

Marshall University College of Health
Professions

Social Work Department

**MSW Student
Handbook**



Peggy Proudfoot-Harman, Ph.D.MSW,LICSW
Associate Professor
MSW Program Director
Pritchard Hall 308
304 696-3146
Peagy.harman@marshall.edu

Welcome to the Marshall University Social Work Department!

Social Work is an exciting rewarding, and fast-growing profession.

With contemporary social issues such as child abuse, homelessness, substance use disorders, AIDs, poverty, aging, teenage pregnancy, violence against women and juvenile delinquency

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Welcome to the Marshall University Social Work Department!

Social Work is an exciting, rewarding, and fast-growing profession.

With contemporary social issues such as child abuse, homelessness, A.I.D.S., poverty, aging, teenage pregnancy, substance abuse, violence against women, and juvenile delinquency, there has never been a more important need for social workers.

Graduates from the Marshall University Social Work Department have an excellent track record in terms of finding jobs in the Social Work field. Alumni work in hospitals, mental health centers, child welfare agencies, domestic violence shelters, and numerous other human service agencies. There continues to be a growing need for social workers in the Tri-State area and nationwide. The BSW degree is the entry level into the profession.

We hope you will enjoy your course of study and take advantage of the many diverse experiences of campus life. If you have any ideas, questions, or concerns, please bring them to the attention of the Social Work faculty.

MISSION:

The mission of the Marshall University Master of Social Work Program is to prepare students for the advanced level of practice based on the social work foundation of generalist competencies grounded in the core professional values and competencies with an understanding and appreciation of the populations and institutions of Appalachia.

ACCREDITATION STATUS:

The Marshall University MSW Program is currently pursuing “Candidacy” and “Accreditation” status with the Council of Social Work Education.

GOALS:

The program has identified five goals which flow from the mission statement and are consistent with the purpose and value base of the profession. The goals are as follows:

1. To prepare students for generalist social work practice with individuals, families, groups, organizations, and communities with a special emphasis on working with populations and institutions of Appalachia.
2. To prepare students to recognize, respect, and integrate social work ethics and values in practice.
3. To prepare students to alleviate oppression and to recognize and respect the dignity and worth of diverse client systems with special attention to oppressed and vulnerable populations including Appalachians as well as populations distinguished by race, ethnicity, culture, class, gender, sexual orientation, religions, physical or mental ability, age, and national origin.

ADMISSION:

Graduate Admissions Application Procedures The receipt of a bachelor’s degree from an accepted, regionally accredited college or university is the basic requirement for admission as a graduate student to Marshall University and cannot be waived.

Applicants must fulfill all admission requirements as specified in the Marshall University Graduate Catalog. Students enrolled in the last semester of an undergraduate program may be admitted to some programs

conditionally for one term subject to completion of the bachelor's degree program and subject to departmental approval. The MSW program provides applicants with a case by case **conditional** admissions policy. Students admitted to the MSW program on a **conditional** basis may be admitted for one term subject to completion of the bachelor's degree program.

Complete and return all pages of the Graduate Application for Admission form to the Graduate Admissions Office.

When initiating the admissions process MSW applicants are required to, request the Registrar at the institution which awarded their bachelor's degree (except Marshall University) to send an official transcript directly to the Graduate Admissions Office. The transcript from the institution that awarded the applicant's bachelor's degree must contain the name of the degree earned and the date the degree was conferred. The Graduate Admissions Office cannot accept unofficial transcripts, including transcripts that are faxed or stamped "Issued to Student," or transcripts mailed or delivered by the student or a third party. Individual schools and programs may require additional credentials or documentation.

No GRE Scores are required for this degree.

Note: Applicants may apply online at www.marshall.edu/graduate.

Students who have less than the pre-requisites for the MSW program will be considered on a case by case basis. with regard the discipline of the applicant's undergraduate degree, work experience, and recommendations. MSW applicants may be admitted **provisionally** and take up to 12 credit hours and maintain a B average prior to the MSW Admissions Committee re-evaluating the applicant's performance for consideration of full admission. Advanced Standing Admissions: Applicants who obtained a BSW within the last 7 years from an undergraduate social work program accredited or in candidacy by CSWE with a cumulative GPA of 2.75 and a social work GPA of 3.00 are eligible to apply to the Advanced Standing 36-hour program. BSW applicants with less than a cumulative 2.75 GPA and a social work GPA of less than 3.00 will be considered for the 30-hour program and could be allowed to transfer social work coursework from their undergraduate degree toward their MSW degree. Additionally, if an Advanced Standing applicant received a grade of "C" or lower in any social work foundation courses as a BSW, they may be asked to retake these courses by the Admissions Committee as a condition of admission. Applicants who wish to be considered for 30-hour Advanced Standing program should submit their BSW Practicum Field Evaluation and 1 of their 2 letters of recommendation should be from their Director of Field Education.

Advanced standing is also awarded to graduates who have graduated from baccalaureate programs recognized through CSWE's International Social Work Degree Recognition and Evaluation Service, or covered under a memorandum of understanding with international social work accreditors.

Provisional students MUST be fully admitted after taking 12 hours and maintaining a B average.

Scoring Admissions Applications

The rubric utilized by the MSW Admissions Committee has a maximum total of 100 points. The minimum acceptable points that an applicant can earn and be accepted into the program is 70. Applications to the MSW program are accepted from January 15th –March 30th. An Admissions Committee made up of all MSW faculty and BSW Director has been developed to evaluate candidates for MSW admission. Criteria are indicated below and have been developed into the rubric for Committee members to utilize as a check off sheet when considering admissions. Criteria for admissions is categorical

with point values. Applicants are required to submit letters of recommendation, a resume, and a personal statement addressing the following four topics:

- Describe a social problem or problem strategy that is of greatest interest to y
- Describe your commitment to engage in social work roles that involve social welfare institutions and systems most likely to have an effect on major social problems.
- Describe in detail how you would insure that your work is relevant to the most economically and socially disadvantaged groups in our society.
- Describe the intellectual and personal qualifications that will enable you to practice social work successfully.

Point values are given for each GPA range as well as the applicant's work history as related to social work; quality and quantity of references; and attached resume.

Applicant's materials are gathered by the administrative assistant and placed in file folders which contain an MSW Applicant Assessment Rubric and sign off sheet for faculty. Faculty place their rating scales in the folder and discuss them at the MSW Admissions Committee Meeting held during the spring semester of each year

TRANSFER OF GRADUATE CREDITS

Found in the 2017-2018 Marshall University Graduate Catalog on page 78.

Students who wish to transfer credits from another institution to Marshall University to enter the social work program must have their transcript evaluated by the Admissions Office. Social work courses are evaluated by the MSW program director, in consultation with relevant faculty. The program director reviews course descriptions and syllabi of any social work courses submitted for transfer and determines the equivalency with MU MSW courses. The program's policies regarding number of credits that may be transferred is the same as the Graduate College policy as indicated below. Therefore, the number of transfer credits may not exceed 12 hours.

A student with an approved Plan of Study may transfer to Marshall University credit earned in graduate coursework completed at another regionally accredited graduate institution provided that the courses are appropriate to the student's program and the grades earned are B or better or equivalent, and acceptable to the advisor and Graduate Dean. On the master's and education specialist level, transfer credits may not exceed 12 hours. For graduate certificate programs, transfer credits may not exceed 6 credit hours. Graduate credits transferred from other institutions will not become a part of the Grade Point Average recorded on the student's Marshall University transcript and will simply meet credit hour requirements toward graduation. All transfer credits must have been earned within a seven-year time limit counted from the date of enrollment in the first graduate course to be applied toward meeting degree requirements of the student's program.

EXPECTED STUDENT COMPETENCIES:

The Social Work program is designed to help students achieve the following competencies.

Competency 1: Demonstrate Ethical and Professional Behavior

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers

understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.

Social Workers:

- Make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context
- Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations; • demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication
- Use technology ethically and appropriately to facilitate practice outcomes
- Use supervision and consultation to guide professional judgment and behavior.

Generalist practice is extended and enhanced through the specialization by providing knowledge and skills in Behavioral Health practice.

Specialistsⁱ:

- ***Understand and identify professional strengths, limitations, and challenges related to practice in Behavioral Health and demonstrates ethical practice in Behavioral Health by collaborating with colleagues within specialist's agency and other local healthcare agencies to continuously assess and improve service system design***
- ***Demonstrate ethical practice in Behavioral Health by communicating with healthcare consumers and family members using secure online, mobile, and "smart" technology and devices and safeguards healthcare consumer privacy and confidentiality with respect to communication, documentation, and data***

Competency 2 – Engage Diversity and Difference in Practice

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race,

religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.

Social workers:

- Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels;
- Present themselves as learners and engage clients and constituencies as experts of their own experiences;
- Apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies

Specialists:

- *Identify and address disparities in Behavioral Healthcare access and quality for diverse individuals and populations served.*
- *Adapt services, including evidence-based interprofessional team approaches, to the language, cultural norms, and individual preferences of Behavioral Healthcare consumers and family members.*
- *Develop collaborative relationships with providers of services tailored to the needs of culturally diverse Behavioral Healthcare consumers and family members.*
- *Examine the experiences of culturally diverse Behavioral Healthcare consumers and family members with respect to quality of care and adjust the delivery of care as needed.*
- *Educate members of the team about the characteristics, Behavioral Healthcare needs, health behaviors, and views toward illness and treatment of diverse populations served in the treatment setting.*

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

Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social

workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably, and that civil, political, environmental, economic, social, and cultural human rights are protected.

Social workers:

- Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels;
- Engage in practices that advance social, economic, and environmental justice.

Specialists:

- ***Create and periodically update Behavioral Health integrated care plans in consultation with healthcare consumers, family members, and other providers, including individuals identified by consumers as part of their healthcare team and***
- ***Work with Behavioral healthcare consumers to develop whole health and wellness recovery plans and match and adjust the type and intensity of services to the needs of the Behavioral healthcare consumer, ensuring the timely and unduplicated provision of care.***
- ***Through the Behavioral Health care plans, link multiple services, Behavioral Healthcare providers, and community resources to meet the healthcare consumers' needs and ensure the flow and exchange of information among Behavioral healthcare consumers, family members, and linked providers. Work collaboratively to resolve differing perspectives and priorities among professionals.***

Competency 4 – Engage in Practice-informed Research and Research-informed Practice Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. Social workers know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice.

Social workers:

- Use practice experience and theory to inform scientific inquiry and research;
- Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings
- Use and translate research evidence to inform and improve practice, policy, and service delivery

Specialists:

- *Assesses treatment fidelity*
- *Measures consumer satisfaction and healthcare outcomes*
- *Recognizes and rapidly addresses errors in care*
- *Collaborates with other team members on service improvement*

Competency 5 – Engage in Policy Practice

Social workers understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. Social workers understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. They are also knowledgeable about policy formulation, analysis, implementation, and evaluation.

Social workers:

- Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services;
- Assess how social welfare and economic policies impact the delivery of and access to social services;
- Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice

Specialists:

- *Identify, and evaluate policies that impact types of services and delivery of services to clients requiring Behavioral Health care in the Cabell-Huntington area.*
- *Advocate with and inform administrators and legislators to influence policies that affect Behavioral Health clients and Behavioral Health services*

Competency 6 – Engage with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that engagement is an ongoing component of the dynamic and interactive

process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with

diverse clients and constituencies. Social workers value principles of relationship-building and inter-professional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.

Social workers:

- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and
- Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.

Specialists

- *Attend to the interpersonal dynamics and contextual factors that both strengthen and potentially threaten the therapeutic alliance with clients in Behavioral Healthcare practices*
-
- *Establish client relationships that are evidenced based and encourage a process where clients are equal participants in the establishment of treatment goals and expected outcomes*

Competency 7 – Assess Individuals, Families, Groups, Organizations, and Communities expanded and enhanced through Area of Specialized Practice –

Behavioral Health

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.

Social workers:

- Collect and organize data, and apply critical thinking to interpret information from clients and constituencies;
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies;
- Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and
- Select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.

Specialists:

- *Select and modify appropriate intervention strategies based on continuous Behavioral Health assessment*
- *Use differential diagnosis in Behavioral Healthcare practice*
- *Evaluate, select, and implement appropriate Behavioral Health assessment instruments for use with target populations*

Competency 8 – Intervene with Individuals, Families, Groups, Organizations, and Communities expanded and enhanced through Area of Specialized Practice –

Behavioral Health

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations, and communities. Social workers are knowledgeable about evidence-informed interventions to achieve the goals of clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge to effectively intervene with clients and constituencies. Social workers understand methods of identifying, analyzing and implementing evidence-informed interventions to achieve client and constituency goals. Social workers value the importance of interprofessional teamwork and communication in interventions, recognizing that beneficial outcomes may require interdisciplinary, interprofessional, and inter-organizational collaboration.

Social workers:

- Critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies
- Use inter-professional collaboration as appropriate to achieve beneficial practice outcomes

- Negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and
- Facilitate effective transitions and endings that advance mutually agreed-on goals.

Specialists:

- ***Critically evaluate, select, and apply best practices and evidence based Behavioral Health interventions***
- ***Collaborate with other professionals to coordinate Behavioral Health treatment interventions***
- ***Identify, evaluate, and select effective Behavioral Health intervention strategies***
- ***Implement effective Behavioral Health intervention strategies with clients***

Competency 9 – Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities expanded and enhanced through Area of Specialized Practice –Behavioral Health

Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups, organizations and communities. Social workers recognize the importance of evaluating processes and outcomes to advance practice, policy, and service delivery effectiveness. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in evaluating outcomes. Social workers understand qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

Social workers:

- Select and use appropriate methods for evaluation of outcomes;
- Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;
- Critically analyze, monitor, and evaluate intervention and program processes and outcomes; and
- Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.

Specialists:

- ***Contribute to the theoretical knowledge base of the social work profession through Behavioral Health practice-based research***
- ***Use evaluation of the Behavioral Health process and/or Behavioral Health outcomes to develop best practice in Behavioral Health protocols.***

Credit for Life Experience

The Marshall University Master of Social Work program does not grant social work course credit for life experience or for previous work experience.

Academic Dismissal

Academic Dismissal is termination of student status, including any right or privilege to receive some benefit, recognition, or certification. A student may be academically dismissed from a program and remain eligible to enroll in courses in other programs at Marshall University; or a student may be academically dismissed from the institution and become ineligible to enroll in other courses or programs at Marshall University. The terms of academic dismissal from a program for academic deficiency shall be determined, defined, and published by each academic program. The Department of Social Work MSW program has determined that students who perpetually violate the Social Work Professional Standards and Social Work Performance Standards may be dismissed from the MSW program. For additional details, see “Academic Rights and Responsibilities” in the Marshall University Graduate Student Catalog on page 59 @ file:///Users/proudfoothar/Downloads/Gr_2017-18_published_10-13-17.pdf. A student may also be dismissed if he or she has not completed the degree within seven years and has not been enrolled during the most recent year. Academic dismissal from the MSW program is initiated by faculty who are concerned about a student’s Professional or Performance Standards with regard to the student’s conduct and/or grades. The faculty member(s) inform the program director of the issue(s) via email and request to have a meeting with the student, program director, field director, the student’s adviser, and any faculty who presently has the student in class. Faculty bring issues and examples of the student’s work to the meeting, but are strongly encouraged to provide positive feedback to the student along with the student’s deficits. It is recommended that faculty meet prior to meeting with the student so as to be prepared to discuss options with the student for improvement. If agreement on an improvement plan can be accomplished by all stakeholders, then the student will be expected to complete all assignments, etc. as agreed upon. If a student violates the terms of the agreement resulting in a grade less than a B, the student will be dismissed from the MSW program

Grievance Policy

It is expected that once a student is accepted into the program, academic requirements and standards will be maintained. As a professional program, continuance in Social Work depends on continuing progress toward a professional level of performance. The MSW degree is reserved for students who have demonstrated that level of competence. In addition to mastering a body of knowledge, a social worker must possess professional attitudes, skills, values and ethics. Academic performance in the MSW program includes classroom performance, class attendance, ethical behavior, communication skills, and psychological well-being sufficient to maintain positive and constructive relationships with clients.

Occasionally, it is determined that a student in the program may not be suited for the field of Social Work. In that case, the advisor may recommend remedial action or may counsel the student out of the program. When withdrawal from the program is recommended, the student may appeal that decision to the program director. If not satisfied, the student may appeal in accordance with university procedure as designated in The Academic Rights and Responsibilities of Students as published in the Marshall University Undergraduate Catalog.

The Graduate Student Grievance/ Appeals Process

Where Found: <http://www.marshall.edu/graduate/graduate-student-appeals-process/>

is a formal process for graduate students to request review and redress of certain grievances arising from their participation in academic programs. The purpose of the appeals process is to resolve academic disputes in a fair and collegial manner. Every grievance should begin with an informal mediation process and may proceed, if necessary, through a more formal appeal process. The hope and expectation is that grievances will be resolved in a timely way by the parties during the mediation process.

Forms are available online at the Graduate College site <http://www.marshall.edu/graduate/graduate-student-appeals-process/> or in the Graduate College office, Old Main 113

Students may be admitted provisionally and take up to 12 credit hours prior to the Admissions Committee re-evaluating the applicant's performance for consideration of full admission. Provisional students MUST be fully admitted after taking 12 hours as a Provisional Admit.

Academic and Professional Advising

The MSW Program Policies and Procedures on Professional and Academic Advising

- The MSW program policies and procedures on Professional Advising:
- Academic and Professional advising is provided by social work program faculty.
- Social Work faculty are assigned advisees by the program director
- Social Work faculty provide office hours for advising prior to the beginning of each semester
- Social Work faculty meet with advisees to create a Plan of Study which is registered in the MU Graduate College
- Social Work faculty work with advisees to create and adjust schedules
- Social Work faculty are available for professional guidance to advisees
- The computerized registration system does not allow a student to register for classes unless the prerequisite are met or unless faculty has given permission.
- The system also does not allow a student on academic probation to register without faculty permission.
- There is also a mechanism in place to put an “advisor hold” on the student’s record which the professional and faculty advisor must remove in order for the student to register.
- These procedures assure that students take courses in the correct sequence. It also assures that students receive individual attention with regard to academic interests and development, curriculum requirements, professional standards, and readiness for a professional career in social work.
- Students also informally drop in to discuss career plans, course work, etc. Faculty members post regular office hours which helps to ensure accessibility.
- The field director works closely with students to assure their field settings fit educational and career goals. Students are required to meet with their academic advisors at least one time each semester.

CURRICULUM REQUIREMENTS:

A bachelor's degree from a regionally accredited institution of higher learning; A minimum of 27 credit hours in the social sciences, i.e. communications (6), natural sciences (3), humanities (9), and social sciences (9); A minimum of three credit hours in each of the following courses: research methodology, and human biology. Additionally, an undergraduate GPA of 3.00 is recommended to be considered for admission to the Marshall University Master of Social Work program. Applicants with less than a 2.75 GPA will be considered on a case by case basis.

Master of Social Work Plan of Study Effective Fall 2016
Advanced Standing (1-year program option)

Name: _____

MU ID Number: _____

Address: _____

Phone Number: _____

Advisor: _____

Anticipated date of completion: _____ E-mail: _____

Month & Year you first enrolled in the program: _____

Your plan of study must contain at least 30 hours of credit (Advanced Standing program option), though students may complete significantly more, depending on their objectives. Advanced Standing students are automatically granted 30 credit hours for BSW Foundation courses if approved for Advanced Standing status. A minimum of thirty (30) credits in graduate social work courses or approved electives must be taken at MU to be eligible to receive the MSW degree from Marshall University.

Advanced Standing: An applicant for admission to the Master of Social Work program who holds a baccalaureate degree from an undergraduate social work program accredited by the Council of Social Work Education may be admitted with Advanced Standing. The Advanced Standing curriculum includes the following required courses:

Advanced SWK 615 Psychopathology (3 credit hours); SWK 631 Integrated Healthcare: Models and Practice (3 credit hours); and SWK 633 Advanced Clinical Social Work Practice in Behavioral Health Care with Individuals and Families (3 credit hours). The spring semester includes the following courses: SWK 634 Advanced Clinical Social Work Practice in Behavioral Health Care with Groups, SWK 670 Advanced Theory and Practice with Children (3 credit hours); SWK 673 Family and Community Violence in Rural and Underserved Areas (3 credit hours); SWK 655 The Comorbidity of Mental Health and Physical Disorders (3 credit hours); and SWK 653 Advanced Field Practicum (9 credit hours 450 work hours). SWK Electives with advanced behavioral health focus (6 credit hours).

Admitted students to MU's Advanced Standing Program automatically receive 30 blanket credits to include the equivalents of the following courses (3 credit hours each: HBSE, Practice, Research, Policy, Practice II, Field Practicum (9 hours), and SW Electives (6 credit hours)

MSW Generalist Courses Waived for Advanced Standing Admissions

SW 501 Foundations of Generalist Practice I	_____
SW 511 Foundations of Human Behavior in the Social Environment	_____
SW 521 Foundations of Policy	_____
SW Elective (s)	_____
Approved Alternative _____	_____
Possible Total Credit Hours	<u>15</u>

SW 531 Foundations of Generalist Practice I	_____
SW 541 Foundations of Research	_____
SW 551 Foundation Field Practicum (3-6 credit hours)	_____
SW Elective(s)	_____
Approved Alternative courses: _____	_____
Possible Total Credit Hours	<u>15</u>

Total Credit Hours from Advanced Standing: _____ (30 possible) Graduates of a CSWE accredited *BSW* programs taken within the last 7 years receive a blanket for up to 30 hours of Advanced Standing credits. Transfer course grade must be B or better.

1. Year I Fall Advanced Standing (1-year program option) (3 credit hours. each)	GRADE
SW 615 Psychopathology	_____
SW 631 Integrated Health Care: Models and Practice	_____
SW 633 Advanced Clinical Social Work Practice in Behavioral Health Care with Individuals and Families	_____
SW 653 Field (3-6 credit hours)	_____
SW Elective(s)	_____
Approved Alternative _____	_____
Possible Total Credit Hours	<u>12-15</u>

2. Year II Spring Advanced Standing (2-year program option) (3 credit hours each)	GRADE
SW 634 Advanced Clinical Social Work Practice in Behavioral Health Care with Groups, Communities and Organizations	_____
SW 670 Advanced Theory and Practice with Children	_____
SW 673 Family and Community Violence in Rural and Underserved Areas	_____
SW 655 Comorbidity of Mental Health and Physical Disorders	_____
SW 653 Advanced Field Practicum (3-6 credit hours)	_____
SW Elective(s)	_____
Approved Alternative _____	_____
Possible Total Credit Hours	<u>12-15</u>

APPROVED COURSES FROM OTHER DEPARTMENTS OR PROGRAMS

Course Prefix & Number Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL CREDITS REQUIRED: 60

Student's signature date	Advisor's signature date
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MSW Director signature date	Dean's signature date
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Endorsement for Graduation: _____

Advisor's signature date

NOTE: This plan should be agreed to and signed by all parties prior to the end of the student's first semester in the program.

Coursework for the Master of Social Work Advanced Standing Program Option (1-year program option)

Required Courses

SW 615 Psychopathology

SW 631 Integrated Health Care: Models and Practice

SW 633 Advanced Clinical Social Work Practice in Behavioral Health Care with Individuals and Families

SW 634 Advanced Clinical Social Work Practice in Behavioral Health Care with Groups, Communities and Organizations

SW 653 Advanced Field Practicum– 9 credit hours total required

SW 655 –Comorbidity of Mental Health and Physical Disorders

SW 670 Advanced Theory and Practice with Children

SW 673 Family and Community Violence in Rural and Underserved Areas

Total of 21 Required Coursework Credit Hours

Total of 9 Required Field Education Hours

Total of 3-6 *Optional* Elective Hours

Total 30 Hours minimum - 36 Hours

- ❖ Students may take electives during Summer I, Summer II, and Summer III and field education during Summer I.
- ❖ Generalist require 60 hours to graduate which is a mixture of 18 hours of field education and 36 hours of required courses and two 3 credit hour electives. Advanced Standing students require 30 hours to graduate which is a mixture of 21 required hours and 9 hours of field education. Electives are offered and recommended. Students may take up to 6 hours of electives over the 60 hour requirement.
- ❖ Students may take Field Education during Summer I from May-August

Once you receive your admission letter from the MU Graduate College, you should be able to register for classes. To register:

<http://www.marshall.edu/registrar/files/How-to-Register1.pdf> and <http://www.marshall.edu/graduate/how-to-register/>

**Proposed Master of Social Work Plan of Study Effective Fall 2016
Generalist (2-year program option)**

Name: _____ MU ID Number: _____

Address: _____ Phone Number: _____

Advisor: _____

Anticipated date of completion: _____ E-mail: _____

Month & Year you first enrolled in the program: _____

Your plan of study must contain at least 60 hours of credit (Generalist Program Option – 2 year program option), though students may complete significantly more, depending on their objectives.

MSW Generalist Program Option: The MSW Generalist Program Option consists of one academic year focused on Foundation-Level Generalist curriculum. This curriculum provides the equivalent of Marshall University’s BSW and all other BSW programs accredited by the Council of Social Work Education (CSWE). Required courses for the MSW Generalist Year I include the following: SWK 501 Foundations of Generalist Practice I (3 credit hours); SWK 511 Foundations of Human Behavior in the Social Environment (3 credit hours); SWK 521 Foundations of Policy (3 credit hours); SWK 531 Foundations of Generalist Practice II (3 credit hours); SWK 541 Foundations of Research (3 credit hours); and SWK 551 Foundation Field Practicum (1-9 credit hours Year I). Generalist will complete the Field Practicum sequence in SWK 653 (9 credit hours Year II). Generalist will complete all required Advanced 600 Level required courses during Year II. Students may choose from 6+ credit hours of electives and may take more electives depending on the student’s objectives.

Generalist Credit Hours

36 credit hours Required Courses

18 credit hours Field Practicum

6 credit hours Electives

60 credit hours Total

1. Year 1 Fall Generalist (2-year program option) (3 credit hours. each)

GRADE

SW 501 Foundations of Generalist Practice I	_____
SW 511 Foundations of Human Behavior in the Social Environment	_____
SW 521 Foundations of Policy	_____
SW Elective (s)	_____
Approved Alternative _____	_____
Possible Total Credit Hours	<u>9-12</u>

2. Year I Spring Generalist (2-year program option) (3 credit hours each)

GRADE

SW 531 Foundations of Generalist Practice I	_____
SW 541 Foundations of Research	_____
SW 551 Foundation Field Practicum (3-6 credit hours)	_____
SW Elective(s)	_____
Approved Alternative courses: _____	_____
Possible Total Credit Hours	<u>9- 12</u>

3. Year I Summer Generalist (2-year program option) 6-9 hours – full time

	GRADE
SW 551 Foundation Field Practice (3-6 credit hours)	_____
SW 615 Psychopathology (3 credit hours)	_____
SW 631 Integrated Health Care: Models and Practice (3 credit hours)	_____
Approved Alternative courses:	_____
Possible Total Credit Hours	<u>6-9</u>

4. Year II Fall Generalist (2-year program option) (3 credit hours. each)

	GRADE
SW 615 Psychopathology	_____
SW 631 Integrated Health Care: Models and Practice	_____
SW 633 Advanced Clinical Social Work Practice in Behavioral Health Care with Individuals and Families	_____
SW 653 Field (3-6 credit hours)	_____
SW Elective(s)	_____
Approved Alternative _____	_____
Possible Total Credit Hours	<u>12-15</u>

5. Year II Spring Generalist (2-year program option) (3 credit hours each)

	GRADE
SW 634 Advanced Clinical Social Work Practice in Behavioral Health Care with Groups, Communities and Organizations	_____
SW 670 Advanced Theory and Practice with Children	_____
SW 673 Family and Community Violence in Rural and Underserved Areas	_____
SW 655 –Comorbidity of Mental Health and Physical Disorders	_____
SW 653 Advanced Field Practicum (3-6 credit hours)	_____
SW Elective(s)	_____
Approved Alternative _____	_____
Possible Total Credit Hours	<u>12-15</u>

6. Year II Summer Generalist (2-year program option) (3 credit hours each)

	GRADE
SW 653 Advanced Field Practicum (1-9 credit hours)	_____
SW Elective(s)	_____
Approved Alternative _____	_____
Possible Total Credit Hours	<u>6-9</u>

- ❖ All students in the Generalist Program Option must obtain 18 credit hours of Field Practicum over a 2-year period.
- ❖ Generalist require 60 hours to graduate which is a mixture of 18 hours of field education and 36 hours of required courses and two 3 credit hour electives. Advanced Standing students require 30 hours to graduate which is a mixture of 21 required hours and 9 hours of field education. Electives are offered and recommended. Students may take up to 6 hours of electives over the 60-hour requirement.
- ❖ 9-12 hours is considered to be full time in a graduate degree program. Students may take 15 credit hours without paying overload fees. However, this is subject to approval of the Dean of the MU Graduate College.

APPROVED COURSES FROM OTHER DEPARTMENTS OR PROGRAMS

**Course Prefix
& Number Title**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL CREDITS REQUIRED: 60

_____	Student's signature	date	_____
_____	Advisor's signature	date	_____
_____	MSW Director signature	date	_____
_____	Dean's signature	date	_____

Endorsement for Graduation: _____ **Advisor's signature** **date** _____

NOTE: This plan should be agreed to and signed by all parties prior to the end of the student's first semester in the program.

Coursework for the Master of Social Work Generalist Program Option (2-year program option)

Required Courses

- SW 501 Foundations of Generalist Practice I
- SW 511 Foundations of Human Behavior in the Social Environment
- SW 521 Foundations of Policy
- SW 531 Foundations of Generalist Practice I
- SW 541 Foundations of Research
- SW 551 Foundation Field Practicum - 9 credit hours total required
- SW 615 Psychopathology
- SW 631 Integrated Health Care: Models and Practice
- SW 633 Advanced Clinical Social Work Practice in Behavioral Health Care with Individuals and Families
- SW 634 Advanced Clinical Social Work Practice in Behavioral Health Care with Groups, Communities and Organizations
- SW 653 Advanced Field Practicum– 9 credit hours total required

SW 655 –Comorbidity of Mental Health and Physical Disorders

SW 670 Advanced Theory and Practice with Children

SW 673 Family and Community Violence in Rural and Underserved Areas

Total of 36 Required Coursework Hours

Total of 18 Required Field Education Hours

Total of 6 Elective Hours

Total 60 Hours

- ❖ Students may take electives during Summer I, Summer II, and Summer III and field education during Summer I.
- ❖ Generalist require 60 hours to graduate which is a mixture of 18 hours of field education and 36 hours of required courses and two 3 credit hour electives. Advanced Standing students require 30 hours to graduate which is a mixture of 21 required hours and 9 hours of field education. Electives are offered and recommended. Students may take up to 6 hours of electives over the 60-hour requirement.
- ❖ Students may take Field Education during Summer I from May-August

Once you receive your admission letter from the MU Graduate College, you should be able to register for classes.

To register:

<http://www.marshall.edu/registrar/files/How-to-Register1.pdf> and

<http://www.marshall.edu/graduate/how-to-register/>

Professional Program:

It is expected that once a student is accepted into the MSW program, academic requirements and standards will be maintained. As a professional program, social work expects students to progress toward a professional level of performance. The MSW degree is reserved for students who have demonstrated that level of competence. In addition to mastering a body of knowledge, a social worker must possess professional attitudes, skills, values, and ethics. Academic performance in the program includes classroom performance, class attendance, ethical behavior, communication skills, and psychological well-being sufficient to maintain positive and constructive relationships with clients.

Continual evaluation of the student includes not only periodic objective evaluations, such as grades and performance in field placements, but also professional faculty appraisal of the student's progress and potential. Continuation in the program is contingent upon positive ongoing faculty evaluation of the student's grades, professional attributes, and performance in real or simulated professional situations. A student may be suspended or terminated from the program for deficiencies in grades or violation of the Professional Standards as indicated below. The list below contains professional standards with areas of concern which may indicate that a student is unable or unwilling to follow the NASW Code of Ethics and/or standards set forth by the social work program. The list has been adapted (with permission) from standards developed by Lock Haven University after careful review and revision by Marshall University faculty, students, and Advisory Board members. It is not intended to be all-inclusive and may be amended by faculty.

Professional Standards

Performance

Standards

- Plans and organizes work effectively
- Turns in assignments complete and on time
- Makes arrangements for his/her special needs
- Attends class regularly

Indicators of Concern

- Continually unprepared for class
- Excessive requests for extensions on assignments and exams
- Excessive turning in assignments late or incomplete
- Multiple absences from class (as defined in the course syllabus) or field placements

Conduct/Behavior

Standards

- Demonstrates ability to work cooperatively with others
- Actively participates in class discussion groups/role plays
- Shows respect for others' opinions and is open to feedback from peers/faculty/field
- Is able to form positive, constructive relationships with clients
- Demonstrates a willingness to understand diversity in people regarding race, color, gender, age, creed, ethnic or national origin, disability, political orientation, sexual orientation and identity, religion, and populations at risk
- Conducts him/herself according to NASW Code of Ethics

Indicators of Concern

- Classroom behavior which impedes learning and/or building effective relationships
- Consistently late for class, or leaves class early unless otherwise arranged with professor
- Consistently late for field placement
- Sleeps during class periods
- Disrupts class process by talking to others
- Uses derogatory language or demeaning remarks or gestures
- Appears unwilling/unable to accept feedback
- Unable to form positive, constructive relationships with clients
- Monopolizes class discussions
- Consistently complains about class workload to the point of impeding class process
- Discriminatory behavior or harassment towards others on the basis of race, gender, age, sexual orientation, gender identity, disability, etc.
- Engages in academic misconduct

Self-Disclosure/Self Awareness

Standards

- Uses self-disclosure appropriately
- Appears to be able to handle discussion of uncomfortable topics
- Deals appropriately in class with issues which arouse emotions
- Demonstrates an awareness of one's behavior toward others

Indicators of Concern

- When engaged in self-disclosure, the student appears to overreact to or resent feedback (e.g. takes it personally)
- Appears unable/unwilling to control emotional reactions

- Abuses alcohol/drug, has emotional problems that interfere with relationships/learning process
- Makes verbal threats directed at clients, faculty, staff, or students
- Demonstrates poor judgment, decision-making, or problem solving skills
- Consistent failure to demonstrate ability to form effective client/social worker relationships (e.g., shows judgmental attitude)

Communication Skills

Standards (written communication)

- Shows consistency in written communications – grammar, spelling, punctuation, clear structure, organization, logical sequence
- Demonstrates proper documentation of sources and citations
- Demonstrates ability to write effectively in records
- Abides by university standards regarding plagiarism
- Demonstrates use of critical thinking skills

Indicators of Concern

- Written works are frequently vague, shows difficulty expressing ideas clearly and concisely
- Excessive errors in spelling, punctuation, structure, etc., and does not make an effort to improve
- Consistently fails to adhere to guidelines for written assignments

Standards (oral communication)

- Is able to clearly articulate ideas, thoughts, concepts, etc.
- Communicates clearly

Indicators of Concern

- Ideas, thoughts, concepts are not clearly articulated
- Fails to demonstrate ability to communicate empathy, positive regard, and respect for clients
- Communication/language skills are inadequate to effectively interact with clients and in class

DISCIPLINARY DISQUALIFICATION

The social work department of Marshall University defines student misconduct as student behavior that is in violation of regulations established by the Board of Trustees, college/university regulations or rules governing residence on college/university property.

Regulations regarding misconduct can be found in the Marshall University Graduate Handbook at:

<http://www.marshall.edu/graduate/files/Graduate-Student-Handbook-Fall-2015.pdf>

Social work majors, as citizens, are subject to all federal, state and local laws in addition to all college/university regulations governing student conduct and responsibility. A student may be suspended or terminated from the social work major for violating laws, rules, or regulations.

In addition, social work majors are bound by the NASW Code of Ethics. Students may be suspended or dismissed from the social work major for violation of the professional code of ethics.

NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS

<http://www.naswdc.org/pubs/code/code.asp>

GRADE INFORMATION AND REGULATIONS

Found in the Marshall University Graduate Catalog on page 68

http://www.marshall.edu/catalog/files/GR_2017-18_published10-13-17

Anywhere in this catalog where GPA is discussed, unless otherwise noted, GPA means degree GPA. However, the final transcript GPA includes all graduate-level grades taken at Marshall University at any time, regardless of whether or not they count toward the student's degree. The GPA is calculated only on graduate coursework taken at Marshall University, and only includes coursework taken within the past seven years, or older for coursework that has been revalidated (see Time Limitations for coursework older than seven years). Exclusively, all courses completed after admission to the current degree program, along with any previous Marshall University coursework to be counted toward the current degree (should be in the student's Plan of Study), will be used to calculate the student's GPA—no other courses will be included in the GPA. Courses with grades of W, PR, NC, CR, S, or U are not computed in the GPA. The grade of I is computed as an F in determining qualifications for graduation. See Repeating Courses for more information. Grade Point Average Requirements – Good Standing Grades on coursework may not average lower than 3.0 at any time in the program. A graduate student is required to maintain a minimum cumulative GPA of 3.0 for this coursework. If, upon the completion of 12 hours or thereafter, a degree student's GPA is less than 3.0, the student may be subject to dismissal from the program. Grades and Quality Points The following system of grades and quality points is used for graduate courses: A For achievement of distinction. Four quality points are earned for each semester hour with a grade of A. B For competent and acceptable work. Three quality points are earned for each semester hour with a grade of B. C For below average performance. Two quality points are earned for each semester hour with a grade of C. (No more than six hours of C may be applied toward a graduate degree.) D For patently substandard work. One quality point is earned for each semester hour with a grade of D. (No grade Graduate Catalog 2017-2018 Academic Requirements and Regulations 69 of D may be applied toward a graduate degree.) F Failure, given for unsatisfactory work. No quality points. W Withdrawn on or before the tenth Friday after the first class day of the regular semester or the Friday after the two-thirds point in the summer session. "W" grades are assigned for complete withdrawals. An I grade (Incomplete) is given to students who do not complete course requirements because of illness or for some other valid reason

(see Incomplete Grade). The I grade is not considered in determining the Grade Point Average. The student has the responsibility of completing the work within the period defined by the instructor. This period is typically the end of the next fall or spring semester, whichever comes earlier, after the semester in which the incomplete grade was assigned. If the work is completed satisfactorily, one of the four passing marks will be awarded. If the work is unsatisfactory or the student fails to complete the work within the allotted time, an F or failing grade will be recorded. All grades remain on the student's permanent record as originally submitted by the course instructor. Any grade change is added to the permanent record. CR/NC Recorded as CR (for satisfactory performance) or NC (for unsatisfactory performance) for courses designated by the department or division for credit/no credit grading. CR and NC are not considered in determining the Grade Point Average. S/U For certain courses, which are so designated in the catalog, every student is given a grade of S, which denotes satisfactory completion of the course, or U, which denotes unsatisfactory work. S and U are not considered in determining the Grade Point Average. PR Indicates progress on a thesis, dissertation or in select research courses. It is replaced by the final grade upon completion up to established credit limits. NOTE: At the graduate level, the grades of CR and S are considered the equivalent of the grade of B or higher.

PROGRAM ASSESSMENT

The program engages in assessment in order to assure continuous program improvement. Assessment data includes field instructor evaluations of practicum students and practicum students' self-evaluation based on the achievement of the 9 CSWE core competencies. Assessment data can be obtained from the program director.

STUDENT ORGANIZATIONS and GOVERNANCE

The organization called the Marshall University Association of Student Social Workers is open to all students interested in the human services field. The purposes of the organization are:

- A. To aid in the further development of educational, vocational, and social atmospheres and facilitates on campus and within the community.
- B. To interpret and disseminate information which bears upon our students or individuals or groups within the community.
- C. To take action deemed necessary by our organization to aid in the maintenance, development, or seeking of change; both, within our organization, or for our affiliate groups and organizations in accordance with the laws of the state of West Virginia.
- D. To be change agents when our organization deems it necessary to correct some wrong aimed at our students, campus, faculty, or affiliate organizations, in compliance with the laws of the state of West Virginia.
- E. To increase social and civic interests in domestic and international issues by seeking the involvement of the student body or community.
- F. To promote the profession of social work at Marshall University and educate the campus and community in reference to the professional role and functions of social workers and their potential contributions to society.

In the past, the organization has participated in activities such as voter registration, sponsoring forums and workshops, attending conferences, commodities distribution for the Division of Human Services, fundraising, study groups, and social event.

Marshall University MSW students are invited to join the Graduate Student Council (found on the links and page below) to participate in formulating and modifying policies affecting academic and student affairs.

Found on: www.marshall.edu/gsc

2017-2018 Graduate Student Handbook page 48 http://www.marshall.edu/catalog/files/Gr_2017-18_published_10-13-17.pdf The Graduate Student Council is an organization open to all graduate students. Meetings are designed to discuss problems common to graduate students and propose their administrative solutions. Probably the most attractive aspect of the GSC is its ability to initiate administrative changes favorable to graduate students. GSC appoints representatives to a number of Faculty Senate standing committees and to the Graduate Council. A second and related goal of the GSC is to provide an environment in which contact with graduate students in other disciplines is expanded. Above all, the GSC is concerned with enriching the academic and personal lives of its members. The council can be reached through the Graduate College office on the Huntington Campus.

STUDENT BASED SYSTEM: Marshall University's student based system is designed in such a way as to give students a major role in the formulation and modification of basic policies concerning student conduct and in the adjudication of cases arising under that policy.

Upon enrollment at the University, each student becomes responsible for acting in accordance of Judicial Programs. Or, the student may request that the case be heard by either a hearing panel or an administrative hearing examiner.

Regardless of the hearing option, in most cases, a student advocate will present the University's case, and the accused will have the right to student representation as well. Members of the Student Judiciary, including all student advocates, have studied and received extensive training regarding the procedures for University judicial hearings and the University Code.

PHI ALPHA HONOR SOCIETY

The purpose of Phi Alpha Honor Society is to provide a closer bond among students of social work and promote humanitarian goals and ideas. Phi Alpha fosters high standards of education for social workers and invites into membership those who have attained excellence in scholarship and achievement in social work. Marshall University Master Social Work program actively participates in the Phi Alpha Honor Society in conjunction with the Department of Social Work Bachelor Social Work program. Inductions occur one time yearly and require a 3.0 average to be eligible for induction. Phi Alpha participants work together on various community service activities throughout the year.

Advisor: Professor Paula Rymer rymer13@marshall.edu

SOCIAL WORK VALUES

Social workers hold that people should have equal access to resources, services, and opportunities for the accomplishment of life tasks, the alleviation of distress, and the realization of their aspirations and values in relation to themselves, the rights of others, the general welfare, and social justice.

Social Workers' professional relationships are built on their regard for individual worth and human dignity and are furthered by mutual participation, acceptance, confidentiality, honesty, and responsible handling of conflict.

Social Workers respect people's rights to choose, to contract for services, and to participate in the helping process.

Social Workers contribute to making social institutions more humane and responsive to human needs.

Social Workers demonstrate respect for and acceptance of the unique characteristics of diverse populations.

Social Workers are responsible for their own ethical conduct, for the quality of their practice, and for maintaining growth in the knowledge and skills of their profession.

NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS

<http://www.naswdc.org/pubs/code/code>

SAFETY IN FIELD PRACTICUM

Safety in the field cannot be over-emphasized. The following materials should be read and considered prior to entering field and reviewed during your field experience.

The NASW guide to Social Worker Safety in the Workplace can be found at:

<https://www.socialworkers.org/LinkClick.aspx?fileticket=6OEdoMjcNC0=&portalid=0>

Be Careful: Personal Safety for Social Workers

By Jane Harkey, RN, MSW, CCM

Brief Bio:

Jane Harkey is a Professional Geriatric Care Manager with a private practice. She has developed and presented many post-graduate continuing education seminars at Rutgers University School of Social Work, Piscataway, New Jersey. She has also delivered numerous presentations at local, state and national conferences as well as developing numerous

on-line training modules

Writers Comments Regarding this Topic:

Work-related violence against social workers is an often unspoken fact of life and, due to various stressors, it appears to be increasing. In 2004, the National Association of Social Workers (NASW) partnered with the Center for Health Workforce Studies, University of Albany, to conduct a national study of 10,000 licensed social workers. The response rate was 50%. In response to the question, “Are you faced with personal safety issues in your primary employment practice”, 44% responded yes. The threat of violence impacts on social workers both professionally and privately. The need for personal safety information is imperative to protect social workers and provide preventive strategies to enable them to provide safe, effective client interventions.

Brief Course Description:

This course will discuss:

- **History of safety issues for social workers**
- **Impact of aggression on the well-being of social workers**
- **Agency safety rules, regulations and procedures**

-
- **Situational awareness**
 - **Threat recognition**
 - **Essential ideas for personal safety**
 - **Protocols while visiting clients in higher risk areas**
 - **De-escalation techniques**
 - **Self-protection strategies**

Course Objectives:

After completing the offering, the participant will be able to:

1. **Define what is meant by workplace violence**
2. **List at least 3 reasons why workplace violence appears to be increasing**
3. **Explain how workplace safety can impact a social worker's emotional and physical well-being**
4. **List at least 3 areas of knowledge that an agency's skill training program should include**
5. **List at least 4 suggestions for making agency facilities safer**
6. **Define what information should be included in a pre-visit safety assessment**
7. **List at least 2 things social workers should know about their clients prior to going into the field**
8. **List at least 2 essential ideas for personal safety for each of the following: in the car and in a client's home**
9. **List at least 3 indicators to predict client violence**
10. **List at least 4 signs of increasing agitation**
11. **List at least 3 de-escalation techniques**
12. **List at least 2 self-protection techniques if attacked**

Be Careful: Personal Safety for Social Workers

INTRODUCTION

Work-related violence against social workers is an often unspoken fact of life. Probably few social worker students or new practitioners realize when they enter the profession that they may be targets of assaults. This should really not be a surprise however, because social workers usually become involved with clients during periods of crisis and often interact with clients when they are emotionally labile.

Violence includes physical assault, verbal assault, harassment and the threat of assault. Some assaults may be minor, but others can be lethal. The violent deaths of some social workers have triggered awareness of this issue. The resultant outcome of this awareness is the mandatory training in personal safety for social workers by some states and schools of social work, as well as the development of agency policies and procedures to protect social workers on-site and during home visits. Even if a state doesn't require these measures, it behooves every social worker to be

aware of the potential threats that may be encountered and how to mitigate these threats of violence.

HISTORY OF VIOLENCE AGAINST SOCIAL WORKERS

Ever since Jane Adams went into Chicago's tenements to provide social work, social service workers have been at some risk. Because social workers go into their field to help others, they tend not to perceive clients as potential threats to their safety. They have the mindset that their clients want and need their interventions. However, circumstances sometimes change the client's perceptions as to the "help" social workers provide. If they become frustrated or feel a loss of control, their behaviors may become negative. This can result in violence towards the social workers.

The vast majority of incidents do not involve serious bodily injury. Injuries involving social workers have ranged from verbal attacks which require no medical attention to those requiring hospitalizations. Although fatalities are rare, some social workers have paid the ultimate price for caring for their clients. Following is a list of some of the social workers who have been killed while performing their professional duties:

- **1987 - Norman Fournier was a social work mental health coordinator in Washington State.**

He was shot and killed by a client when he went to pick him up on an involuntary commitment order.

- **1987 - Paul Grannis was a social worker in Kentucky. After the removal of an adolescent, a client's father shot him to death while on a home visit.**
- **1988 – Linda Rosen was a case manager in a psychiatric hospital emergency room in Pennsylvania. During the intake interview, a client shot her to death.**
- **1989 – Robbyn Panitch was a social worker at a mental health clinic in California. A client stabbed her to death during a counseling session.**
- **1991 – Tanja Brown-O'Neil was a social worker at a social services agency in Maryland. She was stabbed by a client who was angry at not receiving his food stamps.**
- **1993 – Rebecca Binkowski was a graduate social work student who was a resident manager at an apartment for mentally ill persons in Michigan. She was stabbed to death while driving one of the tenants.**
- **1996 – Linda Silva was a social worker for the Division of Social Services in Massachusetts. She was shot to death during a home visit by a parent involved in a child custody case.**
- **1996 - Josie Curry, Michael Gregory, and Jimmy Riddle were three caseworkers at the Department of Social Services in South Carolina. They were shot to death at their agency by a client upset that his children were being put into foster care.**
- **1997 – Steve Tielker was a Family and Children's Services supervisor in Indiana who counseled sex offenders. He was shot to death by a client on probation for child molestation during a court mandated counseling session.**
- **1998 – Donna Millette-Fridge was a social worker at a community mental health outreach program in Connecticut. She was stabbed to death by a client while walking into work.**
- **1998 – Lisa Putman was a Child Protective Services social worker in Michigan. She was murdered while on a home visit by clients who were upset that their children had been put into foster care.**
- **1999 – Nancy Fitzgivens was a social worker for Child Protective Services in Ohio. She was killed while making a home visit.**
- **2004 – Teri Zenner was a social work case manager in a mental health center in Kansas. She was murdered with a chainsaw while on a home visit to see if her client was taking his medication properly.**
- **2004 - Greg Gaul was a licensed private clinical social worker in Iowa. He was shot to death by a client while on a home visit.**
- **2006 - Boni Frederick was a social services aide in Kentucky. She was stabbed to death**

during a home visit by a client who had lost custody of her child.

SOCIAL WORK VIOLENCE STATISTICS

Social workers may wonder just how dangerous their profession truly is. In 2004, the National Association of Social Workers (NASW) partnered with the Center for Health Workforce Studies, University at Albany, to conduct a national study of 10,000 licensed social workers. The study obtained nearly a 50% response rate. In response to the question: “Are you faced with personal safety issues in your primary employment practice”, 44% of the respondents said yes. Also, 30% of those social workers did not think that their employers adequately addressed their safety concerns. The survey determined that the majority of social workers facing safety issues were more likely to:

- **Be in the first five years of their social work practice (26%)**
- **Work in private, non-profit (37%) and state government settings (23%)**
- **Work in social service agencies (17%)**
- **Describe their primary area of practice as mental health (35%) or child welfare/family (16%)**

Another survey by NASW’s Committee for the Study and Prevention of Violence Against Social Workers, with the support of the Massachusetts Chapter of NASW, revealed that 51.3% of the social workers they surveyed reported feeling unsafe in their jobs. Nearly one-third experienced some form of violence, including verbal abuse, at least once in the office. Nearly 15% reported at least one episode in the field. C.E. Newhill found, in a 1995 survey of MSW students, that client violence is one of the top three practice concerns in their field placement. A large study of mental health workers in Georgia in 2003 found that 61% had been victimized either psychologically or physically and 29% had feared for their lives during their career.

According to the Occupational Safety and Health Administration (OSHA), only one more work setting is more dangerous - working at night in a retail store.

Although the research is not definitive, there is consensus among social work professionals that violence against them is increasing.

CAUSES OF INCREASING SOCIAL WORKER ASSAULTS

A number of reasons for increased violence against social workers have been given. Below is a list of some, but certainly not all, of the reasons:

- The number of people seeking public assistance has swollen with the mass de-institutionalization of psychiatric health patients. Clinic-based psychiatric social workers are now routinely working with clients who previously were confined to high-security mental

hospitals.

- More aggressive efforts are being taken to track down men who owe child support.

- Social workers are being asked to deal with increasingly volatile issues in family disputes, especially in child abuse cases, as a result of the 1974 child protection law and domestic abuse cases. For example, the number of child abuse reports nationwide quadrupled from 669,000 in 1976 to 2,694,000 in 1991 according to statistics developed by the American Humane Association, a Denver-based group. Also, some abusers will focus on social workers who they feel are threats to their control over their abuse victims.

- Money difficulties due to the recession have aggravated the situation.

Welfare cutbacks have occurred while the need for services has grown. Welfare clients, angered by the cutbacks and delays in receiving public assistance, have become increasingly aggressive.

- The increasing practice of seeing clients in the community versus seeing them in agency settings resulting in more exposure to risk.

- The availability of guns and a population adept at using them.

- The rise in violence in general, including schools and other work places. As a result of the Tarasoff Decision, social workers should be forewarned of potential threats of violence by clients who have violent ideations towards them but they may not receive notice of this. (In

1976 the California Supreme Court ruled that therapists are obliged to warn potential victims of violence if, during their sessions, they determine someone is at risk.)

- A growing substance abuse problem.

- An increased disparity of income in the population, causing people to feel helpless and more desperate.

- The attitude of the social workers who resist thinking of clients as potentially threatening, or just the opposite, by assuming that danger is “just part of the job” and shouldn’t be overemphasized.

Even though many acts of aggression towards social workers have been documented, it is believed that these aggressive acts are actually under-reported. There are a number of reasons for that. Some could be due to shame. Social Workers may feel as if they couldn’t do their job

adequately or they were unprofessional and this caused an incident. Also, some agencies do not encourage social workers to report acts of violence.

Whatever the causes, the fact remains that the need for personal safety of social workers can no longer be ignored.

IMPLICATIONS OF VIOLENCE ON THE SOCIAL WORKER

Social workers face many stressors that impact on their professional and private lives. Social workers often work with mentally and emotionally unstable people, dwindling services and reduced benefits, and working conditions such as understaffing, working alone, and working late hours. This puts them at a high risk of workplace violence. Also, they constantly

deal with very difficult situations, usually for low wages, which can lead to frustration and burnout. This can cause high staff turnover which, in turn, impacts on any remaining agency social workers. Social workers consistently experience increased paperwork, an increase in the severity of client problems, larger caseload sizes, longer waiting lists for services, assignment of non-social work tasks, and an increase in oversight. These all serve as barriers to effective practice and increase social worker stress.

These stressors can negatively impact a social worker's mental and physical well-being. An NASW survey found social workers in mental health, health, and child welfare/family fields reported feeling fatigue (65%, 70%, 65% respectively); psychological problems (48%, 36%, 37%); and

sleep disorders (22%, 23%, 25%).

The stressors can also cause social workers to be distracted during their client interactions. This may cause them to miss subtle signs of agitation and the escalation of emotions which can lead to acts of aggression by the clients.

Needless to say, those social workers who have experienced any form of aggressive behaviors from their clients will be impacted. Social workers may become so hyper-vigilant in the future that they would be unable to establish trusting relationships with their clients. They may suffer long-term physical or mental consequences from the episode; or they may even leave the profession altogether due to burnout or fear.

SAFETY IN THE AGENCY

All human services agencies should have safety policies and protocols contained in a written safety plan. This will not only maximize client and worker safety, minimize the agency's liability, but it will also facilitate a quicker recovery for the victim and agency should an incident should occur. The written safety plan should be:

- **Specific to the function and layout of each agency; input from staff and expert consultants should be included,**
- **Detailed and comprehensive so that all staff members, clinical and non-clinical, know what to do in an emergency, and**
- **Reviewed and practiced on a regular basis.**

The safety plan should include safety skill training as part of a social worker's orientation with periodic practice drills using these skills in potential incidents. An agency's safety skill training program should include:

- **How to recognize signs of agitation.**
- **What to do at the first signs of agitation.**
- **The use of specific code words and/or phrases to signal help without increasing the client's agitation.**
- **How to assess a client's level of dangerousness.**
- **How to use interventions such as de-escalation, non-violent self- defense (NSD), when to call security or police, and when/how to evacuate the building for clients demonstrating increasing agitation and/or aggression. (NSD is a system of self-protection and humane control used for crisis intervention which was developed in the 1970s by Dr. William Paul. The system features evasion, deflection, dodging, disengagement, and restraint. It does not allow any offensive movements such as kicking, striking, etc. other than the use of humane restraint.)**

Personal safety skill training is important, but it is also important to make agencies as safe as possible. Some suggestions for making the physical layout of the agencies safer are:

- **Maintain an organized, calm, and respectful appearance for clients, especially in the waiting areas. Monitor temperature, crowding, and noise.**

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- **Ensure adequate lighting, both inside and outside.**
 - **Be aware of traffic patterns, with special attention to where clients can go unescorted, especially bathrooms and coffee areas.**
 - **Establish a “risk room” where potentially violent or agitated clients can be placed and seen. This room should be furnished sparingly in neutral tones and located in a centrally located area with ready access to help.**
 - **If possible, install safety equipment such as buzzers and silent alarms in offices and waiting areas.**
 - **Furnish offices to maximize safety. Allow a safe distance between clients and social workers. Place furniture to facilitate easy access to the door; social workers should not have to go around their desks or pass clients to get out of the office. Eliminate, as much as possible,**

items that may be thrown or used as weapons such as staplers, books, pictures, scissors, paperweights, etc.

- **Possibly limit access to staff work areas by using keys or coded locks on doors.**
- **Routinely inspect the interior and exterior layout and all safety equipment to ensure that everything is in working order.**

The agencies should have codified rules, regulations, and procedures to establish a safe environment which address prevention, intervention, and aftermath strategies. They may include:

- **Designing and maintaining a safe physical environment.**
- **Developing a safety committee to develop and maintain safety orientation and continuing education programs.**
- **Developing a method for assessing risk to staff while performing their duties and developing processes to reduce risk, such as using a buddy system, assigning cases with consideration to gender, ethnicity and culture, language, etc.**
- **Having a format for obtaining a client’s history of violence as part of a regular intake procedure.**
- **Having a method of communicating to all staff when current danger exists.**
- **Ensuring adequate staffing at all times and allowing no one to work in a building alone.**
- **Developing policies relating to the provision of services to clients who carry any type of**

weapon or who are under the influence of any type of alcohol or drugs.

- **Developing policies relating to home visits. (This will be discussed later under the heading of “Safety in the Field”).**
- **Establishing relationships with security and police, informing them of the agency’s safety protocols, as well as what would be needed from them during an incident.**
- **Developing a post-incident format for debriefing and communicating with all staff following an occurrence of client violence, as well as a format to determine when and how legal action against a violent client may be taken.**
- **Developing a format to report and record all work-related occurrences of violence, including threats.**

SAFETY IN THE FIELD

Before going into the field, all social workers should have their own safety action plan. It should encompass what actions to take before leaving the agency and what preventive measures to utilize while in the field.

Before going into the field, social workers should:

- **Learn what they can about the client’s and/or family’s histories, learn if they have had prior violent encounters with the police, schools, or social services, determine if they have had negative interactions with agencies in the past. Find out if there is a history of mental illness in the family. Some of this information can be gleaned from agency records. Additional information may be obtained from informal sources such as supervisors, coworkers, or colleagues from other agencies.**
- **Carefully consider the streets, neighborhoods, or areas where the families live. For example, avoid going alone or wearing jewelry in known drug areas, isolated places, or high crime areas.**
- **Find out about the activities and whereabouts of cults and militia groups in the areas. The beliefs of cults and militia groups may cause them to view social worker’s actions as threatening, unnecessary, or unconstitutional.**
- **Consult with social workers with more experience if limited practice experience is an issue.**
- **Leave information with the agencies as to the time and place where the field visits are to**

occur and the expected duration of the visits.

- **Dress sensibly at work to allow for ease of movement, including comfortable shoes. Remove neckties, scarves, hanging jewelry, religious or political symbols or anything that could be used as a weapon or increase agitation in a client.**
- **If possible, keep your home address and last name from becoming known to your clients and have an unlisted phone number.**
- **Be careful of what is posted on social networks that can disclose routine habits and/or home addresses.**
- **Make sure that your car is in good working order and that you have plenty of gas in it. You should also have a spare tire with a jack, a working horn, spare change, a flashlight, jumper cables, and a first aid kit.**

The best preparation will still not remove all threats of danger. Vigilance and situational awareness are imperative. Some steps that can be taken to decrease vulnerability while in the field are:

- **Drive by the residence first to see if things seem okay or if there is anything suspicious going on.**
- **When pulling into a parking lot or neighborhood, observe who is hanging around and what their general attitude is. Back your car into a parking garage space so you can exit quickly if you need to. Make note of at least two (if possible) exits and entrances to the parking area. Park close to any lights if there is a chance of you returning to your car before or after daylight.**
- **If you park on the street, do not park directly in front of the home or residence you are visiting.**
- **Have your car keys in your hand as you approach your vehicle.**
- **If you have a flat tire at night or in a high crime area, try to keep going along the shoulder of the road until you reach a gas station or, at least, a safer area.**
- **If stranded, ask to see identification of anyone stopping to assist you, even the police. If you accept assistance, pretend that someone else will be arriving soon and stay alert to their actions.**
- **Drive with your windows up and the doors locked in unsafe areas.**
- **Always keep your car doors locked when you are away from the car or sitting in it.**

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- **Be careful about what you leave on your seats or dashboard.**

Valuables can be an incentive for others to break into your car. Items with personal contact information can lead to identify theft or cause the thieves to break into your home.

- **Scan the area as you approach your car and always check the floor and backseat before getting in.**
- **If someone tries to force you into your car, throw away the keys to distract the attacker and run.**
- **If someone approaches your car to force entry, lay on the horn and drive off quickly.**
- **Try not to drive clients in your car. If you must, have them sit next to you. Never have them sit behind you where you can't see what they are doing.**
- **If someone in your car is forcing you to drive, turn on the flashers, press the horn, stop suddenly, get out and run or, in the worst case scenario, cause an accident with other cars.**
- **Schedule visits during daylight hours, preferably in the morning.**

- **Go out in teams or with the police, if warranted, on potentially dangerous visits.**

- **Before opening a gate, rattle it to determine if there are animals loose that might pose a threat.**
- **Listen outside the door of the residence for disturbances such as screaming, yelling, or fighting before making your presence known.**
- **When knocking on the door or ringing the bell, stand to the side, not in front of it, in case someone tries to harm or grab you.**
- **Introduce yourself clearly, letting the family know who you are and why you are there.**
- **Assess the person/persons you are interviewing to determine their demeanor and/or if they are under the influence of any substances.**
- **Note any drug paraphernalia lying around.**

- **Note the general layout, exits, and phones of the residence. Position yourself for an easy exit if necessary.**
- **Scan the environment for any weapons. For example, guns are often kept in the bedroom while knives are kept in the kitchen.**

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- **Avoid discussing plans and personal information within the hearing of others.**
 - **Keep personal items such as a purse or briefcase locked in the trunk of your car. Only keep your keys, a little money, and a phone on your person.**
 - **Travel with a cell phone that is charged, turned on, and pre-programmed to call 911 for assistance in any emergency or threatening situation.**
 - **Check in with your agency at set times to let them know you are okay.**
 - **Most importantly, trust your instincts. If something doesn't feel right and you are uneasy about the situation you are in, leave and call the police.**

PREDICTING CLIENT VIOLENCE

No matter how thorough social workers may be about using safety precautions, client interactions may not always go smoothly. Social workers must be aware of indicators of impending violence to either eliminate or mitigate aggressive acts. There is no magic bullet to predict when interactions may turn negative, but common factors have been identified which can make people more inclined to violence. Some of these factors are:

- **If a person has a history of prior violence, it is more probable that violence will happen again, as this tends to be their coping mechanism. This is the single best indicator of violence, so social workers should investigate past or current violent behavior. Interactions with someone with a history of violent behavior should be arranged in a controlled environment with assistance present or readily available.**
- **Certain internal factors have been associated with aggressive encounters. These include fear, humiliation, boredom, grief, and a sense of powerlessness. To reduce risk, avoid putting clients in positions that embarrass them. Instead, try to give them knowledge that empowers them and help them see other, nonviolent options.**
- **Physical factors increase the risk of violence as well. These include lack of sleep, physical exhaustion, use of drugs or alcohol, heat, hunger, cold, physical disability, or chronic pain. Social workers should try to alleviate, as much as possible, those situations that can be controlled, such as heat, hunger, cold, exhaustion, and lack of sleep prior to their interactions. They should follow agency policies regarding interactions with those under the influence of any type of substance.**
- **Situational factors have also been found to be predictive of violence.**

Access to weapons, having experienced childhood abuse or aggression in the home, or feeling a sense of injustice or oppression

can lead to violence. These factors should be assessed prior to any interactions or during an initial assessment in the field.

- **Violence has been shown to more likely to occur when children or adults are taken from their living conditions, especially if they are removed in front of family or friends. These interactions should always be planned events and never conducted alone.**
- **Certain conditions have been associated with violence. Knowing the dynamics of addictions, mental illness, brain trauma, and other issues associated with acting-out behaviors can better prepare social workers for interactions with these persons.**

Whether or not social workers have information about a person's past history or current emotional state, there are signs they can look for to determine impending client agitation and possible aggression. Clenching of fists or jaws, having a "wild" look in the eyes, being out of touch with reality, speaking in a loud voice or becoming verbally abusive are all indicators to look for. If these behaviors occur, immediate steps to reduce the tension should be taken before the behaviors escalate to violence.

VERBAL DE-ESCALATION STRATEGIES

Susan Weinger, author of Security Risk: Preventing Client Violence Against

Social Workers states: "The best way to manage violent behavior is to prevent it." However, that is not always possible. When a potentially violent situation threatens to erupt and no weapon is present, verbal de-escalation is appropriate. The most important tool in de-escalation is a social worker's brain. By using skills to reduce the level of arousal that social workers have learned, discussion becomes possible; reasoning with an enraged person is impossible

The first step in verbal de-escalation is for social workers to remain in control of themselves:

- **Appear calm and self-assured even if you don't feel that way. Take a deep breath. Relax facial muscles and look confident. Anxiety can make a client feel more anxious and unsafe which can escalate aggression.**
- **Use a modulated, low, monotonous tone of voice. The normal tendency when people are frightened is to have a high pitched, tight voice which can increase client anxiety. Speak in a clear and direct manner so clients can hear what is being said through their anger.**

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- **Be very respectful, even when firmly setting limits or calling for help.**

The agitated client will be very sensitive to feeling ashamed and disrespected.

The second step is the physical stance social workers should take:

- **Never turn your back for any reason.**
- **Try to be at the same eye level. Encourage clients to be seated, but if they need to stand, you should also stand up.**
- **Allow extra physical space between you and clients – about 4 times the normal distance.**
- **Do not stand squarely facing clients. Position yourself at an angle so you can sidestep away if needed.**
- **Do not maintain constant eye contact. Clients may perceive “staring” as disrespectful.**
- **Do not smile. This could be perceived as mockery or anxiety.**
- **Do not touch them. Even if therapeutic touching is culturally appropriate with some clients, cognitive distortion in agitated clients can be misinterpreted as hostile or threatening.**
- **Do not have the client stand between you and the door.**
- **Use non-confrontational body language. Move slowly. Avoid putting your hands on your hips. Do not point or shake your finger. Keep hands out of your pockets to indicate that you do not have a concealed weapon.**

The third step in verbal de-escalation is the actual discussion you have with clients:

- **Do not be verbally defensive. Even if comments are directed at you, they are not personal. The clients are angry at the situation, not you.**
- **Use good communication skills. Be empathetic of their feelings but not their behavior. Do not solicit how they are feeling or interpret their feelings in an analytic manner. Just reflect their feelings and be non-judgmental. Do not argue with them. Never tell a client to “calm**

down". By saying this, you communicate that you do not understand and accept their viewpoint. This, in turn, validates their anger.

- Do not get loud or try to yell over screaming clients. Wait until they take a breath and then talk calmly at an average volume.
- Do not use humor. Angry clients may misinterpret this as being disrespectful.
- Attempting to distract or change the subject can sometimes work, but may further anger clients who realize you are diverting them.
- Respond selectively. Answer all informational questions, no matter how rudely asked. Do not, however, answer abusive questions.
- Explain limits and rules in an authoritative, firm, but respectful tone.

Give choices, where possible, to alternatives that give clients a way out of the situation without embarrassment. For example, giving them the option of talking later or agreeing on a cooling off period allows clients to save face.

- Be patient. According to Griffin et al., it takes a person about 30 to 40 minutes to calm down from anger physiologically.
- Trust your instincts. If you have done what you can to calm the situation but de-escalation is not working, stop. Most often, social workers can tell within 2 to 3 minutes if de-escalation strategies are

beginning to work. However, if they are not, tell clients to leave, escort them to the door, call for help, or leave yourself and call the police.

IF AGGRESSION OCCURS

As much as social workers would like to believe they can control any situation, they may not always be able to do so. Anger and aggression cannot always be contained. If that happens, the first step social workers should take is to leave the room and get away from the situation as quickly as possible. If that is not feasible, they should call for help and try to protect themselves as best as they can. Some social workers take courses on self-protection or check with their local police departments for self-defense strategies. Even if they haven't done these things, social workers can use some basic tactics to protect themselves until help arrives, such as:

- Try to protect themselves from head injuries by blocking blows with arms, clipboards, pillows, etc.
- If they fall, kicking out to block an attack with their feet and legs.

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- If they are unable to get up, curling into a ball to protect their vital organs.
 - If they are bitten, pushing into the bite, not pulling away.

 - If their hair is pulled, pressing down on the person's hand with both of theirs.
 - Using fingers, fists, palms, elbows, knees, and feet as their weapons.

CONCLUSION

Personal safety is essential to social workers. They cannot help clients through a crisis if they are afraid for their own well-being or are caught up in a dangerous situation. Unfortunately, incidents of aggression against social workers appear to be escalating. Therefore, it is crucial for all social workers to know how to identify potentially dangerous individuals and what to do when they encounter them. They should be aware of the causes of the assaults, how the increasing violence against social workers not only affects their job performance but their physical and emotional well-being, their agency safety policies and procedures relating to the physical plant as well as in the field, and strategies for their safety in the field. They should also be cognizant of predictors of client violence. All social workers should know verbal de-escalation techniques to defuse a dangerous situation, but they should also know some basic strategies on how to protect themselves if de-escalation is not effective. Social workers should remember, however, not to get carried away with worry about aggressive clients. They need to remember that aggressive actions are the exception to the rule. Most clients are not a threat. Personal safety action plans are useful because they promote awareness and decrease fear. The plans empower social workers to reduce risk and to take appropriate actions if and when they are needed. Personal safety knowledge enables social workers to provide safe and effective client interventions, the role they seek.

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