must learn to navigate complicated service delivery environments, such as managed care environments, and obtain a state license or certification that is typically based on their knowledge of clinical social work practice. Social work educators and clinical supervisors are a critically important element in training and ensuring that social workers maintain a significant presence in all service environments. Ultimately, the presence of social workers ensures that vulnerable clients receive appropriate services.

In these evolving service venues, managed care, privatization of public services, social values, political ideologies, and economic factors have altered the terrain of service delivery (Beinecke, Goodman, & Lockhart, 1998; Davis & Meier, 2001; Kane, Hamlin & Green, 2001; Kane, Hamlin & Hawkins, 2000; Motenko et al., 1995; Oss, 1996; Scuka, 1994; Strom-Gottfried & Corcoran, 1998). Because service costs have become financially unsustainable, policy-makers, reimbursement sources, and consumers have advocated for a reduction in cost escalation, while increasing practitioner accountability and service efficacy (Corcoran & Vandiver, 1996; Vandivort-Warren, 1996). These response strategies have limited the availability of service options, service intensity, and service duration. Practitioners of all experience levels know these realities and are challenged to deliver the most effective services in a resource-conscious environment, while adhering to professional social work values and ethics (Davidson & Davidson, 1998; Reamer, 1998; Reamer, 2001; Strom-Gottfried, 1997; Strom-Gottfried & Corcoran, 1998). As the service delivery landscape continues to evolve, educational and supervision strategies that ensure practitioner competence are critical (Barzansky, 1996; Berger & Ai, 2000-A; Berger & Ai, 2000-B; .Kadushin, 1996; Kadushin, 1997; Kane, Hamlin & Hawkins, 2000).

Professional social work education is a continuing process. Practitioners are initially prepared for professional social work through formal classroom instruction and field education. Ideally, these components are intricately joined to ensure that future practitioners will acquire the knowledge and skill

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base necessary for competent practice. In field education, knowledge gained in the classroom is skillfully applied. Following graduation, social workers are required to continue professional development through continuing education. The National Association of Social Workers' code of ethics (NASW, 1996) requires on-going professional development for all social workers, as well as administrators' support of continuing education efforts (CF: Standards 2.05, 3.01, 3.02, 3.03, 3.08, 4.01, & 5.02).

Social work graduates generally become involved in some type of supervision in order to fulfill requirements for state licensing and professional certification. States have various requirements for licensing and certification. Some states have initiated tiered systems of licensing and certification and case practitioners are accordingly credentialed at the BSW or MSW level. States may credential for beginning, intermediate, or advanced-independent levels of clinical practice. Following licensing and certification, practitioners are usually required to participate in continuing education for credential renewal. Additionally, the National Association of Social Workers (NASW) offers practitioners various certifications that require on-going post-graduate education and supervision. These include the ACSW (Academy of Certified Social Workers) and the DCSW (Diplomat of Clinical Social Work).

Practitioners with two or more years of experience following graduation may offer to supervise students who are currently enrolled in social work programs. The presence of a social work student at a service venue is advantageous for the student, the school, the supervisor, and the agency. In this manner, supervisors participate in the development of the profession as well as future practitioners. Furthermore, some veteran practitioners will provide supervision to graduates who seek state licensing or professional credentialing.

Supervision has been an important aspect of clinical training to students, new graduates, and veteran practitioners. In supervision, the less-experienced practitioner seeks to improve practice performance by receiving one-to-one or group attention from an experienced practitioner. Case review is a typical strategy employed in supervision. Many veteran practitioners may continue to benefit from supervision even when they are credentialed for independent practice. These social workers clearly value continued voluntary supervision as a method of professional growth and development. Using the vehicle of supervision, veteran practitioners and supervisors continue to seek out supervision from other experienced practitioners and supervisors. Ongoing supervision allows practitioners to better meet the standards of appropriate care, especially in difficult practice situations (Houston-Vega, Nuehring, & Daguio, 1997; Madden, 1998; Moline, Williams, & Austin, 1998).

In some states, clinical supervisors must demonstrate that they have met the legislated educational and experiential requirements to provide supervision to others seeking state credentialing. Some states require that supervisors be licensed at the advanced-independent level of practice. In states such as Florida, the licensing board may maintain a registry of supervisors whom it considers qualified to provide supervision. While these supervisors are not necessarily employed by academic institutions or continuing education organizations, they draw on their diverse practice and employment histories to assist new and veteran practitioners.

These supervisors not only contribute to the profession and the professional development of practitioners, many continue to respond to the challenges of the current service delivery environment at their primary work site. This helps ensure that these supervisors are in touch with current service demands, while placing them in positions of increased burden. Perhaps one of the greatest challenges to supervisors is finding the time necessary to provide adequate levels of supervision. Berkman (1996) reports that as a result of increasing productivity demands, supervisors have less available time to engage in educational

outreach. Further complicating the situation is the issue of reimbursement. Insurance and third-party reimbursement, with few exceptions, is denied for services performed by students, as well as non-licensed social workers (Brooks & Riley, 1996; Donner, 1998; Kane, Houston-Vega & Nuehring, 2002; Raskin & Blome, 1996).

While reimbursement and financial issues complicate supervision, liability is of concern to agencies, organizations, and supervisors. The principle of vicarious liability may be used to hold supervisors and organizations liable for the actions of students, interns, and inexperienced practitioners (Houston-Vega et al., 1997). Liability and financial concerns may prompt some supervisors and agencies to reconsider the benefit of supervising a student or employing an inexperienced practitioner (Wimpfheimer, Klein, & Kramer, 1993).

As a result of service delivery demands and the pressures experienced by supervisors, educational-based supervisory methods have continued to evolve. The most traditional and time-honored supervisory methods have included learning contracts, verbatim and summary process recording, field logs/journals, assigned readings, role play, joint-interviewing of student and supervisor with a client, and writing papers and reports (Alle-Corless & Alle-Corless, 1999; Graybeal & Ruff, 1995; Kagle, 1995; Wilson, 1981). In still other methods, students observe supervisors interacting with clients, or supervisors observe students interacting with clients. Yet professional educators and practitioners have yet to reach consensus regarding the efficacy of these methods. Some suggest that these supervisory methods heighten practitioner sensitivity and encourage skill development (Fox & Gutheil, 2000; Graybeal & Ruff, 1995), while others suggest that these traditional methods may not meet the needs of practitioners in evolving service environments (Dwyer & Urbanowski, 1965; Kagle, 1995). In addition to traditional methods in supervision, technology affords supervisors many more options. Audiotapes and videotapes may become powerful means of providing supervision. It appears that supervisors will use methods based on their perceptions of methodical effectiveness.

Given current service delivery demands, the importance of providing supervision for students and practitioners seeking licensing, and the need to protect the public with competent service practitioners, this study will examine supervisory methods based on previous experience of licensed clinical social workers. In a stratified systematic sample of Florida licensed clinical social workers, respondents were asked which of 14 supervisory methods they had used, and which they perceived to be the most effective, to prepare practitioners for "real world" jobs, especially in managed care environments. They were also asked which of these supervision methods would be effective to teach students and supervisees important knowledge and skills to: (1) document, (2) be a member of an interdisciplinary team, (3) pass the state licensing examination, and (4) practice clinical social work.

## Methodology

A listing of Florida licensed clinical social workers was obtained from the licensing bureau. Using stratified systematic sampling, nine Florida counties were chosen. Six of these counties included large populated areas (Miami-Dade, Broward, Palm Beach, Orange, Hillsboro, and Pinellas) and three were smaller and rural (Okalossa, Lake and Baker). From these nine counties, 500 licensed clinical social workers received a letter requesting their voluntary completion of an anonymous survey instrument. Three weeks after the first mailing, 170 sufficiently completed returns were received. Additionally, 11 instruments were returned as undeliverable. As recommended by Dillman (1978), there was a second distribution of instruments to increase the response rate. An additional 90 completed instruments were received. The analysis consisted of 260 completed instruments for an acceptable response rate of 53% (Rubin & Babbie, 2001).

The respondents in this survey were similar to

NASW membership in terms of gender, as well as primary employment setting (Gibelman & Schervish, 1997). Florida, because of its geographic proximity to Latin America and the Caribbean, possesses a rich ethnic and cultural diversity. This diversity was reflected among the respondents. Respondents in this study also had more professional experience than the average NASW member (Gibelman & Schervish, 1997). This is understandable, as Florida licensing laws require a minimum of two years supervised experience after receiving the MSW from a Council on Social Work Education (CSWE) accredited institution. NASW allows student and recent graduate membership, as well as experienced practitioner membership. Table 1 contains specific demographic information.

**Instrument:** The instrument included demographic variables such as gender, ethnic/cultural identification, current employment setting, years of professional experience, managed care employment history, private-practice experience, and primary work responsibilities. Respondents were given a listing of 14 teaching and evaluative items used in field/internship programs and supervision for licensing as identified by university faculty, field instructors, licensed practitioners, and supervisors. The items were: (1) field logs/journals, (2) process recording, (3) learning contracts, (4) audio taping of supervisee/client interactions, (5) audio-video taping of supervisee/client interactions, (6) supervisors observing (in-vivo) supervisee/client interactions, (7) supervisees observing (in-vivo) supervisor/client interactions, (8) agency in-service training, (9) student/supervisor role play, (10) assigned readings, (11) self-assessment, (12) joint-interview with supervisor, (13) student paper/reports to

**TABLE 1 - Respondent Demographics (N = 260)**
**(**Frequency totals may not equal 100% due to missing data)**

| Type | No. | % |
|---|---|---|
| Gender | | |
| Female | 211 | 81 |
| Male | 49 | 19 |
| Ethnicity | | |
| Anglo | 203 | 78 |
| Hispanic/Latino | 26 | 10 |
| African American | 16 | 6 |
| Caribbean Islander (non-Hispanic) | 6 | 2 |
| Native American/American Indian | 6 | 2 |
| Asian/Pacific Islander | 3 | 1 |
| Years in Professional Social Work | | |
| < 2 years | 0 | 0 |
| 2-5 years | 25 | 10 |
| 6-10 years | 61 | 23 |
| 11-15 years | 52 | 20 |
| 16-20 years | 34 | 13 |
| > 20 years | 88 | 34 |
| Current Employment Setting | | |
| Private-for-profit | 119 | 46 |
| Private-not-for-profit | 84 | 32 |
| Public | 49 | 19 |

| Type | No. | % |
|---|---|---|
| Managed Care Employment History | | |
| In the past | 101 | 39 |
| Currently | 98 | 38 |
| Never worked in managed care | 60 | 23 |
| Private Practice Experience | | |
| Full-time | 43 | 17 |
| Part-time | 79 | 30 |
| No private practice experience | 138 | 53 |
| Current Practice Setting | | |
| Health | 50 | 19 |
| Mental health | 132 | 51 |
| Substance abuse | 7 | 3 |
| Courts/justice system | 6 | 2 |
| School-based | 31 | 12 |
| Residential settings | 6 | 2 |
| Social service agency | 15 | 6 |
| Other | 12 | 5 |
| Primary Responsibility | | |
| Administrative | 25 | 10 |
| Mid-level/supervisor | 24 | 9 |
| Supervisor with clinical contact | 32 | 12 |
| Front line | 169 | 65 |
| Other | 6 | 2 |

**Table 2 - Licensed Clinical Social Workers Who Have Used the Following Methods**

| Type | Correlation Of Items & Method | | Their usage | | | |
|---|---|---|---|---|---|---|
| | Yes | No | No. | % | No. | % |
| Field logs | 149 | 57 | 108 | 42 | | -.343** |
| Process recording | 221 | 85 | 36 | 14 | | -.262** |
| Learning contracts | 180 | 69 | 77 | 30 | | -.058 |
| Audio tapes of client/ student interactions | 142 | 55 | 115 | 44 | | -.179** |
| Video tapes of client/ student interactions | 113 | 44 | 143 | 55 | | .011 |
| Supervisor observing student interviewing a client | 182 | 70 | 75 | 29 | | -.263** |
| Student observing instructor interviewing a client | 195 | 75 | 52 | 24 | | -.102 |
| Agency in-service training | 238 | 92 | 19 | 7 | | -.197** |
| Student/supervisor role play | 183 | 71 | 73 | 28 | | -.292** |
| Assigned readings | 234 | 90 | 23 | 9 | | -.221** |
| Self-assessment | 219 | 84 | 38 | 15 | | -.121 |
| Joint-interviewing with supervisor | 171 | 66 | 86 | 33 | | -.330** |
| Student papers/reports to instructor | 182 | 70 | 75 | 29 | | -.102 |
| Task/secondary supervision based on rotation | 92 | 35 | 165 | 64 | | -.378** |

*** Correlation of Use of Item and Perceived Effectiveness of Item was significant at the 0.01 level (2 tailed).*

instructors, and (14) task/secondary supervision based on rotation. Respondents were asked if they had experience with these methods and to rate their effectiveness based on their experience with each of these 14 items. Respondents were also asked to rate, using an anchored scale, how prepared social work education graduates were to: (1) work in managed care environments, (2) function on an interdisciplinary team, (3) document, (4) work in the "real world," (5) practice clinical social work, and (6) take the clinical licensing exam in Florida. The instrument was piloted with field instructors, classroom educators, clinical supervisors, and social work practitioners.

**Analysis:** Frequencies were computed for all variables. Additionally, Spearman correlation coefficients were computed for having used a supervision method and the perception of the method's effectiveness. Finally, canonical correlation, a multivariate statistical method, was used to analyze the relationship between the six preparedness variables and the 14 supervision methods.

## Findings

Aside from the use of videotapes and task supervision, the majority of respondents each had used 12 of the 14 supervision methods. Table 2 provides specific information on the use of each technique. Those methods most often believed to be "very effective" were: student observing instructor interviewing a client (59%), supervisor observing student interviewing a client (57%), and agency in-service training (53%). Among those perceived as "least effective" were field logs (77%), process recording (57%), and learning contracts (54%). Table 3 (on page 20) provides specific information regarding the rank ordered ratings.

Approximately 89% of respondents believed that social work education either did not prepare or only somewhat prepared graduates for work in managed

**Table 3 - Rank Order for Ratings of Effectiveness among 14 Commonly Used Methods of Supervision**

| Method | Very Effective | | Effective | | Least Effective | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| Student observing instructor interviewing a client | 154 | 59 | 78 | 30 | 19 | 7 |
| Supervisor observing student interviewing a client | 147 | 57 | 77 | 30 | 25 | 10 |
| Agency in-service training | 137 | 53 | 97 | 37 | 21 | 8 |
| Video tapes of client/ student interactions | 127 | 49 | 76 | 29 | 40 | 15 |
| Joint-interviewing with supervisor | 105 | 40 | 100 | 39 | 48 | 19 |
| Student/supervisorrole play | 103 | 40 | 100 | 39 | 49 | 19 |
| Audio tapes of client/ student interactions | 89 | 34 | 95 | 37 | 62 | 24 |
| Self-assessment | 87 | 34 | 115 | 44 | 54 | 21 |
| Assigned readings | 68 | 26 | 116 | 45 | 72 | 28 |
| Learning contracts | 42 | 16 | 74 | 29 | 139 | 54 |
| Process recording | 42 | 16 | 66 | 25 | 148 | 57 |
| Student papers/reports to instructor | 38 | 15 | 92 | 35 | 118 | 45 |
| Task/secondary supervision based on rotation | 36 | 14 | 91 | 35 | 103 | 40 |
| Field logs | 18 | 7 | 35 | 14 | 201 | 77 |

**Table 4 - Ratings of How Well Social Work Education Prepares Graduates for Each of the Following:**

| | Not Prepared | | Somewhat Prepared | | Moderately Prepared | | Very Prepared | |
|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % |
| 1. For work in a managed care environment | 115 | 44 | 117 | 45 | 24 | 9 | 2 | 1 |
| 2. For work as a member of an interdisciplinary team | 24 | 9 | 77 | 30 | 114 | 44 | 43 | 17 |
| 3. For work in the "real world" | 26 | 10 | 102 | 39 | 110 | 42 | 20 | 8 |
| 4. To adequately document | 35 | 14 | 103 | 40 | 101 | 39 | 19 | 7 |
| 5. For clinical social work practice | 22 | 9 | 92 | 35 | 106 | 41 | 38 | 15 |
| 6. For the state clinical licensing exam | 44 | 17 | 75 | 29 | 96 | 37 | 41 | 16 |

care environments. However, the greatest majority of respondents believed that social work graduates were somewhat to moderately prepared to work in the "real world" (81%), to adequately document (79%), for clinical social work practice (76%), to work as a member of an interdisciplinary team (74%), and for the state licensing exam (66%). Table 4 (on page 20) contains specific information regarding each of these variables.

Spearman correlation coefficients were computed for having used a supervision method and the perception of the method's effectiveness. Nine of the 14 were significantly correlated, including:

(1) field logs ($r = -.343$, $p = .000$)
(2) process recordings ($r = -.262$, $p = .000$)
(3) audio tapes of client/student interactions ($r = -.179$, $p = .005$)
(4) supervisor observing student/client interaction ($r = -.263$, $p = .000$)
(5) agency in-service training ($r = -.197$, $p = .002$)
(6) student/supervisor role play ($r = -.292$, $p = .000$)
(7) assigned readings ($r = -.221$, $p = .000$)
(8) joint interviewing ($r = -.330$, $p = .000$)
(9) task supervision ($r = -.378$, $p = .000$).

Though significant, the associations were weak. Those items with negative correlations suggest that if respondents had used the method, they were more likely to find the method effective.

Canonical correlation analysis was used to answer the primary research question: Which clinical methods were significantly associated with effectiveness in specific practice areas such as managed care, clinical social work practice, etc? Canonical correlation analysis is a multivariate statistical procedure in which relationships are identified and explanatory models are built using multiple dependent and independent variables (Newton & Rudestam, 1999). Canonical correlation may be understood as an extension of multiple regression analysis. In multiple regression analysis, multiple independent variables are investigated for correlation with a single dependent variable. In canonical correlation, however, multiple dependent variables are investigated for a correlation with multiple independent variables. This is an appropriate method because the data being analyzed include one set of critical social work clinical methods variables (14) and a separate set of practice concern

**Table 5 - Standardized Canonical Coefficients for Two Significant Variates**

| | Coefficient 1 | Coefficient 2 |
|---|---|---|
| **Set 1** | | |
| For work in a managed care environment | -.620 | .158 |
| For work as a member of an interdisciplinary team | -.200 | .348 |
| For work in the "real world" | -.146 | .518 |
| To adequately document | -.329 | -.194 |
| For clinical social work practice | .033 | -.977 |
| For the state clinical licensing exam | -.007 | -.321 |
| **Set 2** | | |
| Field logs | .022 | -.094 |
| Process recording | -.022 | .599 |
| Learning contracts | -.115 | -.657 |
| Audio tapes of client/ student interactions | -.133 | .622 |
| Video tapes of client/ student interactions | -.028 | -.484 |
| Supervisor observing student interviewing a client | .151 | -.140 |
| Student observing instructor interviewing a client | -.377 | .003 |
| Agency in-service training | -.210 | -.253 |
| Student/supervisor role play | .072 | .141 |
| Assigned readings | .062 | .033 |
| Self-assessment | -.198 | -.240 |
| Joint-interviewing with supervisor | .174 | -.090 |
| Student papers/reports to instructor | -.413 | .094 |
| Task/secondary supervision based on rotation | -.469 | .349 |

areas variables (6) (CF: Table 5 includes both sets of variables).

A simple description of how canonical correlation analysis is conducted should help practitioners realize the potential of this technique. Canonical correlation is conducted in steps. In the first step, canonical correlation will look for variables in Set 1 (14 critical clinical methods) that are most associated with the variables in the second set of variables (six practice concern areas). These variables are extracted based on which linear combination of variables between sets produce the most variance. The first extraction is called Canonical Variate 1. The next step, which includes the exact same procedures as in Canonical Variate 1, would produce a Canonical Variate 2. Successive extractions are continued until no relationships are statistically significant and/or minimal variance is accounted for. A practitioner can realize the utility of canonical correlation analysis because the effectiveness of multiple clinical methods can be assessed in multiple practice areas. This will be demonstrated with the results and implications of this study, better informing practice and educational institutions on critical issues for social work programs and continuing education.

Among the variables in this study, two canonical variates were statistically significant. Variate 1 accounted for 42.7% of the variance (Wilks Lambda = .539, X2 = 125.168, df = 84, p = .002). Variate 2 accounted for 24.5% of the variance (Wilks Lambda = .654, X2 = 86.042, df = 65, p = .041). The four other variates were not significant. Table 5 contains factor loadings for the two variates. Those individual loadings above 0.3 are highlighted.

As is evident in Table 5, Canonical Variate 1 finds a linear relationship between lower levels of preparedness for working in a managed care environments (-.620) with lower levels of preparedness to adequately document (-.329), lower perceptions of efficacy for students observing field instructor interviewing a client (-.377), lower perceptions of efficacy of student papers/reports to field instructors (-.413), and lower perceptions of efficacy for task/secondary supervision based on rotation (-.469). Canonical Variate 2 finds a linear relationship between higher levels of preparedness to be a member of an interdisciplinary team (.348), higher levels of preparedness for working in the "real world" (.518), lower levels of preparedness for clinical social work practice (-.977), lower levels of preparedness for the state licensing exam (-.321), higher perceptions of efficacy for process recording (.599), lower perceptions of efficacy for learning contracts (-.657), higher perceptions of efficacy of audio tapes of client/student interactions (.622), lower perceptions of efficacy of audio/video tapes of client/student interactions (-.484), and higher perceptions of efficacy of task/secondary supervision based on rotation (.349).

## Discussion and Implications

Most respondents had experience with 12 of the 14 methods of clinical supervision. The two methods that were not used by most respondents were videotapes of client/student interactions and task/secondary supervision based on rotation. While there is no certain explanation for the lack of experience with the use of videotapes, reasonable explanations may have to do with video taping restrictions, confidentiality, and the necessary permissions required to videotape clients. Additionally, agencies may not have video cameras or other personnel to act as secondary/task supervisors.

In terms of effectiveness, it appears that respondents favored behavioral observation and performance strategies over self-reflective methods. Respondents indicated that the most effective methods of supervision included: (1) students observing instructors interviewing a client, (2) supervisor observing a student interviewing a client, (3) agency in-service training, (4) video tapes of client/student interactions, (5) joint-interviewing with supervisor, and (6) student/supervisor role play. These methods suggest clinical skill and knowledge is acquired through behavioral model-

ing and repetition (Bandura, 1986; Hawkins, Clarke, & Seeley, 1993).

These findings indicate that practitioners believed that the specific knowledge and skills that are necessary for current service delivery environments are best acquired through behavioral modeling and repetition. This stands in marked contrast to more self-reflective strategies that have been traditional staples of social work training. Of those methods perceived as the least effective, respondents identified process recording, learning contracts, and field logs.

While the greatest number of respondents generally believed that social work education prepares graduates moderately well to function on an interdisciplinary team, for clinical social work practice, for the clinical licensing exam, and for work in the "real world," the greatest number of respondents believed that social work graduates were only somewhat prepared for work in a managed care environment or to document. Few respondents believed that social work education prepared graduates very well for any of these six items. In fact, 89% of respondents indicated that they believed graduates were either not prepared or only somewhat prepared to function in managed care environments. This may suggest that there is a lack of synergy between formal social work education and the "real world" clinical practice experience (Volland, Berkman, Stein, & Vaghy, 1999).

Wasow (1991) suggests that social work curriculum builders are slow to respond to cutting-edge knowledge for specific service environments, as professional educators are content with favored theoretical orientations. While employers may prefer state licensed or credentialed social workers, Cherry, Rothman, and Skolnik (1989) found that social work educators were unfamiliar with state licensing exams and did not incorporate material into curriculum that would prepare students for the examination process or licensed employment. Dalton and Wright (1999) suggest that social work education does not follow market need and demand. Rather, social work education would prefer to change the market and the way it does business.

The canonical correlation found two significant variates. The first variate found significant associations between preparedness for work in managed care, preparedness to adequately document, task/secondary supervision, student papers and reports, and students observing instructor interviewing a client. Not surprisingly, documentation is a critically important skill in managed care environments (Kane et al., 2002). It is also not surprising to find that the practice of writing papers and reports strengthens those skills for managed care environments. The most effective method identified by respondents was also strongly correlated with this variate: student observing instructor interviewing a client. This suggests that modeling behavior that is critical to managed care environments will best prepare graduates for those environments and the skills required to function in them. Task/secondary supervision is another variable strongly associated with this line of variables. This association may suggest that exposure with multiple supervisors will encourage competency to function in these environments.

The second variate found strong associations between preparedness for clinical social work practice, for work in the "real world," for the state licensing exam, and for interdisciplinary team membership with the methods of process recording, audio tapes, video tapes, learning contracts, and task/secondary supervision. Because of the directionality involved in the correlation coefficients, it appears that process recording, audio tapes, and task/secondary supervision are methods which are perceived as preparing graduates for work as a member of an interdisciplinary team and for work in the "real world." It also appears that the converse may be true of learning contracts and video tapes. In terms of preparedness for clinical social work practice and the state clinical licensing exam, process recording, audio tapes, and task/secondary supervision were not perceived as effective methods.

**Limitations:** This study relied primarily on clinical practitioners. National or at least regional samples may need to be used to increase generalizability. One limitation of this study is its sole reliance on state licensed clinical social workers. Follow-up studies may be conducted to include BSWs and non-licensed MSWs. Finally, selection bias is another limitation in studies which rely on the use of anonymous self-report instrumentation. We were unable to determine whether there were differences in responders and non-responders due to the anonymous response methodology employed. Further research may be conducted to identify particular forms of selection bias.

**Based on your experience, how well does social work education prepare graduates for each of the following:**

| | Not Prepared | Somewhat Prepared | Moderately Prepared | Very Well Prepared |
|---|---|---|---|---|
| 1. For work in a managed care environment? | 1 | 2 | 3 | 4 |
| 2. For work as a member of an interdisciplinary team? | 1 | 2 | 3 | 4 |
| 3. For work in the "real world?" | 1 | 2 | 3 | 4 |
| 4. To adequately document? | 1 | 2 | 3 | 4 |
| 5. For clinical social work practice? | 1 | 2 | 3 | 4 |
| 6. For the Florida State Clinical licensing exam? | 1 | 2 | 3 | 4 |

**Please check whether you have EVER USED the following methods.**

| | | YES | NO |
|---|---|---|---|
| Field logs | 1 | _____ | _____ |
| Process Recording | 2 | _____ | _____ |
| Learning contracts | 3 | _____ | _____ |
| Audio tapes of client/student interactions | 4 | _____ | _____ |
| Video tapes of client/student interactions | 5 | _____ | _____ |
| Field supervisor observing student interviewing a client | 6 | _____ | _____ |
| Student observing field instructor interviewing a client | 7 | _____ | _____ |
| Agency in-service training | 8 | _____ | _____ |
| Student/supervisor role play | 9 | _____ | _____ |
| Assigned readings | 10 | _____ | _____ |
| Self-assessment | 11 | _____ | _____ |
| Joint-interviewing with field instructor | 12 | _____ | _____ |
| Student papers/reports to field instructors | 13 | _____ | _____ |
| Task/secondary supervision based on rotation | 14 | _____ | _____ |

**Please rate the EFFECTIVENESS of the following items for social work education:**

| | Not Effective | Somewhat Effective | Moderately Effective | Very Effective |
|---|---|---|---|---|
| 1. Field logs | 1 | 2 | 3 | 4 |
| 2. Process recording | 1 | 2 | 3 | 4 |
| 3. Learning contracts | 1 | 2 | 3 | 4 |
| 4. Audio tape of client/student interaction | 1 | 2 | 3 | 4 |
| 5. Video tape of client/student interaction | 1 | 2 | 3 | 4 |
| 6. Field supervisor observing student interviewing client | 1 | 2 | 3 | 4 |
| 7. Student observing field supervisor interviewing client | 1 | 2 | 3 | 4 |
| 8. Agency in-service training for students | 1 | 2 | 3 | 4 |
| 9. Student/supervisor role play | 1 | 2 | 3 | 4 |
| 10. Assigned readings | 1 | 2 | 3 | 4 |
| 11. Self-assessment | 1 | 2 | 3 | 4 |
| 12. Joint-interviewing with field instructor | 1 | 2 | 3 | 4 |
| 13. Student papers/reports to field instructor | 1 | 2 | 3 | 4 |
| 14. Task/secondary supervision based on rotation | 1 | 2 | 3 | 4 |

## *References*


Alle-Corliss, L., & Alle-Corliss, R. (1999). *Advanced practice in human service agencies: Issues, trends and treatment perspectives.* Belmont, CA: Brooks/Cole Publishing.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice-Hall.

Barzansky, B. (1996). Educational programs in US medical schools, 1995-1996. *Journal of the American Medical Association, 276(9)*, 714-719.

Beinecke, R. H., Goodman, M., & Lockhart, A. (1998). The impact of managed care on Massachusetts mental health and substance abuse providers. In G. Shamess & A. Lightburn (Eds.) *Humane managed care?*, pp. 145-155. Washington, DC: NASW Press.

Berger, C. S., & Ai, A. (2000-A). Managed care and its implications for social work curricula reform: Clinical practice and field instruction. *Social Work in Health Care, 31(3)*, 83-106.

Berger, C. S., & Ai, A. (2000-B). Managed care and its implications for social work curricula reform: Policy and research initiative. *Social Work in Health Care, 31(3)*, 59-82

Berkman, B. (1996). The emerging health care world: Implications for social work practice and education. *Social Work, 41(5)*, 541-551.

Brooks, D., & Riley, P. (1996). The impact of managed health care policy on student field training. Smith College Studies in *Social Work,66(3)*, 307-316.

Cherry, A., Rothman, B., & Skolnik, L. (1989). Licensure as a dilemma for social work educators: Findings of a national study. *Journal of Social Work Education, 25(2)*, 268-275.

Corcoran, K., & Vandiver, V. (1996). *Maneuvering the maze of managed care.* New York: The Free Press.

Dalton, B., & Wright, L. (1999). Using community input for the curriculum review process. *Journal of Social Work Education, 35(2)*, 275-288.

Davidson, T., & Davidson, J.R. (1998). Confidentiality and managed care: Ethical and legal concerns. In G. Schamess & A. Lightburn (Eds.) *Humane managed care?*, pp 281-292. Washington, DC: NASW Press.

Davis, S. R., & Meier, S. T. (2001). *The elements of managed care: A guide for helping professionals.* Stamford, CT: Brooks/Cole.

Dillman, D. A. (1978). *Mail and telephone surveys: The total design method.* New York: John Wiley & Sons.

Donner, S. (1998). Fieldwork crisis: Dilemmas, dangers, and opportunities. In G. Schamess & A. Lightburn (Eds.) *Humane managed care?*, pp 442-454. Washington, DC: NASW Press.

Dwyer, M., & Urbanowski, M. (1965). Student process recording: A plea for structure. *Social Casework, 46(5)*, 284-286.

Fox, R. & Gutheil, I. A. (2000). Process recording: A means for conceptualizing and evaluating practice. *Journal of Teaching in Social Work, 20(_)*, 39-55.

Gibelman, M., & Schervish, P. H. (1997). *Who we are: A second look.* Washington, DC: NASW Press.

Graybeal, C. T., & Ruff, E. (1995). Process recording: It's more than you think. *Journal of Social Work Education, 31(2)*, 169-181.

Hawkins, W. E., Clarke, G. N., & Seeley, J.R. (1993). Application of social learning theory to the primary prevention of depression in adolescents. *Health Values, 17(6)*, 31-39.

Houston-Vega, M.K., Nuehring, E. M., with Daguio, E.R. (1997). *Prudent practice - A guide for managing malpractice risk.* Washington, DC: NASW Press.

Kadushin, G. (1996). Adaptations of the traditional interview to the brief-treatment context. *Families in Society: The Journal of Contemporary Human Services, 79(4)*, 346-357.

Kadushin, G. (1997). Educating students for a changing health care environment: An examination of health care practice course content. *Health and Social Work, 22(3)*, 211-222.

Kagle, J. (1995). Recording. In R. L. Edwards (Ed.) *Encyclopedia of Social Work*, pp. 2027-2033. Washington, DC: NASW Press.

Kane, M. N., Hamlin II, E. R., & Green, D. (2001). Perceptions of responsibility for the acquisition of skills and knowledge in current service environments. Professional Development: *The International Journal of Continuing Social Work Education, 4(1)*, 14-22.

Kane, M. N., Hamlin II, E. R., & Hawkins, W. E. (2000). Perceptions of field instructors: What skills are critically important in managed care and privatized environments? *Advances in Social Work, 1(2)*, 187-202.

Kane, M. N., Houston-Vega, M. K., & Nuehring, E. M. (2002). Documentation in managed care: Challenges for social work education. *Journal of Teaching in Social Work, 22(_)*, 199-212.

Madden, R. G. (1998). *Legal issues in social work, counseling, and mental health.* Thousand Oaks, CA: Sage Publications.

Moline, M. E., Williams, G. T., & Austin, K. M. (1998). *Documenting psychotherapy – Essentials for mental health practitioners.* Thousand Oaks, CA: Sage Publications.

Motenko, K., Allen, E., Angelos, P., Block, L., DeVito, J., Duffy, A., Holton, L., Lambert, K., Parker, C., Ryan, J., Schraft, D., & Swindell, J. (1995). Privatization and cutbacks: Social work and client impressions of service delivery in Massachusetts. *Social Work, 40(4)*, 456-463.

National Association of Social Workers. (1996). NASW code of ethics. Washington, DC: Author.

Newton, R. R., & Rudestam, K. E. (1999). *Your statistical consultant: Answers to your data analysis questions.* Thousand Oaks, CA: Sage Publications.

Oss, M. E. (1996). Managed behavioral health care: A look at the numbers. *Behavioral Health Management, 16(3)*, 16-17.

Raskin, M. S., & Blome, W.W. (1998). The impact of managed care on field instruction. *Journal of Social Work Education, 34(3)*, 365-374.

Reamer, F. G. (1998). Managed care: Ethical considerations. In G. Shamess & A. Lightburn (Eds.) *Humane managed care?*, pp. 293-298. Washington, DC: NASW Press.

Reamer, F. G. (2001). *The social work ethics audit: A risk management tool.* Washington, DC: NASW Press.

Rubin, A., & Babbie, E. (2001). *Research methods for social work* (4th ed). Belmont, CA: Wadsworth/Thomson Learning.

Scuka, R. F. (1994). Health care reform in the 1990's: An analysis of the problems and three proposal. *Social Work 39(5)*, 580-587.

Strom-Gottfried, K. (1997). The implications of managed care for social work education. *Journal of Social Work Education, 33(1)*, 71-81.

Strom-Gottfried, K., & Corcoran, K. (1998). Confronting ethical dilemmas in managed care: Guidelines for students and faculty. *Journal of Social Work Education, 34(1)*, 109-119.

Vandivort-Warren, R. (1996). CSWE/NASW report on preparing social workers for a managed care environment. Washington, DC: National Association of Social Workers.

Volland, P. J., Berkman, B., Stein, G., Vaghy, A. (1999). *Social Work Education for Practice in Health Care: Final Report – A Project of the New York Academy of Medicine.* New York: Authors.

Wasow, M. (1991). They tried reality therapy, but he froze in a cave: Curriculum deficits: *Health and Social Work, 16(1)*, 43-49.

Wilson, S. (1981). *Field instruction: Techniques for supervisors.* New York: The Free Press.

Wimpfheimer, S., Klein, J., & Kramer, M. (1993). The impact of liability concerns on intra-organizational relationships. *Administration in Social Work, 17(4)*, 41-55.