

Professional Competencies and Training Needs of  
Professional Social Workers in Integrated Behavioral  
Health in Primary Care



Elizabeth Horevitz, ASW, PhD

Peter Manoleas, LCSW

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# Background



- The Affordable Care Act has led to a widespread movement to integrate behavioral health services into primary care settings.
- For behavioral health practitioners, IBH requires a shift to a brief, outcome-driven and team-based model of care.
- Despite the fact that social workers comprise the majority of behavioral health providers in IBH settings, little research has been done to assess the extent to which social workers feel prepared for effective practice in fast-paced primary care.

# Research Questions



- The purpose of this study was to identify key practice domains for social workers in IBH settings, and to assess the extent to which social workers feel adequately prepared to work in IBH settings. The two main research questions we aim to assess are:
  - 1) What are the primary skills and knowledge used by social workers in IBH settings?
  - 2) Do professional social workers feel prepared by their MSW training to work in IBH settings?

# Methods



- Survey item development
  - Review of literature including training programs, conference proceedings; key informant interviews (“occupational analysis”)
  
  - 99 item survey developed and pilot tested;
    - Have you heard of this competency?
    - Do you use it on the job?
    - Where did you learn the most about it?
    - How important would you rate this competency area for IBH practice?
  
  - Online snowball sampling

# Competency Areas



- Functional assessment
- Warm Handoff
- Behavioral Activation
- Motivational Interviewing
- Problem Solving Treatment
- CBT-PC
- Relaxation Training
- Team-based care
- Chronic Illness Management
- AOD
- Psychoeducation
- Curbside Consultation
- Stepped Care
- Family Systems
- Case Management
- Cultural Competence
- Standardized Outcome Measures
- Knowledge of PCMH

# Results



- **Demographics of sample (N=84)\*:** 74% completion rate, majority female (82%), Non-Hispanic White (70%), and resided in California (63%).
- **Competencies used on-the-job.** knowledge of psychotropic medications (91%), cultural competence (88%), knowledge of family systems (87%), psychoeducation (83%), motivational interviewing (82%), relaxation training (82%), and team-based care (81%).
- Less than 50% report currently using functional assessment, behavioral activation or alcohol and drug assessment/intervention on the job.

# Results



## ***Source of training in key competency areas.***

The majority of respondents reported learning most IBH competency areas on the job.

- The two major competency areas participants reported learning in their MSW programs were cultural competence and knowledge of family systems.
- The majority of participants with knowledge of motivational interviewing reported learning it at training. The majority of participants with knowledge of relaxation training endorsed learning this via self-teaching (i.e., reading a book about it).

# Results



- ***Importance of competency areas.*** Over 80% of respondents rated knowledge of psychosocial sequela of chronic illness, knowledge about psychotropic medication, skills in team-based care, cultural competence and psychoeducation as important competency areas at their job
- **Preparedness for IBH practice.** 66% of respondents learned competencies necessary for IBH practice on-the job, with only 10% endorsing MSW training as the main source of training for IBH practice.
- Nearly half feel generally prepared by MSW training, despite learning specific competency areas on the job



# SW Voices



*I think it is important for social workers going into health settings to have some understanding of the culture of medical education and what physicians do and do not learn in medical school. I think it is also important for social workers to have some knowledge about the dynamics of a patient physician relationship. In addition I also think it would be helpful for social workers to have seen how the medical model compares to the psychosocial approach to treating patients and the challenges/benefits of working in an interdisciplinary team.*

# Implications & Directions for SW Education



Overall, social workers feel prepared to work in integrated care settings by their MSW training (a good “generalist” start!). However, most specific competency areas necessary for IBH practice (in particular in primary care) are learned by social workers on-the-job.

## Recommendations:

- IBH Concentration (ideal: IBH placements, seminar, practice and policy courses)
- IBH placement + seminar + practice course
- IBH placement + seminar

Example: UCB SSW currently offers MI class, health and mental health concentrations, health policy, and placements in IBH settings; IBH practice course curriculum to be offered next year

# Thank you!



Questions?

Horevitz, E. & Manoleas, P. (in press). *Training needs of professional social workers in integrated behavioral health care settings*. *Social Work in Health Care*.

Contact:

Dr. Elizabeth Horevitz: [elizabeth.horevitz@gmail.com](mailto:elizabeth.horevitz@gmail.com)

Peter Manoleas: [pgm@berkeley.edu](mailto:pgm@berkeley.edu)