MSW Field Education Resources and Information
Fall Semester 2021

Contained in this resource guide is a summary of campus resources and helpful information.

This is not the MSW Policy Handbook.

Please refer to the MSW Policy Handbook for guidance and information regarding the official academic and program policies of the University of Utah College of Social Work.

Fall semester: August 23rd - December 9th, 2021

Field Education Faculty

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We realize that the pressures of graduate school can be challenging, particularly given the circumstances of the previous year. If you are struggling, please contact the University of Utah Counseling Center for guidance and support.
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Social Work Field Education and COVID-19

Protecting Yourself

- Avoid shaking hands, especially with those who appear to be ill.
- Avoid touching your eyes, nose, and mouth as much as possible.
- Disinfect shared surfaces.
- Stay home when you are sick.

Agency Protocols for COVID-19 Mitigation including potential variants

- Some agencies may require you to participate in COVID-19 safety protocol training, and/or require mask wearing. Please consult with your field instructor regarding agency requirements.

- University of Utah affiliated agencies MAY ask you to review this information
Practicum Nuts and Bolts

GLOSSARY OF FIELD EDUCATION RELATED TITLES AND TERMS

**Generalist Year:** Year one in practicum

**Specialist Year:** Year two in practicum (or Advanced Standing status)

**Intern Placement Tracking (IPT):** The College of Social Work Field Education Program currently utilizes the web-based system Intern Placement Tracking (IPT) to manage information related to students, field instructors, and agencies but will be transitioning to the SONIA system software in Spring 2022. Information on IPT. All forms related to field education are located on IPT, for ease of use in the field and real time accessibility and information sharing between students, task supervisors, field instructors, and field liaisons. If you do not have a username or login directions, please contact Diane Buck at diane.buck@socwk.utah.edu

**Field Education Director:** The Field Education Director provides overall management of the Field Education Program. The Field Education Director and the Associate Director, and potentially the program directors and Associate Dean for Academic Affairs will make final determinations regarding student readiness for field and student dispositions when concerns regarding performance, grading or other issues arise.

**Field Education Associate Director:** The Field Education Associate Director provides secondary management of the Field Education Program. The Associate Director and the Director and potentially the program directors and Associate Dean for Academic Affairs will make final determinations regarding student readiness for field and student dispositions when concerns regarding performance, grading or other issues arise.

**Practicum Coordinator:** The practicum coordinator is the University of Utah based faculty member and Canvas course instructor whose primary responsibility is to place students in appropriate agencies and see that the student’s internship experiences are educational and meet the established learning objectives. Practicum coordinators will also intervene when concerns arise so please contact them as soon as possible if you are experiencing difficulties in practicum. Practicum coordinators are ultimately tasked with integrating curriculum content in Canvas courses and webinars, monitoring educational opportunities, connecting CSWE competencies and skill development, evaluating, in conjunction with the student’s field instructor, progress toward competencies and assigning course grades. Students are typically assigned to the same coordinator for the generalist and specialist years.
**Field Instructor:** The field instructor is a licensed social worker, or in some circumstances, another licensed mental health professional with practice experience. The field instructor provides a minimum of one hour of supervision per week to the student. In most cases, the field instructor will be on site at the assigned field placement; however when a master’s level mental health professional is not available at the placement site, this role will be filled by a master’s level mental health professional who is outside of the agency.

**Task Supervisor:** The task supervisor is the agency employee that assigns tasks to the student and who assists in evaluating the daily performance of the student. The task supervisor maintains regular contact with the field instructor and practicum coordinator regarding the student’s progress in field placement.

**Field Placement/Practicum:** The Field internship or practicum is considered the “signature pedagogy” for social work education, and is a mandatory, intentional and planned educational requirement. It consists of an ongoing work assignment at an assigned agency and allows the student to apply social work theory, values, ethics, and competencies to practice. This work assignment is directly supervised by a field instructor and/or task supervisor and coordinated by the University of Utah based practicum coordinator.

**Canvas Course:** The coursework component of the social work student’s field practicum experience. In addition to working in an agency setting, the student is required to concurrently attend academic coursework in the form of Canvas course modules. Students will register for the following courses:

- **6511:** generalist year/semester 1 in practicum
- **6512:** generalist year/semester 2 in practicum
- **6521:** specialist year/semester 1 in practicum
- **6522:** specialist year/semester 2 in practicum

**School Track Students**

- **6823:** semester one of a school placement
- **6824:** semester two of a school placement

**BASICS**

- *Emails will be sent to your UMAIL accounts only. Please correspond using your UMAIL or CANVAS account only.*
• Students are assigned to a specific College of Social Work (CSW) practicum faculty, referred to as the “practicum coordinator,” as well as an approved “field instructor” and in some cases, a “task supervisor” within the practicum agency. Your practicum coordinator is also your professor/instructor for the Canvas course.

• If you are a generalist student (year 1 in practicum), you will receive an invitation to meet with a CSW practicum coordinator in early spring to discuss your specialist year (year 2 in practicum) placements.

• Stipends vary by agency and are not guaranteed, especially for generalist students. The availability of stipends does increase for second year students but cannot be guaranteed. If you need information regarding financial aid options, please reach out to the University Office of Financial Aid and Scholarships https://financialaid.utah.edu.

• You must complete both the “Reply Form” and the “Agency Affiliation Agreement” before you begin your practicum. These documents are in IPT.

• Students must demonstrate readiness to enter and remain in field practicum.

• If you require an accommodation, please contact the University of Utah Center for Disability Services as early as possible. Please note that you may require a separate accommodation for field education and that the accommodations do need to be renewed each semester.

• A Service Animal is defined by the ADA and is a:
  o Dog, or miniature horse
  o Necessary due to a disability
  o Trained to perform a specific task related to a disability (providing comfort/emotional support is not a task under the ADA)
  o Allowed anywhere individual is permitted to go
  o There is no requirement for certification or identification of a service animal - but does need to be in control of owner at all times and follow relevant University policy. CDA does not need to ‘approve’ Service Animal

• As previously stated, the University of Utah requires all communication through Umail or Canvas. Be sure to check your Umail account on a regular basis. Consider syncing your Umail to your mobile device. Click here for instruction on syncing UMAIL.

• The office of field education uses the following systems:
  o IPT: www.runipt.com (transition to new platform is in progress, slated for launch spring semester 2022)
  o CANVAS: https://utah.instructure.com/
  o Umail: www.umail.utah.edu
  o Zoom: for all webinars
REQUIREMENTS

**Generalist students:** In addition to the 450 minimum hours, Canvas coursework and meeting 80% of competency related evals on the final evaluations, students are required, across the year, to meet with:
- 6 individuals
- 2 groups
- 2 families
- 1 community
- 1 organization

**Specialist students:** In addition to the 600 minimum hours, Canvas coursework, and meeting 80% of competency related evals on the final evaluations, students are required, across the year, to meet with:
- 8 individuals
- 2 groups
- 4 families
- 1 community
- 1 organization

**GRADING IN PRACTICUM**

- All MSW students will be assigned a letter grade for field practicum. Practicum includes a practice-oriented internship and course that will require adjunctive work outside of agency hours. The practicum course is delivered via Canvas and Zoom and includes assignments and **TWO to THREE (generalists v specialists) 75-minute webinars per semester.** One webinar will be with your class, hosted by your professor. The second webinar is a **topical webinar.** Attendance at these webinars is mandatory. We will also offer 1-2 optional webinars during the spring semester.
  - So, practicum has two critical components:
    - Completion of hours, competencies and requirements in your internship placement and;
    - Completing ALL internship-related coursework in Canvas, which includes attending mandatory webinars and site visits (once per semester).

- ALL assignments must be submitted to pass practicum. Also, the following must be met:
  - Successful completion of practicum. **Please note that if students are dismissed from practicum due to performance, ethical and or behavioral concerns, they will receive an E/NC grade. This could result in dismissal from the program.**
  - All students must earn a 3 or higher on the final evaluations on roughly 80% of the competency-based behaviors (see below for the specific number of required behaviors that must be met to receive credit). Students will receive an NC/E if
they earn a 1 on any competency-based behavior during their second semester in practicum. To meet 80% of the behaviors, students must meet the following:

- **GENERALIST STUDENTS**: 25 out of 31 competency-based behaviors at a 3 or higher, and as stated previously, may not receive a 1 in their second semester

- **SPECIALIST STUDENTS**: 22 out of 28 competency-based behaviors at a 3 or higher, and as stated previously, may not receive a 1 in their second semester

- Please review the [MSW Policy Handbook](#) for all official program and academic policies

- Please review the grading criteria in the Canvas syllabus

### PRACTICUM HOURS

**Generalist (Year I) minimum requirements: 450**  
**Specialist (Year II) minimum requirements: 600**  
**MSW Advanced Standing Students (considered specialist students): 600**

Students can complete up to 50 hours prior to the first day of the semester. *These hours cannot include direct practice with clients*, but can include hours engaged in supervision, seminars or trainings, orientation, agency meetings, shadowing, observation, staff meetings, etc.

**NOTE REGARDING HOURS:** Some agencies may require additional hours due to specialized training opportunities or training structure. Please clarify expectations with your field instructor as soon as possible to avoid placement disruption.

**NOTE REGARDING HOLIDAYS AND BREAKS:** Although there are holidays and extended school breaks during the semester, students may be required to report to their field placement to ensure continuity with clients/agency during breaks. *This may include hours over the Winter break.* Please coordinate with your field instructor to determine your schedule at the beginning of the semester.

### Deadlines for Students and Field Instructors

Please visit your Canvas course page for information regarding assignment deadlines. Below are important dates for several required forms:

- ASAP but no later than the date you begin practicum: *Affiliation Agreement* and *Reply Form - in IPT*

- By mid-September: Schedule your site visit (this will be done via calendar link) - *in Canvas*
All site visits will take place September-November, preferably during your supervision hour

- @100 hours in practicum: Practicum Learning Plan. Learning plans will receive a no credit grade after 150 hours—*in Canvas*
- Last day of classes: Final Evaluation for *MSW* students—*in IPT*

**Required Forms**

- ✔ Reply Form (before starting practicum)
- ✔ Affiliation Agreement (before starting practicum)
- ✔ Mid-Term Check-in (done by field instructor)
- ✔ Final Evaluations (Fall and Spring semesters)

**MSW Student Evaluations**

Your field instructor will report on and evaluate the following:

- Supervision dates
- Progress on requirements, and
- Competencies addressed
- For MSW students, competency performance ratings which are defined in evaluation form, are reported on a Likert scale of 1 – 5:
  - 5-Exceptional Performance
  - 4-Strong Performance
  - 3-Average Performance
  - 2-Marginal Performance/Needs Improvement
  - 1-Unsatisfactory/Failing Performance
  - 0-Not Observed

- For *generalists*, 25/31 and for *specialists* 22/28 of competencies must be rated a 3 or higher to receive credit for practicum. Also, students may not receive a 1 in the second semester of their practicum, or they will receive an E/NC. Termination from practicum due to behavioral, ethical and/or significant performance issues will result in a NC/E grade.

- There is also a general narrative section to document observations/concerns (if any)
- Hours must be reported accurately. It is a violation of the student conduct and the NASW Code of Ethics to misstate your hours.

**Liability Insurance**

All social work students are provided with liability coverage through the University of Utah. Please [click here](#) for more details regarding your coverage.

*Note about out of state placements or students:* If your placement is outside of Utah, or if you are...
residing outside of Utah, supplemental insurance is required. Please contact NASW Assurance Services or another preferred provider to inquire about supplemental insurance, or Diane Buck in the office of field education for more information.

Professionalism

Social work is a values-based profession predicated on the NASW Code of Ethics. Please take your responsibility to clients, colleagues, communities and the profession seriously by doing the following:

- Review and comply with the NASW Code of Ethics, FERPA, HIPAA and agency policies at all times
- Complying with agency policy regarding COVID mitigation
- Read your agency policy manual and discuss agency expectations with your field instructor within the first week or two. Agency expectations will likely include:
  - documentation standards
  - mandatory reporting and duty to warn standards
  - confidentiality, FERPA and HIPAA
  - school breaks
  - weekly schedule
  - required hours (pursuant to agency, client and field instructor needs)
  - safety protocols and COVID-19 protocols
  - Weekly meetings with your supervisor

- Please discuss agency dress standards with your field instructor. Most agencies require business casual attire. Appropriate business casual attire typically includes: slacks or khakis, dress shirt or blouse, open-collar or polo shirt, seasonal sport coat, a dress or skirt at knee-length or below, pants, dark denim (no holes), a tailored blazer, knit shirt or sweater, shoes that cover all or most of the foot. Flip flops, sweatpants, exercise attire and shorts are not considered appropriate.

Save the Date!
Practicum Week
February 2\textsuperscript{nd}, 3\textsuperscript{rd} and 4\textsuperscript{th} 2022

Information to prepare for Specialist practicum
February 2\textsuperscript{nd}: SCHOOL SOCIAL WORK TRACK INFO SESSION 12p-1p
February 3\textsuperscript{rd}: Practicum Expo Day 1 9:00am-4 Location TBA
February 4\textsuperscript{th}: Practicum Expo Day 2 9:00 am-12:00pm Location TBA
## Field Calendar 2021/2022

### MSW Fall Semester 2021

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time</th>
<th>Place</th>
<th>Link/Passcode</th>
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<tbody>
<tr>
<td>August 23 (Monday)</td>
<td>Generalist Practicum Orientation/Q&amp;A</td>
<td>9:00 am – 12:00 pm</td>
<td>ZOOM</td>
<td><a href="https://utah.zoom.us/j/93272976928">https://utah.zoom.us/j/93272976928</a> 005867</td>
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<tr>
<td>August 23 (Monday)</td>
<td>Fall Semester Begins</td>
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<tr>
<td>August 26 (Thursday)</td>
<td>Specialist Practicum Student Orientation/Q&amp;A</td>
<td>12:00 pm – 1:00 pm</td>
<td>TBD</td>
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<td>Session will be recorded.</td>
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<tr>
<td>September 2 (Thursday)</td>
<td>Mandatory Fall Topical Webinar for Specialist Students: <strong>Ethics</strong></td>
<td>12:00 pm–1:00 pm</td>
<td>ZOOM</td>
<td><a href="https://utah.zoom.us/j/99075498340">https://utah.zoom.us/j/99075498340</a> 117232</td>
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<td>Session will be recorded.</td>
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<tr>
<td>September 10 (Friday)</td>
<td>Mandatory Fall Topical Webinar for Generalist and Specialist Students: <strong>Documentation101</strong></td>
<td>12:00p-1:00p</td>
<td>ZOOM</td>
<td><a href="https://utah.zoom.us/j/96699115521">https://utah.zoom.us/j/96699115521</a> 451706</td>
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<td>October 10-17</td>
<td>*Fall Break</td>
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<td>October 19 (Tuesday)</td>
<td>3 Year program Generalist Check In</td>
<td>5:00 pm – 6:00 pm</td>
<td>ZOOM</td>
<td>(Link will be emailed to students)</td>
</tr>
<tr>
<td>October 27 (Wednesday)</td>
<td>2 year program Generalist Student Check In</td>
<td>12:00 pm – 1:00 pm</td>
<td>ZOOM</td>
<td>(Link will be emailed to students)</td>
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</table>
**December 9 (Thursday)**  Classes End and Evaluations Due

**December 19-January 9**  *Winter Break*

**NOTE REGARDING HOLIDAYS AND BREAKS:** Although there are holiday and school breaks during the semester, students may be required to report to their field placement to respect continuity with clients/agency during the break period. Please coordinate with your assigned field instructor to determine your schedule at the beginning of the semester.

### Spring Semester 2022

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>January 10 (Monday)</td>
<td>Spring Semester Begins</td>
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</tbody>
</table>
| January 12 (Wednesday)| Specialist Practicum overview for current Generalist Students  
12:00pm – 1:00pm  
Place: TBD       |
| February 1 (Tuesday)  | School Social Work Pathway Info Session  
12p-1p  
Place: TBD       |
| February 3 (Thursday) | Day 1  
Specialist Practicum Expo (1 hour time slots)  
9:00 am – 4:00 pm  
Place: TBD       |
| February 4 (Friday)   | Day 2  
Specialist Practicum Expo (1 hour time slots)  
9:00 am – 12:00 pm  
Place: TBD       |
| March 6-13            | *Spring Break                                                                             |
| March 2 (Tuesday)     | 3 year program Generalist Check in  
5:00 pm – 6:00pm  
Place: Zoom (Link will be emailed to students) |
| April 26 (Tuesday)    | Classes End  
Final Evaluations Due                                                                   |
| May 6 (Friday)        | CSW Convocation                                                                           |
| May 12 (Thursday)     | Introduction to Practicum Basics for new incoming MSW students  
4:00 pm – 5:00 pm  
Place: Zoom (Link will be emailed to students) |

*Mandatory Spring Topical Webinar Dates TBD*
Will also host two optional webinars on Interview Skills and Licensing Basics.
Resources and tools to help you!

Here you will find field and supervision tracking sheets, teletherapy resources and a table of field requirements.

Our hope is that you will copy these to your computer desktop or in your notebook or planner and complete them on a weekly basis.

*The supervision tracking sheet will help optimize process learning and integration during your supervision sessions.*
◊ MSW Generalist I Requirements

◊ MSW Generalist I Tracking Sheet

◊ MSW Generalist I Supervision Tracking Sheet
# Master of Social Work (MSW) Generalist I Program Requirements

**Minimum Hours Required:** 450

<table>
<thead>
<tr>
<th>Type</th>
<th>Requirements</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>6</td>
<td>This includes any direct practice activity such as working directly with clients, family members, collaterals, groups, telephone calls, completing client notes/documentation,</td>
</tr>
<tr>
<td>Families</td>
<td>2</td>
<td></td>
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<tr>
<td>Groups</td>
<td>2</td>
<td></td>
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<tr>
<td>Communities</td>
<td>1</td>
<td>This includes any macro or policy projects</td>
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<tr>
<td>Organizations</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Learning</td>
<td>Varies</td>
<td>This includes time spent as a learner including supervision from a non-social work supervisor, supervision from a social work supervisor, seminars or trainings, orientation, agency meetings, staff meetings, etc.</td>
</tr>
<tr>
<td>Experiences</td>
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</tbody>
</table>
**Direct practice with individuals, families and group:** This includes any direct practice activity such as working directly with clients, family members, collaterals, groups, telephone calls, completing client notes/documentation,

**Practice with organizations and communities:** This includes macro projects

**Learning Experiences:** This includes time spent as a learner including supervision from a non-social work supervisor, seminars or trainings, orientation, webinars, agency meetings, staff meetings
## MSW Generalist I Field Education *Supervision* Tracking Sheet

<table>
<thead>
<tr>
<th>Competencies addressed</th>
<th># Hours this week</th>
<th>Requirements addressed</th>
<th>@ Direct practice with organizations (1 total)</th>
<th>@ Direct practice with communities (1 total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professionalism</td>
<td></td>
<td>6. Informed research and evidence-based practice</td>
<td></td>
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</tr>
<tr>
<td>2. Ethics</td>
<td></td>
<td>7. Person in environment</td>
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<tr>
<td>3. Critical thinking and judgement</td>
<td></td>
<td>8. Responding to contexts</td>
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<tr>
<td>4. Diversity and cultural competency</td>
<td></td>
<td>9. Practice skills</td>
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<tr>
<td>5. Advocacy and social justice</td>
<td></td>
<td>Alternative assignments (if applicable, in event in-person hours are reduced)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hours this week:_______

**Individually:** review cases, goals, next steps, concerns, discuss one case

**Families:** review cases, goals, next steps, concerns, discuss one case

**Groups:** review cases, goals, next steps, concerns, discuss one case

**Organization (agency) project status:**

**Communities project status:**

**Concerns, struggles, challenges**

**Follow ups:**

---

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◊ MSW Specialist II Requirements

◊ MSW Specialist II Tracking Sheet

◊ MSW Specialist II Supervision Tracking Sheet
Master of Social Work (MSW) Specialist Year II Program
Requirements
*Minimum* Hours Required: 600

Advanced Standing *Minimum* Hours Required: 600

<table>
<thead>
<tr>
<th>Type</th>
<th>Requirements</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
<td><strong>Individual</strong></td>
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<td>This includes any direct practice activity such as working directly with</td>
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<td><strong>Groups</strong></td>
<td>4</td>
<td>clients, family members, collaterals, groups, telephone calls, completing</td>
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<td></td>
<td>2</td>
<td>client notes/documentation,</td>
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<td><strong>Communities</strong></td>
<td>1</td>
<td>This includes any macro or policy projects</td>
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<td><strong>Organizations</strong></td>
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<td><strong>Learning</strong></td>
<td>Varies</td>
<td>This includes time spent as a learner including supervision from a non-</td>
</tr>
<tr>
<td><strong>Experiences</strong></td>
<td></td>
<td>social work supervisor, supervision from a social work supervisor, seminars</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or trainings, orientation, agency meetings, staff meetings, etc.</td>
</tr>
</tbody>
</table>

A minimum 100 practicum hours must be directed toward macro practice with organizations and communities.
### MSW-II Specialist and Advanced Standing Tracking Sheet

<table>
<thead>
<tr>
<th>Week/Date</th>
<th>Direct Practice with Individuals, Families and Groups*</th>
<th>Practice with Organizations or Communities**</th>
<th>Other Learning Experiences***</th>
<th>Supervision (minimum 1 hour per week by MSW supervisor)</th>
<th>Total</th>
<th>Logs Submitted (6 required)</th>
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<td>Class Webinar</td>
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*Direct practice with individuals, families and group:* This includes any direct practice activity such as working directly with clients, family members, collaterals, groups, telephone calls, completing client notes/documentation

**Practice with organizations and communities:** This includes macro projects

***Learning Experiences:* This includes time spent as a learner including supervision from a non-social work supervisor, seminars or trainings, orientation, webinars, agency meetings, staff meeting
# MSW Specialist II Field Education Supervision Tracking Sheet

## Competencies addressed

|-------------------|--------------------|----------|-----------------------------------|-------------------------------------|-------------------------------|-----------------------------------------------|--------------------------|----------------------|-------------------|----------------------------------------------------------------------------|

## Requirements addressed

<table>
<thead>
<tr>
<th>Individuals: review cases, goals, next steps, concerns, discuss one case</th>
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<tbody>
<tr>
<td>Families: review cases, goals, next steps, concerns, discuss one case</td>
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<tr>
<td>Groups: review cases, goals, next steps, concerns, discuss one case</td>
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<tr>
<td>Organization (agency) project status:</td>
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<td>Communities project status</td>
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<tr>
<td>Concerns, struggles, challenges</td>
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<tr>
<td>Follow ups:</td>
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</table>

Hours this week: _______
Netiquette and Teletherapy 101

Strategies for Successful Online Learning “Netiquette”
Adapted from LSC Online Etiquette Guidelines

1. Respect the privacy of your classmates and what they share in class.
2. Ask classmates for clarification if you find a discussion posting offensive or difficult to understand.
3. Avoid sweeping generalizations. Back up your stated opinions with facts and reliable sources.
4. Understand that we may disagree and that exposure to other people’s opinions is part of the learning experience.
5. Be respectful of each other. We’re all in this together. Before posting a comment, ask whether you would be willing to make the same comment to a person’s face.
6. Keep in mind that everything you write, indeed every click of your mouse is recorded on the network server. On the Internet there are no take backs.
7. Keep in mind that you are taking a college class. Something that would be inappropriate in a traditional classroom is also inappropriate in an online classroom.

Online Communication

1. Be aware that typing in all capital letters indicates shouting.
2. Be careful with humor and sarcasm. Both can easily be misunderstood!
3. Review all discussion postings before posting your own to prevent redundancy.
4. Check your writing for errors by reviewing what you’ve written before submitting it.
5. Acronyms (LOL, etc.) and emoticons are commonly used online, but be careful not to overuse them.
6. Many communications with your instructor or fellow students are best handled through email. Only post on the classroom discussion board if the conversation is relevant to others in the class.
Strategies for Successful Teletherapy Visits
Adapted from Ilana Seager VanDyk, Juliet Kroll, Ruben Martinez, Natacha Emerson & Brenda Bursch,
UCLA Pediatric Psychology Consultation Liaison Service

Before Session Starts

- If video capability:
  o Know how to use the equipment (receive training before using).
  o Check lighting; should have lighting from your side or front, not your back (i.e., no windows behind you).
  o Check background and remove distractions from provider space (e.g., remove personal items as appropriate).
  o Check camera and visuals. Ensure your video is sufficiently “zoomed in” for the patient to see your facial expressions.
  o Check provider and patient audio.
  o Make sure the client knows how to get a video conference started.

At Session’s Beginning

- Review informed consent that it is okay to communicate via phone/video.
  o If patient is a minor, and parents are separated/divorced, and you previously obtained/needed to obtain consent from both parents (regardless of legal custody), obtain permission from both parents.
  o Find a private space to make your calls ideally using your professional or a Google voice number. If you have decided that phone or telehealth is appropriate say:

    something along the lines of:
    This is ______ from _______. Do you have about 15 minutes to check-in? Are you in a private space? Is there a better time we can talk privately? Respond appropriately.
    I am calling to let you know that I/the clinic will be offering phone or video sessions to minimize the spread of COVID-19. Are you okay with proceeding with these visits by phone or video?
  o Discuss privacy and how your specific client will comply with privacy standards.
  o Help the patient/parent determine a location—a space closed off from the rest of the home, if needed, that is private.
  o Ask if anybody else is in the room. You may need to repeat this question during session if anything suggests someone may have entered the room.
  o Ask about sound travel between rooms—"How thin are your walls?"
  o If available, use/have patient use a headset.
  o Remind them the session is not recorded and will remain confidential.
- The exception being for training/supervision purposes, requiring obtaining consent for recording.
- Patient needs to agree they will not record the session.
  - Discuss potential distractions during session (i.e., others in the home, pets).
  - If you are conducting treatment from your home (not in your office), insure you are in a private location absent—as much as possible—intrusions, breaches to confidentiality from your end (i.e., a family member walking in to the room) and background noises (i.e., your favorite pet trying to get your attention).
  - Do not try to engage the patient or conduct an intervention via texting.
- Have patient’s phone number and address on hand if you need to call back (if you get disconnected) or need to send emergency response to patient’s location.
  - Higher risk patients—have someone else at the location and obtain their contact information (phone number and address).
- Provide phone number client can reach you at should there be a disruption in connection.

Additional “Setting the Scene” Ideas

- Young patients may prefer a “less formal” room set-up, so you may want to remove tables/desks between the patient and the video-recording device (or you and the video-recording device).
- Children can sit next to the caregiver, between caregivers, on a caregiver’s lap, or in front of the caregiver in either their own chair or on the floor.
- Larger rooms work best with younger patients, so they can move around. If a child's motor skills, play, exploration, and movements are being assessed, the room should be large enough for this activity to fit within the camera frame.
- Teens may prefer to be seen without a caregiver present. Use clinical judgment to ensure appropriate privacy is maintained (e.g., patient feels comfortable they are not being overheard).
- Try to maintain a constant gaze into the camera, rather than frequently looking away at your computer or notes.
- If you can, use picture in picture feature (e.g., where you can see both yourself and the patient) to see how you are being viewed by the patient, or if there is something distracting in your background (e.g., your pet).

Introducing Telehealth to Patients (adapt to the patient’s developmental age)

- Ask whether the patient has ever had a doctor appointment through the phone or computer. If the patient has not used telehealth before, explain its use in lay terms.
• “I am using technology to meet with patients during the Corona Virus outbreak so that everyone can stay as healthy as possible,” or “I am using this so I don’t have to use a face mask to see you today.”

• If necessary, tell patients the session is happening in “real time.” You may demonstrate this by commenting on the patient’s gestures, or what they are wearing—“Everything you can see about me, I can see about you. For instance, you are wearing...” and “you just....” Children in particular seem to enjoy this exercise, proof they are being seen.

• Discuss security, if needed. Teens might understand the concept of encrypted technology, yet with younger children an explanation may include having an “electronic tunnel from the camera where the clinician is sitting to the one where the patient is sitting.” Some patients appreciate reassurance that the session is not openly viewed “on the internet” and will not be placed online.

• Establish a visual context of where you are sitting. Ask patients if they would like to see your office. Using the camera’s zoom and pan features or manually moving your device, you can give patients a virtual tour of your workspace to assure them no one else is present and to provide context to the clinical setting. After the tour, let the patient know that the camera will be zoomed in so that the patient can see your facial expressions.

• Socialize youth to the videoconferencing system, and highlight that it might take time to acclimate to the technology and “not talk over each other.”

• Give patients an opportunity to ask questions before starting the session, especially helpful if patients are not as comfortable with electronic media.

**During Session**

• Be on time – keeping to time limits (an aspect of the treatment contract) may be more difficult when transitioning to something new
  o Review with patient/parent the time you will have together
  o Keep a clock/watch handy to help you keep a good pace

• Be focused and attentive with audio only sessions. Doing treatment over the phone can tempt you to multi-task and get distracted by something else -- Do Not Multi-Task!

• If video session, pay attention to patient attire and position – i.e., not conducting treatment if patient is in pajamas or lying down.

• Discuss any technical difficulties noticed immediately as they arise during the introduction. For instance, if there is a slight lag in audio that makes it seem as if you and
patient are talking over each other, you can suggest adding a small pause after each statement.

Building Rapport

- If you are using or creating worksheets or other visual activities, consider allowing the patient to choose colors/fonts/pictures to provide them some control.
- Use exaggerated expressions and gestures, if needed, to engage youth (virtual high 5s, thumbs up, etc.).
- Frequently share summary statements, reflections, and observations as reminders you are listening.
- Younger children may enjoy drawing pictures they can share through—even hold up to—the camera while telling a story. These drawings may also help you assess attention, fine motor skills and creativity. Children may also use play with objects (e.g., dolls, action figures) to demonstrate their ability for symbolic play and reveal inner thought content.
- For younger kids, ask them to share their favorite things about home — toys, books, blankets, etc., insofar as these can be related to clinical activities and are not disruptive.
- For older kids, ask if they have any art, journaling, music, or something else to share with you.
- Children and teens may appreciate getting to know clinicians as well. Consider using a brief question and answer game to share some facts about you while gathering information about your patient—e.g., taking turns answering, “What is your favorite TV show?”,”What is your favorite color?”,”What is your favorite food?”
- Simply have a conversation with the patient, shown to be a reliable rapport builder, even over telehealth.
- Weather the inevitable technical and clinical challenges associated with telehealth with patience and humor. [Throughout treatment it is important to continue conversations related to technical difficulties, unique challenges, or positives that come from using telehealth. Keep asking!]

Keeping Kids Engaged (Ideas may depend on the video platform’s capabilities)

- Art-based therapeutic methods may help engage younger patients, showing their work on the camera or using “screen share” options to create art together.
- Using a “whiteboard” feature so the patient and clinician can draw together or play tic-tac-toe.
- If needed, recruit caregivers to help with engagement.
  - With younger children, make sure there are toys in the room where the patient is streaming from, but ask caregivers to avoid loud, noisy toys that will interfere with audio quality.
  - A hyperactive or autistic child may have difficulty remaining in the frame. Consider keeping the caregivers in frame and call the child back to the camera when they need to answer a question.
  - If anxious or defiant youth refuse to sit within the camera frame, first try to use typical behavior management strategies. Prior to the next session, ask the
caregiver to turn off the self-monitor image and seat the youth farther away from the camera to remain in the frame. Or, allow the youth to have more privacy for part of the session. [Research suggests youths’ satisfaction with telehealth will likely increase with repeated use; youth who were initially anxious about telehealth showed decreased distress in about 10-15 minutes.]

- Especially with younger patients, recognize that staying engaged via telehealth is challenging! Adjust your expectations of how long sessions may last if you are having a hard time keeping your patient engaged.

**After Session**

- Documentation—document content of the session in your electric medical record (EMR), this includes document patient location, who participated, and whether the session occurred over the phone or via video platform.
Strategies for Successful Teletherapy Visits with Children and Youth
Adapted from Ilana Seager VanDyk, Juliet Kroll, Ruben Martinez, Natacha Emerson & Brenda Bursch,
UCLA Pediatric Psychology Consultation Liaison Service

Setting the Scene

• Minimize any potential distractions in view of the camera in your workspace. Similarly, encourage caregivers to minimize distractions in the room where the patient will be completing the session.

• Young patients say they prefer a “less formal” room set-up, so you may wish to avoid having a table between the patient and the video-recording device (or you and the video-recording device).

• Many seating arrangements can work for children. Children can sit next to the caregiver, between the caregivers, on a caregiver’s lap, or in front of the caregiver in either their own chair or on the floor.

• Larger rooms tend to work best with younger patients, so they can move around. In addition, if a child's motor skills, play, exploration, and movements are being assessed, the room should be large enough for this activity to fit within the camera frame.

• Teens may prefer to be seen without a caregiver present. Use clinical judgment to ensure appropriate privacy is maintained (e.g., patient feels comfortable they are not being overheard). If a patient expresses any discomfort with full video, text/chat functions are available in some telehealth systems and may be useful for older patients (likely over 11 years old).

• Ensure your video is sufficiently “zoomed in” for the patient to see your facial expressions.

• Try to maintain a constant gaze into the camera, rather than frequently looking away at your computer or notes.

• If you can, use picture in picture feature (e.g., where you can see both yourself and the patient) to see how you are being viewed by the patient, or if there is something distracting in the background (e.g., your cat!).

• Patients may enjoy using telehealth background features. This can support the patient’s sense of control, by allowing the patient to choose the “location” for next session (e.g., in outer space or even upload a background picture of a favorite location).
Introducing Telehealth to Children and Youth (ADAPTED FROM GLUECK, 2013)
The following recommendations must be adapted to the developmental age of the patient

- Ask whether the patient has ever seen a doctor on a phone or computer. If the patient has not used telehealth, it may be helpful to refer to common lay technology (i.e. Facetime, Skype, or Zoom) and explain key differences.

- Let patients know why telehealth is being used. For example, “mental health clinicians are using technology to meet with patients during the COVID-19 outbreak so that everyone can stay as healthy as possible,” or “I am using this so I don’t have to use a face mask to see you today.”

- Communicate to patients that the session is happening in “real time,” if needed. You may demonstrate this by commenting on the patient’s gestures, or what they are wearing, saying that “everything you can see about me, I can see about you. For instance, you are wearing...” and “you just...” Children in particular seem to enjoy this exercise and proof that they are being seen.

- Discuss security, if needed. For example, teens might understand the concept of encrypted technology, which is the HIPAA (Health Information Portability and Accountability Act) standard. If younger children express any concerns about who else can hear or see them, it can be described as having an “electronic tunnel from the camera where the clinician is sitting to the one where the patient is sitting.” Additional information regarding technological specifications should be available if requested. Some patients appreciate being reassured that the session is not “on the internet” in the sense that it can neither be openly viewed nor will it be placed online.

- It is important to inform patients if a session is being recorded. If you want to record a session, then you must obtain explicit consent from the patient. Teen patients who are recorded may appreciate information about what recorded information may be shared with their parent (e.g. substance use, sexual activity, etc.). As appropriate, provide information about mandatory disclosures. If sessions are being recorded solely for supervision purposes, this may also be shared with the family so as to diffuse any worry about loss of privacy.

- Establish a visual context of where you are sitting. Ask patients if they would like to see your office. Using the camera’s zoom and pan features or manually moving your device, you can give patients a virtual tour of your
workspace to assure them that no one else is present and to provide context to the clinical setting. After the tour, let the patient know that the camera will be zoomed in so that the patient can see your facial expressions.

- Discuss any technical difficulties noticed immediately as they arise during the introduction. For instance, if there is a slight lag in audio that makes it seem as if you and patient are talking over each other, you can suggest adding a small pause after each statement. Socialize youth to the videoconferencing system and highlight that it might take time to acclimate to the technology and “not talk over each other.”

**Give patients an opportunity to ask questions before starting the session. This may be especially helpful to younger and older patients who are not as comfortable with electronic media.**

**Building Rapport**

- Provide opportunities for your patient to speak and/or assert control over the conversation given their inability to "interrupt or speak over someone" with some telehealth formats.

- If you are using or creating worksheets or other visual activities, consider allowing the patient to choose the colors/fonts/pictures in order to provide them with some control.

- Use exaggerated expressions and gestures if needed to engage the youth (virtual high 5s, thumbs up, etc.).

- Use summary statements, reflections, and observations frequently to remind your patient that you are listening.

- Seek more verbal confirmations of mutual understanding of what is being done in treatment (e.g., rationale for relaxation, exposures, etc.).

- Children may enjoy drawing pictures that they can then share through the camera while telling a story. These drawings may help you assess children’s attention, fine motor skills and creativity. Children may also use play figures (e.g., dolls, action figures) to demonstrate their ability for symbolic play and reveal their thought content.

- For younger kids, ask them to share their favorite things about home — toys, books, blankets, etc. insofar as these can be related to clinical activities and are not disruptive. Encourage children to hold their drawings up to the camera so they can explain them.
• For older kids, ask if they have any art, journaling, music, or anything else to share with you. Consider engaging adolescents by exploring an online site, such as YouTube or Facebook.

• Children and teens may appreciate getting to know clinicians as well. Consider using a brief question and answer game to share some facts about you and gathering information about your patient. For example, your patient and you can take turns answering: “What is your favorite TV show?”, “What is your favorite color?”, “What is your favorite food?”, “How many siblings do you have?”

• Tentative language when interpreting patients’ statements, open-ended questions, and figurative language may be helpful when conducting an initial session online.

• Mirror the language patterns of the youth and handle any threats to rapport with genuineness (including using informal language).

• Simply have a conversation with the patient! This is shown to be a reliable rapport builder, even over telehealth.

• Weather the inevitable technical and clinical challenges associated with telehealth with patience and humor.

**Keeping Kids Engaged**

• Arts-based therapeutic methods may help engage younger patients. You can have the patient show you their work on the camera or use screen share options to create art together (based on your platform’s capabilities).

• Consider sharing handouts and working through them in session if your platform has the functionality (e.g., Zoom screen share with editable documents or PowerPoints).

• Try utilizing different functions to increase engagement (e.g., Zoom has a “whiteboard” feature where a patient and clinician can draw together or play tic-tac-toe). Check with technology services at your site for specific trainings and tips on functionality for your platform.

• In sessions with younger children, make sure there are toys in the room where the patient is streaming from — but ask caregivers to avoid loud, noisy toys that will interfere with the audio quality. If needed, recruit caregivers to help with engagement.

• A hyperactive or autism spectrum disorder (ASD) child may have difficulty remaining in the frame. Consider keeping the caregivers in frame and call the child back to the camera when they need to answer a question.
• If anxious or defiant youth refuse to sit within the camera frame, try to use typical behavior management strategies first. Then, prior to the next session, ask the caregiver to turn off the self-monitor image and seat the youth farther away from the camera so as to remain in the frame. Another strategy is to allow the youth to have more privacy for part of all of the session.

• Especially with younger patients, recognize that staying engaged via telehealth is challenging! Adjust your expectations of how long sessions may last if you are having a hard time keeping your patient engaged.

• Research shows that youth’s satisfaction with telehealth will likely increase with repeated use; youth who were initially anxious about telehealth showed decreased distress in about 10-15 minutes.
Emergency or Crisis Protocol for Teletherapy Visits

- Always know your client’s physical location and phone number in case of an emergency.
- Create a contingency plan for emergencies. This plan should include emergency numbers, **the number of your supervisor** or person on-call, and referral resources.
- Know the phone number(s) that clients can be reached at in the event the internet fails.
- Try to secure an emergency contact and have their name and phone number.
- For clients at risk of suicidality, homicidality, and/or impulsivity, consider whether a safety plan should be developed or revisited. This should include an agreement regarding the protocol if a client in crisis hangs up during a conversation—especially if you have not been able to fully assess the situation.
- If working with someone who may be in a dangerous situation, including intimate partner violence, arrange a hand sign to notify the clinician if it is no longer safe to talk.
- Provide referrals for crisis services available near their location in case of an emergency.

**Emergency Resources (Wasatch Front)**

UNI Crisis Line 801-587-7000
911

**Consult with a supervisor or person on-call**
Utah-Specific Rules for Teletherapy

During COVID-19, Utah has a telehealth coverage mandate for commercial health plans
Utah Code Ann. § 31A-22-649
Utah Code Ann. § 31A-22-649.5
Utah Code Ann. § 36-60-102
Utah Code Ann. § 36-60-103

During COVID-19, Utah has an emergency state action on telehealth reimbursement parity
Utah Medicaid Guidance affirms reimbursement parity for Medicaid telehealth services

During COVID-19, Utah has an emergency state action to include audio-only phone
Executive Order 2020-07 dated 3/25/20 temporarily waives state law requirements that health care providers must use HIPAA-compliant platforms to deliver telehealth services during the state of emergency.