MSW Specialization Summary of Learning
Student Example

[Material in brackets are tips and examples.]

Student’s Name:
Agency:

For the week(s) of (inclusive dates): [Indicate the start and end of the week]
Monday [Indicate hours interned, for example 8]
Tuesday [Indicate hours interned, for example 8]
Wednesday [Indicate hours interned, for example 0]
Thursday [Indicate hours interned, for example 0]
Friday [Indicate hours interned, for example 0]

Total Hours for the Week = [Give a total for the week, for example 16]
Cumulative (total) Hours to Date = [Give a total to date, for example 85]

Date of Next Supervisory Meeting: [Provide the date of your next supervisory meeting, for example 5/6/18]

1. Field Experience Reflections
Reflect (4-5 sentences minimum) on your experiences this reporting period and describe how the experiences relate your specialization's 21 practice behaviors by choosing 6 practice behaviors that apply to your experiences. Not all competencies and practice behaviors may apply each week, but all should be covered throughout the duration of the field experience. Be sure to highlight what you learned (e.g. Trauma Informed Practice impacting issues related to micro, mezzo and macro practice; empowerment of individuals, families, and small groups faced with personal and societal challenges; special needs of diverse populations, agency practices and policies), skills you developed or refined (e.g. practice with individuals, families, and small groups; practice with client system engagement, assessment procedures, interventive strategies, and evaluation skills), and/or qualities you exhibited relate to core social work values and ethics. (e.g., professionalism, empathy, persistence; relaying understanding of the impact of historical patterns of oppression upon client populations-at-risk; articulating how forms of social discrimination and vulnerability relate to your agency’s organizational practices and services).

[TIP: Not all competencies and practice behaviors may apply each week, but all should be covered throughout the duration of the field experience. Faculty liaisons may have different requirements for number of practice behaviors reflected upon and/or length of reflections. Be sure to refer to their syllabus for guidance.]
Competency 1—Demonstrate Ethical and Professional Behavior

a. Know the social work values, ethics, roles, and interpersonal boundaries necessary for trauma-informed practice.

[EXAMPLE: When interacting with students in the school setting, I continue to observe a significant connection between setting events and challenges at home and school performance and behavior. School Social Workers have a challenging task to address school challenges (behavior and academic) while taking into account difficult home lives, lack of basic needs being met, and mental illness.]

b. Identify and differentiate the signs and symptoms of secondary traumatic stress/vicarious trauma, compassion fatigue, and burnout.

[EXAMPLE: To promote self-care, I took the time to read a book of my own personal preference. Because it was a stressful first week back at school, I read the rest of the evening. I have not noticed any burnout, but because of this, the clients served are happy and have gone above and beyond expectations to rehabilitation.]

c. Know the interplay of culture, spirituality, and ethnicity as they relate to the experience of trauma.

[EXAMPLE: Exhibited ethical standards when situations regarding confidentiality arose. Skills used in a group setting include empathy, therapeutic communication and seeking safety.]

Competency 2—Engage Diversity and Difference in Practice

a. Know that the intersection of race, class, gender, sexual orientation, religion, and national origin results in disproportionate trauma exposure, access to services, and social support resources.

[EXAMPLE: I had to modify and adjust my approach to different group sessions based on the make-up of the client population and the goal of the group.]

b. Use knowledge about differences to modify assessment and intervention strategies with individuals and communities.

[EXAMPLE: During the group, I have been learning how to balance individual clients within the group. At this point, I feel like I am refining my therapy skills with individual clients as well as within the group. I am learning to engage quieter clients and am becoming more comfortable leading sessions.]

Competency 3—Advance Human Rights and Social, Economic, and Environmental Justice

a. Understand that societal exposure to oppression, social injustice, and denial of fundamental human rights represent a traumatic abuse of power that ruptures expectations of trust and security.

[EXAMPLE: Attended an agency presentation on Hoarding Disorder, led by my supervisor. We discussed company policies & ethical issues.]

b. Recognize the interconnectedness of social justice, human rights, and trauma.

[EXAMPLE: Spent time this week helping our clients with housing and employment issues. Many find it difficult with their mental health issues and past criminal charges/convictions.]
Competency 4 – Engage In Practice-informed Research and Research-informed Practice

a. Understand the impact of trauma on brain structures and biological processes, including impairments in memory, cognition, attachment, affect regulation, and long-term somatic responses.

[EXAMPLE: This week I worked really hard on being straightforward with students who had other agendas for their time in the counseling office. I listened to what they wanted to do, but if it was not relevant to what we had discussed previously or was not therapeutic at all, I acknowledged their thoughts but also brought it to their attention that they may have felt uncomfortable discussing what we had discussed. I strive to be more straightforward with all clients in general as a practitioner.]

b. Understand that ongoing neurobiological maturation and neural plasticity create continuing opportunities for recovery and adaptive developmental progress.

[EXAMPLE: Not dealing with an unresolved trauma exposure issue can have a negative impact on either an individual, a family, organizational, and community functioning. We have a female individual who is about 25 and has had severe sexual trauma in her past. She is low functioning, at the level she was at when the abuse started. My supervisor as well as professors, have always said to start where the client is. My supervisor also has mentioned to start at the developmental stage it occurred in.]

c. Demonstrate how trauma-informed and evidence-based research, that is, neurobiology and resilience, informs trauma practice.

[EXAMPLE: I have been able to spend more and more time with the students in need of assistance in the schools and have continued to build my skills in terms of assessing and communicating. I continue to practice solution-focused skills, particularly when working with parents of challenging students, as they are often overwhelmed and even discouraged. Additionally, I continue to practice my skills when working individually with students.]

Competency 5 – Engage in Policy Practice

a. Recognize that the deleterious effects of trauma across populations and stages of life are sufficiently pervasive to constitute a public health crisis that requires significant local, state, national, and international policy responses.

[EXAMPLE: At my agency, there is welcoming staff, and the artwork which were all empowering, culturally diverse, done by the clients, is also calming. Clients are encouraged to provide immediate feedback. This was mentioned frequently with staff wanting to know how the client may feel about a minor or major change. There are also a few things that will be changed such as having soothing kits (play dough, etc.), comforting music, having a bike rack, and having both English and Spanish reading materials available in the reception area.]

b. Promote the application of trauma-informed practice in advocating for justice for victims and perpetrators

[EXAMPLE: I participated in multiple meetings to support children and families in different phases of the IEP process including Child Find/Disability Suspected]
meetings in the Special School setting. I was able to experience the family perspective about the emotional impact of assessment and identification, and will process with my supervisor how to minimize or eliminate that impact.]

Competency 6 – Engage with Individuals, Families, Groups, Organizations, and Communities
   a. Synthesize and apply relevant theories of trauma and recovery in therapeutic relationships, organizational culture, and systems of care.
   [EXAMPLE: This week was centered on creating group for children survivors of abuse revolving around a certain curriculum. The research done showed the following ideas: seeking safety, self care, outlining of social support systems and how to process potential trauma that may arise in a group. This student also continued to research Thera-play and how to use that intervention to help students self-regulate in group settings.]
   b. Mobilize the strength of clients and systems to enhance individual, family, and community resilience
   [EXAMPLE: We made decisions together regarding what to do when a client mentioned homicidal ideations, as well as what to do regarding a newly realized diagnosis. We were able to draw on our differing perspectives and experiences to make the decisions that we thought were in the best interest of the group members.]

Competency 7 – Assess Individuals, Families, Groups, Organizations, and Communities
   a. Assess organizational policies for their potential to strengthen trauma-informed evidence-based programs and practices and evaluate organizational readiness to engage in such change.
   [EXAMPLE: I learned how to conduct a Preference Assessment and a behavioral assessment to address behaviors, coping skills, and safe behaviors for one of the students I have spent time with this year. There are many different types of assessments available to School Social Workers, and I have been able to observe and then learn to conduct some of these assessments with the children in the special education programs.]
   b. Know the impact of trauma on coping behaviors and risk and protective factors in conducting assessment and diagnosis.
   [EXAMPLE: Experienced practice with individuals during spontaneous sessions when children came in with an immediate problem. The ability to do a quick assessment, intervention and wrap up was further practiced.]

Competency 8 – Intervene with Individuals, Families, Groups, Organizations, and Communities
   a. Use strategies to establish a sense of safety for a collaborative therapeutic relationship.
   [EXAMPLE: I used professionalism, ethical practice, sensitivity to diversity and trauma (trauma-informed care), and empathy skills when intervening with clients and their families.]
b. Implement concepts of trauma-informed social work practice into organizational culture.
[EXAMPLE: Met with agency staff to prepare for the STEPPS group. Then I led one session with a youth group and co-led two sessions with an adult group. After the STEPPS group, I processed the sessions with supervisor.]

c. Know the range of empirically supported trauma treatments and know the differential selection and application of evidence-informed research across populations.
[EXAMPLE: During supervisory session, discussed planning for next group session and explored applicable intervention techniques.]

Competency 9 – Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities
   a. Recognize the key characteristics of a trauma-informed organization.
[EXAMPLE: I continue to practice new skills of data collection and analysis of the data to then formulate plans to best support students with mental and behavioral health challenges in school.]
   b. Know evidence-informed indicators of trauma recovery.
[EXAMPLE: Worked on completing surveys for discharged clients, for the both transitional side and crisis side.]

2. Classroom Connections Reflection:
Reflect (4-5 sentences minimum) on at least 1 classroom connection can you make between your field experiences this reporting period and your classroom learning. Please be very specific as to the courses (current or past) -- identify courses, textbooks, other readings, videos, guest speakers, discussions, etc. Pull connections from the courses you have taken to get to this point.
[EXAMPLE: This month, I'm focusing on groups, attending a range of different types of groups, observing process, and practicing skills with clients in this setting. My practicum learning is supported by Prof. Cote’s course on working with groups, and the assigned reading Solution-Focused Groupwork, by John Sharry. Preparation for the data analysis is informed by my administrative training from Prof. Onken: I'm doing doing practice-based research to design/plan an evaluation with my supervisor, which will then inform research-based practice.

I observe my practicum supervisors utilizing strength based approach even with the most challenging students. In conducting various assessments and establishing interventions, I have learned about utilizing the strengths of the child and practiced "coaching" teachers to hone in on individual strengths when working to help children feel successful and safe at school.

This student was able to take the knowledge learned in researching TIC and Thera-play and create a tentative outline for the group sessions. The children will decide
what topics are discussed in each group, but as the leader this student will ensure these ideas are implemented into each session. Utilized Practice 1 Class strategies on seeking safety and these skills were utilized in the initial group meetings. Utilized Practice 2 Class strategies with groups outlined skills involving a TIC group.

I made connections between what I am learning in the Practice with Groups class and the STEPPS group in my field placement. This week, we were able to integrate some of the solution-focused questions into the group. We were very open in allowing the group members to dictate what we spent the majority of time on, and did not make them feel forced into going with the general ‘routine’ of the group process. We also ended the session by asking them what was most helpful.

I am still trying to find ways to work narrative ideas into my sessions, but one student really blossomed this week when telling her life story. She embodied what the telling of a life story from her perspective should be like.

3. NASW Ethical Principle Reflection:
Reflect (4-5 sentences minimum) on at least 1 NASW Ethical Principle OR 1 NASW Ethical Standard that relates to your field experience this reporting period. Be sure all are covered at least once during the semester.

ETHICAL PRINCIPLES:
Ethical Principle: Social workers' primary goal is to help people in need and to address social problems.
[EXAMPLE: During our supervisory session, XXX and I discussed the famous line “Never work harder than your client” in regards to clients with severe mental illness breaking agencies policies, specifically cancellation/no show policies. XXX has a client whom she has worked with for almost 3 years, who XXX knows can do really good work in therapy, but who has late cancelled/no showed multiple times the past couple of months. We discussed our desire as social workers to want to give the benefit of the doubt to these people, as well as our responsibility as social workers. My personal opinion was that sometimes, on a case-by-case basis, it may be necessary to work harder than a person for awhile, because you may be the only support they have. As long as the client eventually begins matching your effort, I don’t see an issue with working harder to start because that may be what they need and aren’t going to get it from anywhere else (thus in cases of severe mental illness can be very detrimental). If we don't help people in need, which sometimes may involve working harder than them, then who is going to help them?] Ethical Principle: Social workers challenge social injustice.
Ethical Principle: Social workers respect the inherent dignity and worth of the person.
Although the patient was in the Women’s and Children’s Center to give birth, it was equally as important to address her mental health issues. I have learned that providing support and resources to patients goes far beyond the main reason they are in the hospital. There is additional factors that contribute to their overall health rather than medical reasons.

Ethical Principle: Social workers recognize the central importance of human relationships.

One constant thing that I have recognized throughout all my internship experiences and social work classes is that a positive therapeutic relationship is essential in treating clients. My experience with MHICM reiterated this value and ethical principle. As discussed above, clients must trust the social worker they are working with. Thus, having clear boundaries is important, but it is also important that clients feel a connection with you, which is why it may be important to disclose certain pieces of information. Moreover, the client who had bed bugs may not have felt comfortable enough to tell us the bed bugs were a problem because he might have felt shame or embarrassment (this actually occurred when the MHICM social worker first began working with this client). However, he trusted his social worker to remain nonjudgmental and view him as a person. Overall, we must establish a relationship with our clients to provide the most effective treatment for them.

Ethical Principle: Social workers behave in a trustworthy manner.

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

OR

ETHICAL STANDARD: please indicate specific standard you are reflecting upon

Social Workers' Ethical Responsibilities to Clients

1.04 Competence (a) During my experience talking and emotionally regulating the client, I did not engage in any skills that I am not fully competent in. I felt completely competent and comfortable talking through the client’s day with him and highlighting the positives of that day and the client’s successes. It was only because of this comfortability that I approached the client at all. This was a great experience and made me more confident in my ability to provide emotional regulation to clients in times of high stress.

1.07 Privacy and Confidentiality (a) As a social worker it is my responsibility to respect the client and their information. I did this in this activity but respecting they may provide on social media, but did not provide agency, providing confidentiality, and respecting the client as a whole. I also made sure to be aware of language within documentation.

Social Workers' Ethical Responsibilities to Colleagues

Social Workers' Ethical Responsibilities in Practice Settings

3.08 Continuing Education and Staff Development - I was provided information and sent to a professional development session on working with a specific refugee population to ensure that I had the most current knowledge and strategies related to practice. Also, my agency provides information to all staff
brought back by staff who have attended professional development sessions relevant to the work they do. It is impossible for every staff to attend every training that they want, so this is a way the agency make available the information learned by the staff that do attend.

Social Workers' Ethical Responsibilities as Professionals
Social Workers' Ethical Responsibilities to the Social Work Profession
Social Workers' Ethical Responsibilities to the Broader Society

4. Supervisory Agenda Items:
List agenda items/talking points for your next supervision session with your agency instructor.

[EXAMPLES:
For episodes of care criteria, what might replace the GAF?
Magellan uses the CHI. Do the new MCOs have their own equivalents of the CHI?
Is the WHODAS 2.0 (recommended in DSM 5) an option?
Is there research/review of best practices that I could be doing to prepare for the data analysis?
Schedule to attend a Disability Suspected (DS) meeting and an IPE meeting for a student at each level (elementary, secondary) The plan for supervision is to discuss current groups and client caseloads and how to move to the next stage in the TIC treatment plan for each case. A plan will be discussed on how to finalize practicum hours in the last month of the placement.
Processing recent sessions
Processing thoughts about future jobs
Discuss resistive client engagement techniques
Explore various self-care strategies
Share professional development opportunity that I would like to attend
Review ratings and comments on midterm or final eval in preparation for liaison visit
Review learning plan activities
Schedule shadowing of other agency staff
Prepare for community coalition meeting
Schedule 1:1 sessions/group sessions for the next month]

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