Promoting Competent Service Delivery through Multidisciplinary Training: New Roles for Undergraduate Social Work Education

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The quality of life of individuals, families, and communities as well as the profession, is imbedded in the goal and mission of social work education. One way to ensure the delivery of services is the profession’s expectation that services will be provided by competent social workers. This requirement is enhanced through state standards governing credentialing and lifelong learning activities. The concern for delivery of services by competent professionals is also shared by fellow practitioners and credentialing agencies. For example, in the state of Louisiana, physicians must complete at least 20 hours of continuing education per year (www.lsms.org), and psychologists must complete 30 hours of continuing education per year (www.lsbe.org/rules_ch_8.htm). Nationally, nurses typically must complete 25-30 continuing education hours every two years (www.collegegrabber.com). Social workers are often only part of a team of diverse professionals providing services to client systems. This means that social work education is called upon to examine not only the ethical responsibilities that social workers have to the broader society and social institutions but it must also promote competent professional practices across disciplines.

Multidisciplinary Training and Social Work Education

Social service agencies have recognized the need to ensure that services are provided to clients by professionals who are not only credentialed in their field of practice but have a thorough knowledge of their responsibilities, of the client population, and the goals of the agencies. For example, federal regulations for Part C of the Individuals with Disabilities Education Act...
(IDEA) addressed the importance of training personnel in special education. Each state was mandated in 1997 to develop and implement a comprehensive system of personnel development (www.ed.gov). The Part C regulations state that the system:

1. is consistent with the CSPD required under Part B of the IDEA;
2. provides for pre-service and in-service trainings conducted on an interdisciplinary basis to the extent appropriate;
3. provides for training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral courses, paraprofessionals, and persons who will serve as intake and family service coordinators; and
4. ensures that the training provided relates specially to:
   a. understanding the basic components of early intervention services available in the state;
   b. meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under this part; and
   c. assisting families in enhancing the development of their children, and in fully participating in the development and implementation of IFSPs. (www.ed.gov).

In Louisiana, the Louisiana Department of Health and Hospitals, Office of Public Health (DHH/OPH) is responsible for the design and implementation of a family-centered, community-based, comprehensive, interagency services delivery system for infants and toddlers who are eligible for Part C services, and their families. The DHH/OPH designed their system through collaborative activities with major stakeholders from state agencies, early intervention specialist/professionals, and higher education programs. DHH/OPH contracted with the Department of Social Work at Southern University and A&M College to provide logistical support for mandatory training for early intervention providers throughout Louisiana. Providers were from various disciplines, including social work, speech pathology, and physical therapy, to name a few.

The Southern University Department of Social Work designed and implemented a program that broadened the expectations about the traditional roles and responsibilities of social work education. This unique opportunity demonstrated how collaborating with an undergraduate social work program could be used to serve the broader community by ensuring competent practice and service delivery. This project not only reinforced the program’s commitment to providing quality services but required the utilization of social work knowledge and skills related to human behavior, child welfare, social welfare policies, research and basic interpersonal interaction.

The deliverables of this project included coordinating all training activities, developing and maintaining an electronic database of providers, managing continuing education credits for various disciplines, and developing and implementing a web-based training assessment. Following is a detailed description of these activities.

**Coordination of Training Activities**

Approximately 1700 people were identified as “Early Steps” providers. These were required to successfully complete a series of sponsored training sessions within two years of enrollment as Early Steps providers or be disenrolled. This training series consisted of three sessions (five days total) of training to be completed sequentially. Providers were not allowed to attend the sessions out of sequence.

Approximately 1444 providers were scheduled for training sessions in five regional training sites located throughout Louisiana. Sites were identified in the regional training cities to accommodate a maximum of 40 participants per training session. Eighteen additional service coordination training sessions, attended by 208 providers, were also planned and coordinated.

Additional activities included preparing all training materials and scheduling two credentialed trainers for each module training session as needed. To facilitate the availability of trainers,
two Train the Trainer sessions were coordinated by the Department of Social Work.

The Department of Social Work was also responsible for coordinating a three-day retreat, including hotel and travel accommodations, for approximately 75 Part C stakeholders. The retreat met the requirement for the Comprehensive System of Personnel Development (CSPD) to provide stakeholder input into the design of the CSPD system. Stakeholders included family members, university personnel, OPH personnel, providers, and personnel from other state agencies.

A web-based training calendar with registration information and registration forms was developed, updated, and maintained by the Department. The calendar was uploaded to the DHH/OPH website and used to facilitate the timely exchange of information to providers.

Electronic Database Development

An Access database was established that tracked all participants completing training sessions. The database contained training sessions scheduled and completed by participants, and assessment scores. It also provided contact information and identified specialties. Certificates of Completion were issued after each session and after successful completion of the final assessment.

Continuing Education Credits

Continuing education approval was secured for “Speech and Language Pathology” and “Social Workers.” Negotiation for approval for physical therapists and registered nurses was completed. The Board for Occupational Therapy denied application and appeal for continuing education approval for licensed practical nurses, and the Department of Education also indicated that continuing education could not be obtained for that group.

Web-based Training Assessment

The CSPD Training Assessment developed by Southern University, Department of Social Work, is a web-based 50 item multiple-choice exam. Providers had access to the assessment upon completion of all three training modules. A passing score was 70% (35 items answered correctly). The assessment was available to providers during a two-week time frame. Providers who did not complete the assessment during this time or who scored less than 35 had the opportunity to retake the assessment. Providers who did not successfully complete the assessment at the second attempt were required to repeat all three training modules. The information generated by the assessment served as a foundation for the identification of future training module development needs.

Social Work Tasks

The deliverables of the project can be categorized in terms of social work tasks: collaboration, data management, research and evaluation, and education. As espoused by Bronstein (2003), “interdisciplinary collaboration is an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own” (p. 299). Interdisciplinary collaboration is comprised of various components including interdependence, flexibility, and collective ownership of goals. In social work practice, in areas such as health care, mental health, and school systems, collaboration with other disciplines is often vital to the effective delivery of social services. In fact, collaboration is a social work skill essential for competent practice.

Collaboration

In this project, the interdependent aspect of collaboration involved social work faculty engaging with various groups including DHH/OPH, a contract training agency, various licensing boards, workshop trainers, workshop participants, and early intervention agencies. Specific activities included formal face-to-face meetings and conference calls, written communication, especially via e-mail, and a sharing of ideas with mutual respect for each person’s opinions, contributions and input. These activities demonstrated the characteristics of integrative teamwork in that in order for any group involved in the project to accomplish their specific goals, every other group had to complete their assigned tasks (Bronstein, 2003).
Data Management

Data (or information) management involves collecting and analyzing data for decision making purposes. The dissemination of information “is becoming a required skill set for social service professionals” (Patterson and Basham, 2006, p.5). In this project, data management was essential in order to accomplish the project’s goals. The primary activity of data management involved scheduling and tracking attendance and completion of training for providers.

The database that was developed allowed for the production of various reports that were essential to the ongoing functioning of the project. These reports included information concerning 1) providers by region and modules completed, 2) providers with additional modules remaining to complete and 3) providers who completed all modules and who successfully passed the post-training assessment.

Research and Evaluation

The research and evaluation component of the project involved the compilation of data regarding the self-assessment of providers’ experiences and the enhancement of their knowledge base. The level of participants’ knowledge relative to workshop content was also examined. Demographic data that was compiled and analyzed indicated that the majority of the providers who completed training were female (97%), and Caucasian (62%). About 20% of the participants who reported their race were African-American. The participants included Speech Pathologists (25.8%); Family Service Coordinators (21.1%); Special Instructors (18.7%); Occupational Therapists (10.9%); Physical Therapists (8.4%); Intake Coordinators (4%); SPOE (2.2%); Social Workers (1.8%); Case Managers (.9%); Supervisors (.8%); Parents of a Child with a Disability (.7%); and Parent Advisors (.6%). Participants by degrees were Bachelors (44.5%), Masters (42.6%) and PhD. (.0%).

Overall, participants responded favorably to the workshop objectives, activities, materials, and presenters. Many providers indicated that they specifically intended to use, within the next few days, information on family-centered strength-based practice. This process of evaluation served to provide DHH/OPH with information essential to improvement of the quality of early intervention services through a focus on training effectiveness.

Education

In higher education, education/learning activities are focused on the development and implementation of a curriculum as well as pedagogical issues to promote student learning. Similarly, tasks on this project involved identification of factors that would impact the learning process for adult learners. The Department of Social Work recognized the need to create an environment conducive to learning -- one that was comfortable, structured, and free of distraction. This was done by limiting the number of participants allowed per training session, making training documents available online, arranging training rooms to facilitate interactive-experiential activities, and ensuring that interruptions were limited by adhering to time requirements for entrance into the sessions.

Student Experiences

he Southern University Department of Social Work’s mission, which is similar to other programs, is to prepare graduates who will contribute to the effective and humane operation of the environmental systems that provide individuals with resources, services, and opportunities. An additional goal of the program is to prepare social work graduates to link individuals in need with the appropriate systems. The program is also committed to preparing graduates to contribute to the development and improvement of social policies that have an impact on people and their environments, especially toward the end of empowering populations-at-risk and promoting social and economic justice.

The program shares the commitment of the social work profession to work toward empowering client systems and promoting social and
economic justice on behalf of individuals who are vulnerable, oppressed, and living in poverty. The mission is shaped by the profession’s historic focus on viewing the individual within the context of the social environment as well as advancing the well-being of society. The program’s mission flows from the University’s commitment to prepare students to “….aid society in resolving its scientific, technological, socioeconomic and cultural problems” (2002-2004 Catalog, p 5).

Students view practice concretely in terms of direct or indirect practice. They define direct social work practice as therapy, and clinical social work as focused on resolution of intricate personal problems. They consider indirect social work practice merely as administration and/or policy making. They struggle with the concept that, many times, social work practice includes tasks characterized as unique to direct or indirect practice. However, on this project, students who were enrolled in a two-credit hour social work pre-field instruction course found themselves engaged in activities that were both direct and indirect, including interacting with participants (clients) face-to-face, via letters or telephone, as well as designing and planning services.

Student activities included using problem solving skills, multitasking and development of interpersonal skills in scheduling participants for training sessions; monitoring participants’ attendance; maintaining the project’s database, and distributing materials at training sessions. This macro practice experience provided interaction with participants (clients) from diverse demographic backgrounds and disciplines. Specific learning activity objectives included examining the various roles of social work practice, enhancing macro practice skills, networking with social workers and other professionals, and enhancement of their knowledge base regarding services to children with disabilities.

Conclusion

Historically, social work education has engaged in promoting social functioning and the well-being of clients by preparing competent social workers. Social workers were the gatekeepers to social services that enhanced the quality of life of individu-