CalSWEC
California Social Work Education Center

Mental Health Program Curriculum Implementation

and

Continuous Quality Improvement Report

2011

Issue Brief

Full Report available at:
http://calswec.berkeley.edu/sites/default/files/uploads/mh_cqi_report_2011_final_cover_1013.pdf

INTRODUCTION

This issue brief provides a summary of the study methods, findings, and recommendations of the [Continuous Quality Improvement (CQI) study](#) (2009-2011). The study was conducted for the California Social Work Education Center (CalSWEC) by a research team at Loma Linda University School of Social and Behavioral Ecology: Beverly J. Buckles, D.S.W., Principal Investigator, Department of Social Work and Social Ecology, Loma Linda University; John Ryan, LCSW, Program Consultant; Jan Black, LCSW, Program Consultant; Qais Alemi, Research Assistant; and Matt Riggs, Ph.D., Statistical Consultant.

Workforce development is one of the critical pieces of the Mental Health Services Act (MHSA), a California ballot initiative passed in 2004. Substantive change in the public mental health system requires a steady stream of professionals and paraprofessionals ready and willing to pursue careers in county-operated or nonprofit contract agencies. Toward this end, MHSA allocates approximately $10 million annually for financial incentive programs for students in various mental health disciplines The CQI, a multi-faceted evaluation of MSW students throughout California's schools, endeavors to determine how well the future mental health MSW workforce is being prepared. This study may serve as a model for evaluating other MHSA-funded workforce development programs.

BACKGROUND

In 2004, California voters passed a ballot initiative (referendum), Proposition 63, the Mental Health Services Act (MHSA), which places a 1% tax on income over $1 million. Revenues must be used to transform the mental health system from a "Fail First" system to a "Help First" system, to quote Rusty Selix, the primary architect of the initiative. To address existing and anticipated shortages of professionals and paraprofessionals prepared to work with diverse populations in this new recovery-oriented landscape, MHSA includes funding for workforce development. The Workforce Education and Training (WET) component of MHSA provides funds for counties to "retool" their existing workforce to work in the emerging behavioral health system and to build pipelines for new staff, including recovering consumers, to enter and advance in the field.

WET also established funding to universities throughout California for curriculum development and implementation, as well as stipends for students planning careers as social workers, marriage and family therapists, psychologists, nurse-practitioners, physician assistants, and psychiatrists. Participating schools identified key competencies that students in each of these disciplines must learn to work effectively in behavioral health settings; they continually create, refine, and evaluate curricula to better teach these competencies.

In 2005, graduate social work programs in California were the first group to receive WET funds for stipend support through CalSWEC[1], a well-established partnership of California's graduate schools of social work and public service agencies. The California Department of Mental Health and its advisory body, the California Mental Health Planning Council, recognized that CalSWEC's infrastructure and successful track record in workforce preparation provided a unique opportunity to learn from early implementation.

Today, CalSWEC includes the state's 21 accredited social work graduate schools, county departments of social service and mental health, the California Department of Social Services (CDSS), the California Chapter of the National Association of Social Workers, professional associations, and foundations. Its efforts all are directed toward providing effective, culturally competent public services delivery to the people of California. Each school addresses a CalSWEC-designed set of competencies for child welfare, mental health, and gerontology through curricula taught in classrooms or field placements. The CalSWEC Mental Health Program (MHP) provides stipends to schools of social work for Master's-level students in their final year of school; develops curricular tools; and studies the effectiveness of its programs. Schools of social work are building on WET-funded opportunities to expand and diversify the mental health workforce and equip new professionals with skills for recovery-centered behavioral health settings.

OVERVIEW OF CQI STUDY AND FINDINGS

A major question about this investment of public funds in mental health workforce development is "How well are schools preparing the future workforce?" CQI begins to answer this through a series of four questions:

1. Have we identified the right competencies to be taught in the schools?
2. Are the competencies being taught?
3. Are they being learned?
4. What does MHP need to do to improve the education process to better prepare the future social work workforce for the public mental health system in California?

CQI examined the graduate-level social work curriculum content implemented by MHP participant schools between 2005 and 2009. Study methods included surveys of (1)

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[1] The California Social Work Education Center (CalSWEC) began in 1990 as a partnership of California's graduate schools of social work and public service agencies determined to intervene in the state's workforce crisis. The partnership coalesced around the goal of creating a group of social service practitioners specially trained to work in the public service system, first in child welfare, then in mental health and gerontology.

MHP social work graduates; (2) faculty from MHP social work programs; and (3) supervisors from county and county-contracted mental health agencies where graduates were employed. These groups were asked to assess their perceptions of the importance of curriculum content as well as their perceptions of opportunities to infuse the program competencies through classroom and fieldwork learning. The survey data collected from graduates was triangulated with that collected from project coordinators and supervisors as a means of assessing the educational effectiveness of the mental health training program. A content analysis of syllabi from the 17 schools participating in MHP during 2005–2009 was also conducted to provide an objective comparison with the perceptions of survey participants.

The results are helpful in understanding the extent to which curricula developed to address core competencies critical for social work professionals in public mental health systems are working, as well as the challenges that need to be addressed in further program development. On average the knowledge, skills, and abilities (KSAs) that comprise competencies were consistently rated "important" to "very important" among graduates, faculty, and supervisors.

STUDY PARTICIPANTS, METHODS, AND SAMPLING PROCEDURES

The graduate sampling "universe" consisted of a total of 713 graduates in the 2006–2009 cohorts of mental health stipend recipients who had been working in the field for at least one year when the study was undertaken. These included all the MHP stipend recipients at 17 schools and programs of social work throughout California during the study period. No specific sample size was sought; however, efforts were made to secure the largest sample of graduates possible by sending an invitation letter and two reminders to graduates through SurveyMonkey® (a web-based survey tool). A total of 36 (approximately 5%) of the e-mail addresses were undeliverable, and 537 recipients did not attempt to open the survey. Another 3 persons opted out, and 12 were omitted. This ultimately yielded a graduate sample size of 163, a response rate of 23%.

Faculty from the 17 programs and supervisors from county and county-contracted mental health departments were recruited for the survey. The faculty sampling frame included 26 individuals, of whom 12 responded to an e-survey similar to that administered to graduates. A total of 40 supervisors completed a paper-based survey.

Following Institutional Review Board approval of the methods and procedures, online survey instruments for each participant group were used to gather study data. In addition, a syllabus content analysis study was conducted by a research team at California State University, East Bay Department of Social Work. Study methods and data analysis procedures are described in detail in the full report.

RESULTS

The Sample

Surveys were completed by graduates from every school, with responses ranging from 1 to 20. The highest response rate was from graduates in the 2007 cohort, with 48 graduates accounting for 29.4% of the sample. The mean age of responders was 34 years, with the highest representation from the age 25–34 category. A majority of graduates (N=132) were female, accounting for 81% of the sample. Among respondents, 51% self-identified as "White," 43% of minority groups, and 6% as "other."

Knowledge: Perceived Importance, Provision, and Preparedness

Graduates were asked about their perceptions about the importance of various knowledge areas for the beginning MSW mental health worker and the extent to which these knowledge areas were covered in classroom and/or fieldwork experiences.

- On average graduates rated the knowledge area *Client Confidentiality* as most important with a mean rating of 3.8 (on a scale of 5), and *Major Theories, Categories, and Models Used in Explaining Mental Illness* and *Psychiatric Medications* lowest, with a mean of 3.1. However, all areas were rated "important" to "very important."

- Supervisors rated all knowledge areas as "important" with the exception of *Evidence-Based Practices (EBP)* (M=2.9) and *Psychiatric Medications* (M=2.9). Faculty reported the importance of EBPs similarly, i.e., "less than important." They rated *Client Confidentiality* as the single most important knowledge area (M=3.8).

- Like supervisors, faculty rated *Client Confidentiality* as the most important (M=3.9). On average faculty rated all knowledge areas as "important" with the exception of EBPs.

- Supervisors most often identified the knowledge areas of *Psychiatric Medications* and *Evidence-Based Practices* and *Recovery Process* as those that graduates were not prepared for as well as other areas.

- A total of 12 faculty responded to this question; 3 identified *Psychiatric Medications* as an area that graduates are not prepared for upon graduation. A majority of knowledge areas were unanimously rated as areas in which graduates were prepared.

Skills: Perceived Importance, Provision, and Preparedness

- On average graduates rated all types of skills above "3," indicating that they are all "important." The skill rated highest in importance was *Communication* (M=3.8). The lowest rated skill area was *Technical (Use of Computers and Various Programs Including the Internet)* (M=3.0).

- On average supervisors and faculty rated all skills areas as "important." Supervisors and faculty rated *Communication* highest.

- Graduates reported notable discrepancies between the perceived level of importance assigned to the skill areas *Documentation/Charting within Medi-Cal Guidelines, Revising Treatment Plans,* and *Case Management* and their provision in the classroom and/or through fieldwork experiences. These skill areas fall between "slightly" to "moderately" provided, but "important" or "very important."

- Both faculty and supervisors indicated that graduates were "prepared' in a majority of skill areas. They most often identified *Documentation/Charting within Medi-Cal Guidelines* followed by *Revising Treatment Plans* as the areas for which grads were not being prepared. Supervisors additionally indicated that graduates were not prepared in *Development of Treatment, Intervention, and Discharge Plans.*

Abilities: Perceived Importance, Provision, and Preparedness

- On average graduates, supervisors, and faculty rated all abilities above "3," indicating that they are all "important."

- For graduates, the abilities rated highest in importance were *Crisis Intervention, Development of Therapeutic Relationship,* and *Maintaining Appropriate Boundaries.*

- Supervisors rated with equal importance *Cultural Competency, Collaboration with Co-workers and Community, Development of Therapeutic Relationship, Maintaining Appropriate Boundaries,* and *Stress Management/Self-care in Reducing Work Related Stress.*

- Faculty reported *Maintaining Appropriate Boundaries* as "very important."

- The ability rated least important by graduates, faculty, and supervisors was *Facilitating Self-Help/Peer Support Interventions.*

- Faculty also assigned a relatively low level of importance to *Handling Non-Compliance/Resistance to Treatment,* but supervisors perceived this to be significantly more important.

- The abilities that supervisors identified most often as those for which graduates were not being adequately prepared were *Stress Management, Handling Non-Compliance/Resistance to Treatment, Conflict Resolution,* and *Crisis Intervention.*

- The ability areas faculty identified most often as those for which graduates were not being as well prepared were *Facilitating Self-Help/Peer Support Groups,* closely followed by *Conflict Resolution.* A majority of abilities were unanimously rated by faculty as graduates being "prepared."

FINDINGS FROM SURVEYS

Perceived Importance of knowledge, skills, and abilities in MHP curricula

- Strong and consistent data relationships were identified by the triangulation of the three data sets for graduates, supervisors, and faculty.

- The perceptions of graduates, supervisors, and MHP Project Coordinators were not statistically different, suggesting general agreement about the importance of KSAs in providing an educational framework for curricula to prepare social workers for the field of mental health.

Perceived Provision of KSAs

- Data from graduates, supervisors, and MHP Project Coordinators demonstrate considerable variation in perceptions regarding the provision of select KSAs.

- Whereas some of the KSAs are covered well in the syllabi submitted, the content analysis of program syllabi suggests that discrepancies may exist between what is delivered in courses vs. what is written in syllabi.

- Triangulation of data supports the need to strengthen the content of select areas, including theory, practice evaluation, co-occurring disorders, ethics, professional behaviors, advocacy (empowerment), teamwork, and interpersonal interactions.

Perceived Preparation for Professional Social Work Practice in Public Mental Health Systems

- The majority of faculty reported that graduates were prepared to enter careers in public mental health systems. Supervisors and faculty identified *Psychiatric Medications* as a knowledge area needing greater attention to prepare social

work graduates. They also noted *Evidence-Based Practices* and *Recovery Process* as knowledge areas needing attention.

- While a majority of skill areas were unanimously rated as "prepared," additional attention is necessary to prepare graduates for *Documentation/Charting within Medi-Cal Guidelines, Revising Treatment Plans*, and *Development of Treatment, Intervention, and Discharge Plans.*

- Faculty and supervisors concurred that *Conflict Resolution* is an ability area that needs greater focus in courses. Supervisors' ratings also suggest that students need better preparation in stress management, crisis intervention, and handling non-compliance.

FINDINGS FROM SYLLABUS CONTENT ANALYSIS

- About 19% of syllabi explicitly listed the CalSWEC Mental Health Competencies that the course met.

- Of those competencies that were listed, the majority were in the areas of culturally and linguistically competent mental health practice and Foundation or Advanced practice.

- Though most syllabi did not explicitly list competencies, _all_ syllabi covered at least some of the competencies.

- Certain content areas were embedded in the overall curriculum, including assessment, intervention, professional use of self, ethics, cultural sensitivity in mental health settings, and evidence-based practices.

- Other areas—recovery, trauma, co-occurring disorders/dual diagnoses, family member empowerment, and consumer empowerment—emerge as less well covered.

- When evaluators applied the less accurate keyword search method, other content areas also fell into the "less well covered" list.

- Discrepancies may exist between what is written in the syllabi and what is actually taught.

- The 45 knowledge areas, skills, and abilities are important competencies for mental health professionals, which was validated in the surveys of graduates, supervisors, and faculty alike.

CONCLUSION

Evidence supports continuing the CQI process. In so doing, a number of methodological issues need to be addressed, including obtaining larger sample sizes for

all groups, as well as reviewing the instruments for consistency in the structure of all questions and scales. In addition, efforts should be made to ensure that schools/departments interpret and apply the competencies consistently. To support consistency, the language of the competencies should support the KSAs. In addition, greater consistency between schools/departments would be supported by the development of performance criteria and an assessment rubric for the KSAs.

Considerable challenges remain in constructing social work curricula that is relevant and appropriate to practice in the field. Content in curriculum and field experiences account for only part of the explanation for students' success. Numerous student variables (e.g., effort, distraction, etc.) that are not easily measured or controlled make studies of educational effectiveness an imperfect science. Having said that, the best that schools of social work can do is be sure that curricular content is clear and that assessment measures are consistent and objective.

KNOWLEDGE, SKILLS, AND ABILITIES FOR MENTAL HEALTH COMPETENCIES

Knowledge Categories

- Agency systems and resources
- Ethical and legal issues in treatment
- Client confidentiality
- Impact of racial, ethnic, age, class, cultural identity, gender identity, and sexual orientation on mental health practice
- Trauma and its impact on a person
- Effect of lifestyle on mood and behavior
- Client assessment processes
- Recovery process
- Treatment interventions
- Therapeutic use of self
- Evidence-based Practices
- Major theories, categories, and models used in explaining mental illness
- Co-occurring disorders (mental illness/substance abuse)
- Psychiatric medications
- DSM IV
- Evaluation process leading to a DSM-IV diagnosis

Skill Categories

- Writing
- Technical (use of computers/programs/internet)
- Documentation/charting within Medi-Cal guidelines
- Communication (includes listening and empathy)
- Assessment of individual and his/her family
- Development of treatment, intervention, and discharge plans
- Revising treatment plan
- Case management

Ability Categories

- Integrating theory into practice
- Advocacy
- Assertiveness
- Cultural competency

- Crises intervention
- Conflict resolution
- Multidisciplinary/Interdisciplinary teamwork
- Collaboration with coworkers and community
- Development of therapeutic relationship
- Engaging client before beginning treatment
- Facilitating self-help/peer support interventions
- Handling non-compliance/resistance to treatment
- Maintaining appropriate boundaries
- Time management: plan, prioritize and monitor completion of assigned activities
- Utilization of supervision
- Stress management/self-care in reducing work-related stress factors
- Strategies to continue learning/maintaining professional growth

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