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# Social Worker Perceptions on Education for Generalist and Specialist Roles

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Social Worker Perceptions on Education for Generalist and Specialist Roles

by

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MSW Qualitative Research Report

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
In Partial fulfillment of the Requirements for the Degree of  
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

The current study examines the following question: How well does social work education prepare a Generalist or a Specialist to be in their social work role? Findings from existing research and interviews of five Generalist and five Specialist social workers within the Minneapolis - St. Paul metro area were reviewed to explore the adequacy of the current BSW and MSW curriculum in preparing students for social work practice after completing their degree. Recent literature and responses from interviewees revealed common themes endorsed by both Generalist and Specialist social workers. Both note the relevance of generalist social work curriculum for Generalist and Specialist social work roles and recommend that generalist social work skills continue to be taught in both BSW and MSW programs. However, findings reveal that some components of the social work curriculum need closer monitoring of quality, particularly the field experience and field supervision. Interviewees further suggested that expanding elective courses would allow students to acquire knowledge needed for effective social work in Specialist areas such as geriatrics, child welfare, mental health, community organization, and public policy. Incorporating more elective courses in to the curriculum will also allow BSW and MSW programs to be “all-inclusive” for various students’ interests and enables them to keep up with the changing times of the twenty first century’s social work marketplace. The study concludes with a discussion of the strengths and weaknesses of the current social work curriculum and provides recommendations for social work education that can more adequately prepare students for both Generalist and Specialist social work roles.

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## **Introduction**

The field of social work is linked to the marketplace and is growing and evolving in changing times of the twenty-first century (Vecchiolla et al., 2001). This means the demands of the social work job market affect the direction in which the social work profession moves. The demands of the social work profession continue to expand and evolve in areas of social work such as casework, managed care, and county/government jobs to name a few (Lavitt, 2009). Given changing societal needs and the evolution of demands for social work services, social work students and educators are faced with the massive challenge of preparing for the future of social work. In earlier years, the roles of social workers tended to be specialized in areas such as mental health - that is, psychiatrists had their distinct role, clinical psychologists had their distinct role, and clinical social workers had their distinct role. But in this new era, social work roles, in particular, are broad (Cohen, 2003). The changing of roles in social work challenges social work educators to “prepare students for unique, fluid, and complex situations” (Lavitt, 2009, p. 462). Thus, social work education is faced with the increased dilemma of determining whether to emphasize specialization or to emphasize generalist social work within the curriculum (Raeymaeckers, 2000).

In general, social work researchers note that social work is evolving away from micro-macro divisions and into the generalist model (McNutt, 2013). The generalist curriculum includes three variables: career goals of students, job-related needs of employing agencies, and values of the social work profession, which are embedded in the mission statement of the National Association of Social Work (NASW) and the Council on Social Work Education (CSWE) accreditation standards (Vecchiolla et al., 2001). Since the generalist model is broad and flexible, Vecchiolla and colleagues (2001) propose that it prepares students for practice in

today's era of changing times as well as in difficult contexts more effectively than any other curriculum model. Despite the use of the generalist model being accepted and used in some form over the past seven decades, researchers such as Lavitt (2009), Knight (2001), Riebschleger and Grettenberger (2006) and social workers alike maintain that the curriculum needs to improve and evolve further to keep pace with the changing times. However, other researchers contend that the social work curriculum should continue to include preparation for specialist social workers (Raeymaeckers, 2000; Blom, 2004; Leighninger, 1980). They maintain that the reason for this is because both types of social workers – specialists and generalists - work together and use their individual strengths to provide more satisfying interventions or therapies to their vulnerable clients (Raeymaeckers, 2000; Blom, 2004). The Generalist emphasizes an all-inclusive, holistic view of clients' problems while the Specialist focuses on "one specific problem and one specific target group" (Raeymaeckers, 2000, p. 611; Blom, 2004; Leighninger, 1980). Specialists roles are more distinct and include social workers such as geriatrics, hospice, palliative care, oncology, school social work, and clinical psychotherapy to name a few. Whereas, generalist social workers include hospital social workers, case managers, managed care, county/government jobs and so on. These researchers argue for the idea of the use of the generalist model as well as the use of the specialist model, which means a two-track curriculum model. Further, research regarding social work students has raised similar issues. For example, Walton (2005) found that many students did not think that their academic social work education prepared them well for their first placements and initial social work jobs after graduation due to the inability to relate what they had learned to actual practice.

To address this controversy, I will explore the following research question in the current study: How well does social work education prepare a Generalist or a Specialist to be in their social work role?

## **Literature Review**

In order for individuals to understand the field of social work as well as to discover if the field is a strong fit for them, it is important to understand the current research of social work education and how well it prepares a Generalist or a Specialist for their role. This literature review will start with an outline of the history and evolution of social work. Then, the literature review will provide an overview of social work education. Next, the literature review will review the various levels of licensure that are available for social workers to obtain. Lastly, the literature review will look at what current research says about social work education and how it prepares a social worker to be in their role as a Generalist or a Specialist social worker.

## **History and Evolution of Social Work**

Social work emerged in the United States in the middle to the end of the 1800s during the Industrial Revolution. Industrialization led to the factory system, which required the need for large numbers of workers, “and subsequently created mass immigration, urbanization, and a host of consequent problems” (McNutt, 2013, p. 2; Garvin & Cox, 2001). Due to the problems resulting from these conditions, society began to respond to them, especially to the needs of a rapidly expanding and poverty-stricken immigrant population. Family roles were also changing during this time – middle and upper class women were being freed from their family responsibilities and served as “friendly visitors” to the poor in order to conquer the mission of eliminating poverty (Day & Schiele, 2013). The Charity Organization Society (COS) and the



Settlement House movements emerged to respond to these problems. Both movements were brought in from England and provided additional support to the charity efforts of churches, local and state governments, and other associations in dealing with the urban problems such as poverty, mental health challenges, and starvation (McNutt, 2013).

Ultimately, social work resulted from these two movements as well as from a third movement, child-saving, which will be discussed later (Day & Schiele, 2013). Charity Organization Societies (COS) were founded in 1869 and were developed by philanthropists to regulate the poor's use of charity agencies. COS consisted of paid investigators, who worked for the COS, as well as "friendly visitors" who were volunteers (primarily women volunteers) that visited clients in order to severely restrict outdoor relief – which is relief provided outside of institutions and poorhouses in the form of money, food clothing or goods - given to individuals to help alleviate poverty. This relief was a way to keep individuals out of poor houses and other institutions for the poor, hence the term "outdoor" (McNutt, 2013). At this time, society blamed poverty on a lack of morals on the part of the poor rather than the fault of unresponsive social structures such as the economy and politics/government. "Friendly visitors" were intended to save the poor by teaching them morals and good work habits. Labor and work ethic was a component to all assistance (which still exists today). If the poor, especially the able-bodied poor, did not work they were required to enter a workhouse or poorhouse, prison, or jail as punishment (Day & Schiele, 2013).

Following these initiatives, the settlement house movement developed. Settlement houses (such as Jane Addams' Hull House in Chicago) contributed to the development of social work. Those who developed the settlement houses held very different views from those involved in the Charity Organization Societies (COS). They maintained that people could work together for a

common goal and change society to make it more relevant to the needs of the poor. They held that the cause of poverty was unresponsive social structures rather than the personal fault or immorality of the poor (Day & Schiele, 2013). This was an important revelation because early social workers realized that social structures were responsible for poverty despite society's continued belief that it was or is the fault of the person (Day & Schiele, 2013).

The third movement that contributed to the development of the profession of social work was that of child-saving. In the 1860s, around the time of the Civil War, child-saving developed. Thousands of unsupervised children roamed city streets begging, stealing, and taking men's jobs at lower wages (Day & Schiele, 2013). Early on, child-saving was more to rid the children from the streets as they were considered irritants but it eventually brought a new concept, childhood. The childhood concept is the meaning in which young people should be viewed not as small adults but as children which need special care because of their youth (Day & Schiele, 2013). This resulted in child welfare agencies being established and welfare agencies began to hire foster-home investigators (Austin, 1983). Due to these three movements, new organizations were continually being established in cities, some around specialized problems and some based on geographic location (Austin, 1983). Ultimately though, the movements of the Charity Organization Society and the Settlement House Movements are the most fundamental to social work and are also the foundation of much of social work practice today, "especially that of casework, social group work, community development, social planning, social action, and research supporting social policy" (McNutt, 2013, p. 3).

Social work was rapidly growing in interest and had a remarkable period of growth over the years and was making strides in becoming a profession (Flexner, 1983). However, during this time, there was a setback. In 1915, Abraham Flexner gave a speech at the National Conference

of Charities and Correction in Baltimore and addressed the topic of “Is Social Work a Profession?” (Flexner, 1915; Austin, 198). Flexner challenged social work as being an actual profession. Abraham Flexner was the assistant secretary of the General Education Board, which was established by John D. Rockefeller to guide his efforts in spreading his fortunes to the enhancement of education in the United States (Austin, 1983). Flexner was the most influential person in the United States in the area of professional education, particularly medical education. Therefore, his questioning social work as a profession was quite influential (Austin, 1983). Abraham Flexner (1915) asserted that in order to be a profession, the following six criteria need to be met: a profession involves intelligence which should be applied to problems and seeking to understand or master the problems; a profession is learned - it derives its “raw material from science and learning”; a profession is a brotherhood - “the professional activities are so definite, so absorbing in interest, so rich in duties and responsibilities that they completely engage their” followers; a profession possesses an educational technique; a profession tends to self-organization; and a profession is increasingly selfless or philanthropic in motivation (p. 904).

Essentially, Flexner’s opinion was that social work is not a profession because the profession lacked a scientific knowledge base as well as lacked a specific, definite field, and instead it is “an aspect of work in many fields” (Austin, 1983; Flexner, 1915, p. 908). In Flexner’s 1915 speech on “Is Social Work a Profession?”, he states, “it [social work] is not a profession in the sense in which medicine and engineering are professions; that if medicine and engineering have cause to proceed with critical care, social work has even more” (Flexner, 2001, p. 165). Abraham Flexner created a fundamental theme in the social work profession that has periodically led to unfortunate results, particularly that of the social work community feeling as though they need to continuously prove that social work is a profession. Also, due to Flexner, the

social work community feels as though they need to continuously strive for intellectual unity, and develop a unique method or concept, which is independent and not derived from other professions (Austin, 1983). Flexner (1915) also challenged the social work profession saying that in order to be a profession, “a profession must have a dignified and critical means of expressing itself in the form of a periodical which shall describe in careful terms whatever work is in progress” (p. 911). Social workers, in response to Flexner’s criticism, strived to then find a knowledge base that would appease his critique. This journey continues to this day.

As the profession of social work developed and changed, so did society. During the first three to four decades of the 20<sup>th</sup> century, the United States became more conservative and as a result, social action activities decreased (Ehrenreich, 1985). The timing of this surrounded the Great Depression. The Great Depression caused social work to receive great recognition as a profession due to the crash of the economy which then left the poor poorer and several of middle to upper class working Americans facing poverty (often for the first time) as well. This brought a need for public, private, and nonprofit sectors to intervene and provide relief to many Americans. With the heightened recognition of social work during this era, it brought about the dilemma of social work certification and higher standards. The need for social work certification and higher standards was felt because of the flood of workers in to the social work profession who did not have social work education or training (Day & Schiele, 2013). In the 1940s, there were proposals for higher standards such as stricter education qualifications and membership requirements to the American Association of Social Workers (AASW) (Wenocur & Reisch, 1989). The idea behind these proposals were that they would give social work a “more legitimate claim to unique skill and knowledge and provide an easy test to distinguish the professional from the nonprofessional in employment classification and legal certification proposals” (Wenocur & Reisch, 1989, p.

208). However, the attempts of stricter membership requirements and social work certification failed because social work lacked the political power to lobby successfully. In 1945, particularly around the ending of World War II, was a time that brought about a tremendous demand of social workers and not enough supply of them. This caused unskilled workers to be hired and also kept the social work profession standards low as well as kept salaries low. This was another reason higher standards in the social work profession were needed. If higher standards were established, this would help prevent unskilled workers (such as, non-social workers) from entering the field and overtaking social workers' jobs. (Although some progress has been made, this dilemma still exists today.) Leaders of AASW finally responded to this and formed two committees to support social workers and their desire for higher standards. The two committees were: (1) Wartime Committee on Personnel in the Social Services and (2) Interim Committee for Joint Planning Social Work (Wenocur & Reisch, 1989).

In addition to these changes in the field of social work in the 1940s, social workers were beginning to branch out from casework, the dominant method in social work at the time, and began to branch into more specialized roles or functions of social work, such as psychiatric social work, administration social work, and hospital social work (Wenocur & Reisch, 1989). The market for specialized functions in social work really emerged during this time and there were increased demands for training in the above mentioned specialized functions of social work. Social workers sought more specialized roles to demonstrate skills other than casework to expertly address particular problems and needs of clients. Social workers were advocating for expanded roles in group work and community organization but there was much reluctance to this by other professionals. Group workers then established the American Association of Group Workers (AAGW) in order to help gain approval of group work. AAGW leaders argued that,

“group work is a method in social work...not a profession – social work is the profession” (Wenocur & Reisch, 1989, p. 232). Group work was eventually accepted and AAGW also eventually merged with the National Association of Social Workers (NASW).

In 1955, the above mentioned committees, along with several other major social work committees, merged to form The National Association of Social Workers (NASW). All the members of the preceding committees were grandfathered in as members, so NASW began with 22,027 members (Clark, 2013). NASW still exists today and is the largest membership association of professional social workers in the world (Clark, 2013). The NASW is a legal entity that has two missions: protection and advancing the profession of social work and advocating for social justice issues (Clark, 2013). NASW also publishes an online journal, *Social Work Speaks*, which publishes all adopted policies (NASW, 2012). The NASW has also adopted a *Code of Ethics* for the social work profession. One of Abraham Flexner’s criticisms was that social work is not a profession without a code of ethics (Austin, 1983). So, with the adoption of the *Code of Ethics*, NASW puts this particular criticism of Flexner’s to rest (Congress & McAuliffe, 2006). The *Code of Ethics* was adopted in 1960 - Mary Richmond is credited with authoring the first draft of the *Code of Ethics* (Congress & McAuliffe, 2006) - and sets the standards of ethical behaviors for professional social workers - NASW’s members affirm they will abide by the standards in the Code and NASW monitors member’s compliance (Clark, 2013).

Beginning in the 1960s, major changes were occurring in the social work profession that intensified into the rest of the century and are expected to continue for the foreseeable future (McNutt, 2013). The Great Depression and World War II caused the United States to reflect on its Democratic government and make changes, ultimately to increase its democratic inclusion.

Democratization has been defined to proceed in three stages: civil, political, and social rights (Quadagno, 1994). There was to be freedom and equality; however, this was not the case in the United States in the 1950s to 1960s. Eisenhower was president of the United States in the early to mid-1950s and was known to have an insignificant effect on social issues that the United States was facing during this time. John F. Kennedy, president of the United States in 1960 until his assassination in 1963, and Lyndon B. Johnson, president in 1963 after Kennedy's assassination, on the other hand, have been known to have had a more significant effect on social issues of the United States (Day & Schiele, 2012). The major social issues that were occurring was that of segregation and discrimination of populations, especially women, the poor, and people of color. There was a need for social programs due to the War on Poverty. The most significant social change has been said to be that of the Social Security Amendments of 1962 (Day & Schiele, 2013). The Social Security Amendment called for a new approach - no longer "blame the victim" but look for causes within the individual and the structure. The main goal of social programs was still job training and employment though, which has not changed since the early 20<sup>th</sup> century. The social program of Housing and Urban Development (HUD) was also an established social program as well as food programs. Medicare and Medicaid were also established as social programs. These social changes were major (and still exist today); however, there was and still is a lot of discrimination and stigmatization with these programs. For example, social program eligibility requirements were tight and made it difficult for people to be eligible for them. People were also shamed for being on the social programs. This still continues in present day.

The major changes that began in the 1960s, particularly after World War II, created a basic change in the outlook, goals, and services provided in the social work profession. There

was a high need for social workers. The government wanted social workers to use their casework approach to provide job training to individuals as well as to provide mental health services. After World War II, mental health was recognized, more accepted, and less stigmatized (Day & Schiele, 2013). With such a high demand for social workers, unskilled workers were continuing to be hired. Social workers felt threatened by this and wanted more trained professionals. Although there has been great strides in the social work profession, many of the dilemmas mentioned and the need for change continue in the social work profession today.

### **Overview of Social Work Education**

Formal training in social work began in the 1800s as the first step in professionalization, and social workers began to be recognized experts on the needs of the disadvantaged populations (Austin, 1983). Prior to the 1800s, education for social workers was mostly conducted on an informal basis (Hoffman, 2013). That is, early social workers, including “friendly visitors” and caseworkers, were typically trained informally by fellow workers. Education for these early social workers occurred under an internship or field education model in which experienced social workers would train the new, unexperienced social workers on the skills needed to carry out the job (Austin, 1997). However, as the field of social work continued to grow and become more professionalized, the purpose of the field education model was not able to keep stride with the needs of the growing field (Frumpkin & Lloyd, 1995; Hoffman, 2013). Due of this, there was interest in a movement toward more formal social work education.

By the end of the 19<sup>th</sup> century, social work was no longer voluntary and was now paid employment and was given public recognition as an occupation (Day & Schiele, 2012). In 1898, the first school of social work was established. In the summer of 1898, the New York School of Philanthropy (later to become the Columbia University School of Social Work) opened its doors



and 27 friendly visitors enrolled in their first Summer School in Applied Philanthropy (Wenocur & Reisch, 1989). Charity Organization Societies (COS) played a large role in the creation of this school and so did Mary Richmond. Mary Richmond was one of the Baltimore COS' leaders and also contributed to social work with her book on *Social Diagnosis*, which presented Richmond's observations and opinions on social casework (McNutt, 2013). Through Richmond's observations and opinions on social casework, she stressed the commonalities within casework and "also addressed the particular details of work with specific client 'disabilities'" (Leighninger, 1980, p. 4). The overall theme of *Social Diagnosis* was a stress on the generalization of casework skills, which still recognized some basis for functional specialization (Leighninger, 1980). Richmond's work on this was crucial in developing the social work profession because she addressed unity within the developing social work profession "while acknowledging the distinctive needs of specific settings" and populations (Leighninger, 1980, p.4).

The New York School of Philanthropy then succeeded splendidly in the following two basic goals: to demonstrate the scientific basis of philanthropy and thereby give social work a stronger claim to professional status; and to provide a forum for social work leaders, particularly from the Charity Organization Society (such as Mary Richmond) to recruit and train workers in their philosophy and methods (Wenocur & Reisch, 1989). Social work classes eventually grew and as they grew, it was realized that programs would need to be further formalized by having full-time faculty as well as offer structured courses (Hoffman, 2013). The social work programs began by hiring social sciences faculty to fulfill the social work school's positions (Hoffman, 2013). The National Conference on Charities and Corrections provided a location for national conversation regarding the evolving social work profession and the need for conducive training

for new workers as well as “advanced training and specialization” for experienced workers were some of the main points of discussion (Austin, 1997; Hoffman, 2013, p. 2). Social work students in the early schools of social work had a wide range of interests that varied from an entry level “friendly visitor” to an advanced, experienced level, which included training in leadership of nonprofit organizations and other specializations such as group work, research, and community organization (Hoffman, 2013; Leighninger, 1980).

The expansion of schools of social work and the subsequent classes created open conversation about the knowledge and skills essential for social work practice (Hoffman, 2013). One facet of social work education, which remains a crucial aspect to this day, was field education (Austin, 1997). Field education is intended to teach future social workers the fundamental dimensions of professional social work in their discipline - the idea is “to think, to perform, and to act ethically and with integrity” (CSWE, 2008, p. 12). Both classroom and field education “are of equal importance within the social work curriculum, and each contributes to the development of the requisite competencies of professional practice” (CSWE, 2008, p. 12).

As schools of social work evolved and changed in structure, the focus became on “defining and teaching the specialized knowledge that is unique to social work” (Hoffman, 2013, p. 2; Frumpkin and Lloyd, 1995). That being said, in 1919, the American Association of Schools of Social Work (AASSW) was developed in order to accredit social work schools (Hoffman, 2013). Most of the early social work schools were located in a university and the remaining were still independently administered. The main constituency of AASSW was that of the older and established graduate social work schools in urban areas (Wenocur & Reisch, 1989; Hoffman, 2013). Due to the AASSW only accrediting graduate programs, many schools reacted and recommended the formation of a second accrediting body (Austin, 1997). Additionally, the

United States federal government also reacted to this because they were now interested in social work programs, especially those programs surrounding child welfare and public administration (Hoffman, 2013). The reason for this was due to the new public initiatives in the 1930s and thus, resulted in the United States federal government being not only interested in social work programs but supporting the establishment of undergraduate social work programs (Wenocur & Reisch, 1989; Hoffman, 2013). Due to this interest, in the 1940s, the National Association of Schools of Social Administration (NASSA) was created as the accrediting body of undergraduate social work programs (Wenocur & Reisch, 1989).

The coexistence of two accrediting social work bodies caused difficulties for several reasons including different purposes and directions for social work education. The two organizations decided to accredit similar programs - five year undergraduate program by NASSA and a one year graduate program by AASSW but this ultimately caused confusion amongst students, faculty, and employers (Hoffman, 2013). Eventually, the United States federal government got involved through the Committee on Accrediting and demanded that the NASSA and AASSW “resolve their issues or both would be refused accrediting status” (Austin, 1997, p. 605). This caused a temporary committee to form for education in social work. The temporary committee included members of the AASSW and NASSA as well as from federal government agencies and other private organizations (Austin, 1997). The temporary committee built a comprehensive research study. The study included research on social work education, curriculum, and the relationship between graduate and undergraduate education. This research was then delivered out by a newly formed organization, National Council on Social Work Education (NCSWE) (Hoffman, 2013). The NCSWE brought together participants for the design and administration of the study on social work education and sponsored a project that resulted in

the Hollis-Taylor report, *Social Work Education in the United States* (Brieland, 1977). The report specifically recommended the use of a more inclusive concept of social work (which was its most far-reaching suggestion) which is that accreditation be limited to two-year graduate programs (which remains today) as well as that a new organization be designed that could meet the needs of the community of social work's accrediting body (Brieland, 1977).

In 1952, the Council on Social Work Education (CSWE) was then established as the one and only accrediting body in social work and it merged AASSW and NASSA together (Watkins & Holmes, 2013). The CSWE began by only formally accrediting graduate programs in social work, which was following the recommendations of the Hollis-Taylor report (Brieland, 1977). The decision to only accredit graduate programs, in part, stemmed from the desire in the field to be recognized as a professional discipline (Watkins & Holmes, 2013; Austin, 1997) However, in the 1974, baccalaureate (BSW) social work programs began to be accredited. The CWSE's mission is "to promote and strengthen the quality of social work education" (CWSE, 2008; Hoffman, 2013). Its educational standards were once based on an objective-based model but in 2008, it changed its model to a competency-based model (Day & Schiele, 2013).

The Council on Social Work Education's guidelines state that the Commission on Curriculum and Educational Innovation will advance "a statement of social work educational policy to encourage excellence and innovation in the preparation of social work practitioners in educational programs" (Hoffman, 2013, p. 4; CSWE, 2005, p. 8). The policy statement is used by the Commission on Accreditation for the expansion and improvement of accreditation standards (Hoffman, 2013; Watkins & Holmes, 2013). This policy statement and the statement of standards "combine to form the document Educational Policy and Accreditation Standards" (EPAS) (Hoffman, 2013, p. 4; Watkins & Holmes, 2013). EPAS is used by the Commission on

Accreditation to determine accreditations and is mandated by CWSE guidelines to endure revisions every seven years in order to make sure that “the policy and standards are reflective of innovations” in the social work field (Hoffman, 2013, p. 5; CWSE, 2005).

Today, there are currently three major levels of social work education, which are baccalaureate (BSW), graduate or master’s (MSW), and doctoral (DSW). The Council on Social Work Education accredits the programs at the BSW and MSW level but not at the doctoral level. Hoffman reports that most doctoral programs in social work are not yet accredited although they belong to the Group for the Advancement of Doctoral Education (GRADE) (2013). The purpose for education at the baccalaureate level is to prepare for practice as a generalist social worker (Hoffman, 2013). The purpose for education at the graduate level is to build on the generalist practice and prepare students for a practice in an area of specialization (Hoffman, 2013). The purpose of doctoral education in social work is to “prepare students to be scholars and researchers in social work” (Hoffman, 2013, p. 8). Prior to the 1950s, doctoral programs were rare and today, there are approximately 74 doctoral programs (Hoffman, 2013).

### **Overview of Social Work Licensures**

In general, the social work licensure system is generalist in its approach. Social work licensure is regulated by the government and occurs at a generalist level. The purpose of licensing is to protect the public by “establishing a means of holding professionals accountable, by establishing a means of holding professionals accountable, and by having a system for the public to make complaints against allegedly incompetent or unethical practitioners” (Randall & DeAngelis, 2013, p.1). Certification also exists and occurs at a specialist level; however, certification is non-government regulated (Randall & DeAngelis, 2013).

Since the efforts toward higher standards in the first three to four decades of the 20<sup>th</sup> century, NASW and its state divisions have worked to ensure that all states in the United States have some level of licensure for social workers to seek legal acknowledgement, protection, and reimbursement for services (Clark, 2013). Today, in the state of Minnesota, social work has four types of licensure: Licensed Social Worker (LSW - baccalaureate level); Licensed Graduate Social Worker (LGSW – both clinical and non-clinical practice); Licensed Independent Social Worker (LISW); and Licensed Independent Clinical Social Worker (LICSW) (BOSW, 2017). Again, the purpose of licensing is to assist and protect the public by establishing a means of holding professionals accountable as well as to have a system for the public to make complaints against supposed incompetent or unethical social workers (Randall & DeAngelis, 2013). The requirements for licensure at all levels are education from a social work school accredited by CSWE; direct supervision working hours in the social work field; and demonstration of knowledge. The minimum knowledge, or in other words, competence, is passing the Association of Social Work Boards exam, evidence of good moral character, and a clear background check (Randall & DeAngelis, 2013). There are different social work licensing laws in each state in the United States and social work students should become knowledgeable of their specific state laws for social work licensure as soon as possible.

In order for social workers to maintain their licensure, the licensed social worker is required to obtain at least 40 continuing education hours every two years, including at least two continuing education hours in ethics. Continuing education (CE) is the individual responsibility of the social worker. The social worker should pursue CE for the following reasons: personal interest and growth, to meet licensure requirements, and to ensure the competency that is required for effective and ethical social work practice (NASW, 1999; Strom-Gottfried, 2013).

Continuing education (CE) is grounded in an ethical principle in the National Association of Social Work *Code of Ethics* and is essential for professional competence, career development, and compliance with licensing rules (NASW, 1999; Strom-Gottfried, 2013). As such, CE builds upon the foundation to be a life-long learner and provides the opportunity to refresh seldom used skills and knowledge. Furthermore, CE provides the social worker with the opportunity to acquire the most current and updated information; demonstrate a conscious and continuous effort toward professional development; and meet ever changing career demands (Strom-Gottfried, 2013).

### **Current Research - the Generalist and the Specialist**

Many social work programs are finding that traditional curriculum is inadequate in preparing students for practice in today's new era of jobs (Cohen, 2003). Several jobs in today's new era are in generalist roles like managed care, casework, county/government jobs, hospital social work, and so on. These types of social work jobs are no longer distinct; rather they require complex and fluid practice skills, particularly the ability to conduct fast and prompt assessment skills, complete brief treatments, and the ability to effectively case note treatment results (Cohen, 2003; Lavitt, 2009). Cohen (2003) suggests that social work educators must make the necessary changes to provide social workers, particularly at the clinical level, with the ability to adapt to these fast-paced and changing environments. Cohen (2003) further recommends that social work schools should not only provide training of specialized clinical interventions in their curriculum but should also focus on a general range of skills such as those mentioned above. In addition, social workers should focus on the practice of social work as being multi-faceted because, ultimately, this is what is needed in today's new era of the job marketplace (Cohen, 2003; Lavitt, 2009). Leighninger (1980) suggests the social curriculum be taught on a "two-track curricular

system” in which students would receive the generalist foundation and then have the ability to expand on this with specialization (p. 1). Leighninger (1980) also mentions that “increases in specialization have mobilized forces toward cohesion” within the social work profession.

Additionally, Leighninger (1980) mentions that this cohesion or unity is most important because “without the promotion of a core professional identity, social work will be unable to achieve or maintain a unique position in today’s society” (p. 10).

### **Generalist Practice**

The advanced generalist practitioner is “a social worker who wears many hats and can change them often in response to competing client and community needs” (Lavitt, 2009, p. 462). The conceptual framework for advanced generalist practice considers the knowledge and belief of the practice which “honors and builds upon the ‘knowing and doing’ of the experienced generalist” enabling the advanced generalist can be found to closely mimic the thinking and actions of the experienced social worker (Lavitt, 2009, p. 465). The experienced social worker can “sort through unique, ambiguous, value-laden, and complex situations” and use multiple approaches to problem solve instead of only using one or two approaches that are most familiar to problem solve (Lavitt, 2009, p. 465).

Gibbs, Locke, and Lohmann (1990) suggest that the advanced generalist model of practice has two principal traits, which is, first, “it is problem-solving centered, rather than methods-driven” and, second, it uses the person-in-environment concept for assessment and intervention, which provides a “holistic” approach throughout the entire problem-solving process (p. 234). Because of these factors, Lavitt (2009) suggests that advanced generalist curriculum rather than just generalist curriculum be incorporated in to Master of Social Work (MSW)



programs. Its versatility has made it the most rapidly growing area of focus for MSW programs in the United States (Lavitt, 2009). This rapid growth is surprising given that advanced generalist practice is traditionally associated with rural areas, which tend to have limited resources and unique character; however, it has been discovered that urban and metropolitan areas, which tend to have more of an abundance of resources, also benefit from the advanced generalist practitioner, perhaps maybe even more so than rural areas (Lavitt, 2009).

Given its usefulness in a variety of contexts, there is agreement regarding the generalist foundation of MSW education; however, there is less agreement as to what comprises the advanced generalist model (Lavitt, 2009). Lavitt (2009) suggests that the curriculum of the advanced generalist social work incorporate three key elements: multi-dimensional assessment: problem setting, leadership and self-reflection, and ethical advocacy. Lavitt (2009) suggests that the social worker at the advanced generalist level focus on a variety of intervention methods rather than the same intervention method that is most familiar. She contends that the advanced generalist curriculum should “focus on dynamic engagement with problematic circumstances, rather than an emphasis on mastery of content” and prepare the social worker to be open-minded and utilize creative problem-solving skills in order to use a variety of intervention methods in the advanced generalist role (Lavitt, 2009, p. 465).

### **Specialist Practice**

Specialty social work for the purpose of this paper covers many areas including solo private practice in mental health and addictions, group work, geriatric social work, school social work, and dialysis social work. In today’s era, solo private practice is at risk because business models and third-party payers force social workers, primarily Licensed Independent Clinical

Social Workers (LICSW), and other mental health professionals to generate revenue and see more clients than is possible in individual practice models (Cohen, 2003). Cohen (2003) mentions that “in group practices, social workers, in combination with other mental health professionals, provide individual and group work or therapy, family interventions, and a variety of other services, all through one office” (p. 37). These groups provide a “one-stop shopping” as well as increased access to less costly professionals, such as social workers (Cohen, 2003). So, in today’s social work marketplace, it is being discovered that group practices are more proficient and cost-effective when providing interventions or therapies to patients. Therefore, group work or therapy should be a stronger part of the social work curriculum.

Group work is a mode of practice broadly used in the social work field. However, group work is not a strong part of the social work curriculum (this includes in field placement), at least in most social work programs (Birnbaum & Wayne, 2000). Birnbaum and Wayne (2000) suggest that the movement toward a generalist foundation curriculum at the Masters of Social Work (MSW) level in the late 1960s may have been the cause for fewer opportunities for the study of group work practice at an in-depth level. Birnbaum and Wayne (2000) recommend returning group work into the social work curriculum, field placement, and faculty development. Again, the reason for this is because of the direction of today’s social work job marketplace, which is geared more toward generalist or advanced generalist social work - the generalist foundation is needed and then social workers can build off that with some specialization(s).

Strengthening of undergraduate and graduate social work research is also being recommended. Research is a fundamental piece to improving students’ critical thinking and problem-solving skills at the undergraduate level (Bachelor’s in Social Work), and has been included in the social work curriculum since the existence of social work accreditation (Moore &

Avant, 2008). Also, the National Association of Social Work *Code of Ethics* includes that it is the “social workers’ ethical responsibility to contribute to the knowledge base of the profession” (Moore & Avant, 2008, p. 232; NASW, 1999). For these reasons, research or research methods are incorporated in to social work curriculum. The desire for the inclusion of research is so that social workers can conduct research rather than just be competent users of research, especially because when social workers become practitioners, they must be able to evaluate their own practice so they can provide the best services to their clients (Avant & Moore, 2008). However, despite the inclusion of research in the social curriculum, research courses appear to be the most adversely viewed, most dreaded, and are considered by some social work students to be the least helpful, particularly if they struggle due to multiple demands and projects that do not directly involve their practice (Moore & Avant, 2008). When students are engaged in research that is practice-related and observe positive effects of their efforts, they become more interested in the application of research methods to their practice and future careers (Dodd & Epstein, 2011).

Along with strengthening of research in the social work curriculum is the concept of evidence-based practice (EBP). Moore and Avant (2008) suggest that EBP is a fairly new shift in social work for improving its practice. EBP refers to practice methodologies in which social workers use the “best scientific evidence available to decide how to intervene with individuals, families, groups, organizations, or communities” (Moore & Avant, 2008, p. 233; Rubin & Babbie, 2007). Social workers should be prepared to provide the best evidence-based practice. That means social workers must choose the most effective and humane interventions for clients based on existing research and their own research of what works and what does not work for clients. Due to EBP being fairly new, Moore and Avant (2008) suggest that social work should assist in developing a unified definition of EBP. Thus, social work educators must and should

play a major part in helping to develop a unified definition because the profession can then determine appropriate methods to evaluate EBP in order to participate in effective practice and make the growing body of research available to all practitioners (Moore & Avant, 2008). Also, Hall (2008) suggests that social work can move toward a more legitimate profession through EBP. The reason for this is because EBP is lined up with the most strenuous scientific evidence available from recognized experts in related fields of practice. Therefore, social workers can use EBP to show the public and political sectors that social work is a legitimate profession (Hall, 2008).

### **Conceptual Framework for Comparing Generalist and Specialist Social Work**

The International Board of Standards for Training, Performance and Instruction (ibstpi®) Competency Model is rooted in this research study and can be used to understand how well social work education prepares a Generalist or a Specialist to be in their social work role. This model has been around for decades and provides standardized competencies for professionals in training and performance (Given, 2008). This model describes competency as a set of attitudes, knowledge, and skills that enable an individual to perform the tasks of a given job to or beyond expected standards (Given, 2008). Given (2008) explains that the ibstpi® Competency Model has three main components: domains, competencies, and performance statements to go along with each competency. The specific competency statements within each domain have been defined as the following: professional foundations (communicate effectively in written, oral, and visual form; apply research and theory to discipline; update and improve related knowledge, skills, and attitudes; comply with ethical, political, and legal standards), planning and analysis (conduct a needs assessment; use analysis techniques; describe and identify target populations), design and development (design and plan interventions; develop new instructional materials;

select or modify existing instructional materials; design learning assessments), evaluation and implementation (evaluate interventions; implement new interventions; revise existing interventions based on data), and management (manage partnerships and collaborative relationships).

This model is the conceptual framework for this research study because it seeks to understand how to help prepare professionals to be competent in not only their training but also in their job role post-education. This model links well with the Council of Social Work Education's (CSWE) 2008 Educational Policy and Accreditation Standards (EPAS) because as Seitz (2014) states, "it incorporates measurable practice behaviors and clear assessment components into the design" (p. 335). The CSWE (2008) lists nine Social Work Competencies and each competency applies the knowledge, values, and skills in social work in order to guide a social worker's practice in a purposeful, intentional, and professional manner in order to promote human and community well-being. This is similar to that of the ibstpi ® Competency Model which indicates very similar competencies and therefore, this model can operate as an outline for education and in training. This competency model is transparent in that it provides individuals with outcomes and also assists organizations to be focused in providing appropriate instruction. Given this, a Generalist or a Specialist social worker can use this competency model to gauge whether or not they feel their social work education prepared them for their social work role.

### **Methods**

This study explored social work education and how well it prepares Generalist and Specialist social workers for their social work roles. An exploratory qualitative study was conducted in order to give five Generalist social workers and five Specialist social workers the opportunity to share thoughts and feelings on social work education and how well they felt their education did or did not prepare them to be in their social work role. The focus of this study was to examine the views of the research participants' thoughts and opinions so that the accreditation agencies (such as CSWE and BOSW) and other social work professionals or soon-to-be social work professionals can learn from these findings.

### **Sample**

The sample used in this research study included five Generalist social workers at the baccalaureate level (BSW) - five females - and five Specialist social workers at the graduate level (MSW) - one male and four female. The Generalist social workers in the sample consisted of four case managers and one hospital emergency room department social worker. The researcher categorized the hospital emergency room department social worker as a Generalist rather than a Specialist because her job duties appeared to be very broad and more like a Generalist. This participant also classified herself as a Generalist.

The Specialist participants were employed in roles of solo private practice, group work, geriatric social work, school social work, or dialysis social work. Of the five Specialist participants, four specialized in geriatrics. This researcher made efforts to select research participants who had been employed in their Generalist or Specialist social work role for at least two years. That being said, the participants all happened to be employed in their Generalist or Specialist role for five or more years. Therefore, all participants were seasoned social workers

who were able to provide strong input based off their personal experiences in the social work profession. The researcher recruited participants by the use of snowball sampling. That being said, this is primarily how the researcher ended up with so many Specialist participants with a specialization in geriatrics. All the research participants were from the surrounding Minneapolis-St. Paul Twin Cities metro area.

### **Protection of Human Subjects**

The research began after approval by the Institutional Review Board at St. Catherine University. Safeguards were used to protect the identity of all participants and no data was used that had any defining characteristics of the participants. The researcher adhered to the requirements and regulations of Protection of Human Subjects by providing a Consent Form to each participant (see Appendix A). The Consent Form provided the participant with the following information: background information on the study, procedures of the study, risks and benefits of being in the study, privacy, confidentiality, voluntary nature of the study, contacts and questions for the researcher as well as the researcher's Chair and statement of consent. The main purpose of providing the consent form to the participants was to inform them of what they can expect during the study so that they could make an informed decision regarding participation. The consent forms were locked in a filing cabinet at the researcher's home and will be destroyed upon the completion of this research study on June 30, 2017.

### **Data Collection and Instrument Process**

The data collection and instrument process that was used by the researcher was an audio-recorded interview of each research participant in which identical questions were asked to each research participant in a semi-structured format (see Appendix B). The questions asked by the researcher were open-ended, which allowed the participants to elaborate and expand on the

questions. This allowed the researcher to gather robust information for this study. Review of the participant interview recordings was restricted to the researcher and the researcher's Chair. To protect the confidentiality of the participants and the integrity of the data, the recordings were kept on a password protected electronic device that was stored on the researcher's computer and no one else had access. The transcriptions will be destroyed upon completion of this research study on June 30, 2017.

### **Data Analysis**

The researcher transcribed each participant's interview. Then, using an open coding approach, the researcher examined the transcribed interview and coded common themes throughout each interview. This approach is designed to uncover concepts and dimensions indicated by the research participants. Following this, the researcher compared these results to the literature to determine how closely the remarks of the participants are aligned with the views of the research presented in the current study. The open coding approach offers the additional advantage of revealing themes that are not found in the literature that is used in this study. Coding was completed when the researcher observed saturation (or repetition) of common themes that were observed.



## **Findings**

The purpose of this study was to answer the following question: How well does social work education prepare a Generalist or a Specialist to be in their social work role? From the qualitative interviews with the participants both positive and negative themes emerged regarding how well their social work education prepared them for their professional roles. Positive themes that emerged include: (a) positive motivation for entering the field of social work, (b) the importance of field experience, (c) the study of the NASW *Code of Ethics*, (d) opportunities to learn theories and treatment modalities, and (e) understanding individuals within their social context. Research participants provided observations regarding areas where the social work curriculum was inadequate or requires changes in order to meet the profession's current needs. Themes from these observations include: (a) superficial treatment of important non-clinical topics, (b) unsatisfactory field experiences, (c) disengaged supervisors, (d) lack of skill in managing agency dysfunction which leads to disillusionment and attrition in the profession, (e) strategies for managing outside systems such as insurance, social security, federal and state programs, and community resources (f) and advocacy for the profession of social, to obtain increased respect for the social work role, uphold social work values, and secure proper compensation.

### **How Social Work Education Prepares a Generalist of a Specialist for their Role**

#### **Positive Motivation for a Career Path in Social Work**

The ten social work participants in this study – five Specialists and five Generalists – responded regarding their motivation to choose a career path in social work. All the participants have been working in their social work role for at least five or more years and four of the participants were licensed a Licensed Social Worker (LSW); three were Licensed Independent

Social Worker (LISW), and three were Licensed Independent Clinical Social Worker (LICSW). Licensed Graduate Social Workers were not included in the study. All of the participants reported they were motivated to enter the field of social work because they wanted to help people in some shape or form. This is exhibited by this Generalist participant's statement,

I am always involved in helping somebody through their something and maybe that should be my career path. The piece of the Social Work catalog that stood out to me was the "helping people piece" because it seemed like that is what I was already doing.

The participants – both Generalists and Specialists - preferred a career path in social work over other helping professions such as psychology, nursing, licensed marriage and family therapist (LMFT), and counseling because the social work field is broad, is more universally recognized, and does not force individuals to be pigeon holed in to a specialty role. For example, one Generalist participant stated,

I can change career paths [in social work] and a different route [in social work] with minimal difficulty. My motivation is fueled by the flexibility that I can do with a social work degree because with LMFT or psychology, they are far more limited with things they can do.

The other participants responded similarly.

Specialist social workers who participated in the study reported that they were motivated to choose their specialty path because they either always knew they wanted to work with a specific population such as children or geriatrics, which was usually due to their own personal experiences. Several other Specialist participants stated, "I just kind of fell into it". For example, a participant stated,

When I got my BSW degree in my young 20s, I did not particularly think I wanted to work in Geriatrics but that was the first [social work] job I could get. It was just a fit and I knew I did not want to do anything else.

Several participants also mentioned that it was a mature decision. So, through a process of discovery, being of a certain age (such as being 30 years old or more), and having other job experiences under their belt, they knew they wanted to specialize in something. Specializing meant that participants had to go back for their Master's degree in Social Work but they reported they were willing to do this because that would mean more windows of opportunity would open up for them in their specialty area and in just the social work profession in general.

### **Importance of a Satisfactory Field Experience**

Participants emphasized the importance of their internship experience and how that prepared them for their role in social work after their degree. One participant stated, "I would say the practicum [or internship] experience was more important than the coursework although the coursework was also important..." Unfortunately though, five of the participants reported they had poor internship experiences; however, all the participants did report that the on-the-job experience, whether that be through internship or actual employment, is the most crucial to their social work education. This is exhibited by this participant's statement, "The hands-on experience is always going to be the way to learn."

All the participants mentioned that field placement is very important in the social work program and should be kept in the program's curriculum. Additionally, field placement also allows for students to apply what they have learned from their classroom learning to their field experience. However, several participants mentioned this could be improved, particularly surrounding implementing the theories or treatment modalities that were learned in the

coursework in to the field placement. This is exhibited by this participant's statement, "have the coursework on theories and therapy modalities be more grounded or embedded in field. For example, have your internship coincide with the coursework. Watching videos and doing role plays are not enough."

**NASW *Code of Ethics*, learning treatment modalities, and understanding individuals in their social context**

Overall, the participants in this study reported that they felt their social work education prepared them for their role in social work. One participant, a Specialist social worker, reported that her undergraduate coursework "just prepared me very well as a Generalist social worker" and her graduate coursework did not prepare her for her Specialist social work role. This participant elaborated by stating,

Did my graduate degree [in social work] prepare me for my specialty? Not so much. I remember there was a course on Dual Diagnoses, which is more about mental health and chemical dependency. So, more of that clinical, therapy role, which is helpful to those people but not for me and my specialty. I really viewed my graduate degree as a key to open doors, which does not reflect well on our profession. I went back to [graduate school] to enhance my marketability.

In contrast, the other nine participants felt their social work education prepared them for their Generalist or Specialist role. In particular, participants mentioned the following social work courses in which they felt prepared them for their role: research course, learning the National Association of Social Work *Code of Ethics*, learning various theories or modalities, and a course in Human Behavior – Human Development and Social Environment.

## **How Social Work Education Fails to Prepare a Generalist or a Specialist for their Role**

### **Course offerings and superficial treatment of important non-clinical topics**

As previously mentioned, participants felt that their social work education prepared them for their Generalist or Specialist role. However, the participants did identify some aspects in which their social work education did not prepare them or that they would like changed in the social work curriculum in order to enhance future social work programs. The most prominent aspects or themes are that the social work curriculum is sometimes too general and does not allow student to go very in-depth. Several participants suggested a way to go about improving this is for the social work programs, both BSW and MSW, to offer more elective courses. For example, a Generalist participant stated,

There is a lot of required coursework but we did not have a lot of elective opportunity and that was a deficiency of the program because it would have been nice to have an elective in, for example, working with children with special needs or in Motivational Interviewing.

Numerous other participants stated similar views and also mentioned, in particular, elective courses to be offered in areas such as Geriatrics or in community resources, which would include learning about state and federal insurance, social security and so on. In addition, several participants mentioned that more choices in electives and more diverse case examples should be presented in the classroom. Participants remarked that these offerings would be helpful because it would allow students to be able to explore themselves more and discover what their likes and dislikes are. Participants mentioned that this would also allow the social work program to encompass all the various types of students and their various interests instead of honing in on a few areas of interest, such as children and schools. Several participants reported these were the

main electives or class examples in their program and it was not necessarily their area of interest or they were interested but wanted to learn more about other populations. For example, a participant reported that she thought she always wanted to work with children and all her courses in her social work program were all geared toward children; however, when she received her first job in the social work field, it was with the elderly population because this was where she was able to land a job. Through this job, this participant realized she loved this population and her entire career path has now been working with this population, something she never knew about herself prior. That being said, participants mentioned that they wanted more exposure to other populations or to be able to have more opportunities for shadowing or internships or other elective courses in order to force them to get uncomfortable and to learn or discover things about themselves that they did not know about themselves. Another example of this is exhibited by this Generalist participant's statement,

I would like more in-depth classes to go the one step further or for there to be more opportunities for shadowing or internships. So, even if that means that you have a class that you take where you have to shadow at seven different agencies and you put in two weeks shadowing at each agency and observing, I think that would be beneficial because you learn by that experience so you can learn more about yourself and what you do or do not like.

Lastly, of the five Specialist participants, they all reported that the graduate social work programs (MSW) are too clinically focused. One participant stated, "Not everything is therapy based, so do not gear all courses to be so clinical or therapy based." Another participant stated, [social work programs are] really gearing toward that individualistic, clinical approach, you know psychotherapy, but what happens to groups?" This participant goes on to report that,

nowadays, most universities do not offer group work courses (or community organization courses). This participant states, “They [group work programs] are kind of going out of style”. However, this participant reports that community is built through group work. This participant feels strongly that social work programs do not prepare students well without a course in group work, especially those students who are not as geared toward a clinical, therapy role. Another participant states, “[my MSW program] was so clinically focused and I was not looking for that.” Lastly, another Specialist participant stated,

I would like more choices for the student rather than it be so Generalist... I would give them choices. Choices in community organization, more macro social work. I think what we are doing is educating people to be therapists and clinicians and I think there is so much more to social work than this. I would like to see more people in government and politics who have a background in social work. That would be my ideal. I think we are educating in a fairly clinical, individualistic way. I do not think we do as much building community [such as Group Work] as we could.

So, as the reader can tell, it is important for graduate programs to have the option for that clinical focus but to have other options as well or to just simply not have the clinical focus be fully entrenched in the graduate program.

### **Disappointing field experiences and disengaged supervision**

Another key theme, and as briefly mentioned earlier, is that many of the participants reported they had poor internship experiences that did not prepare them for their Generalist or Specialist social work role. Several participants reported that they really did not do much in their placements. One participant reported that she did not have the right to self-determine her own internship placement, which she remarks is ironic considering self-determination is embedded in

the National Association of Social Work *Code of Ethics*. Instead, her school placed her in a school setting even though her career focus was with the Geriatric population. Several other participants reported that they did not feel supported in their internship experience; that they were essentially going through the process on their own; and that they just shadowed a social worker within their internship agency and never had the opportunity to experience the actual hands-on work. A few of the participants reported that when they were in their clinical field placement during their graduate degree (MSW) that the placement was not clinical at all.

A majority of the participants, including both Generalists and Specialists, reported that their field placement was a “bad” or “poor” experience. Five of the participants did not have a good experience in their field placement. This is exhibited by this participant’s statement “it would have been nice if the internship experiences were better.” Another participant stated, “Field was the biggest failure for me”. This participant and a couple other participants reported that their field placement did not allow them to do the hands-on work. Instead they just shadowed another social worker or worked on administrative tasks that were not social work related in any way. For example, one participant reported that she completed filing and administrative tasks for her internship agency’s finance department. Another participant reported she was left to fend for herself and had no guidance and just tried to make the best of the poor field experience in order to get her field placement hours in and graduate.

Also, several participants reported that they chose their field placement because of the hours that the placement was able to offer. For example, numerous participants reported they could not lose their income when going through their social work program. So, several participants worked full-time and chose field placements that were able to work around their full-time employment hours instead of choosing their field placement based on knowing their field



placement would be a great experience that provided them with challenge, growth, and the ability to experience actual practice as a social worker. This is exhibited by this participant's statement, "I could see how field placement would be extremely helpful; but for me it was not super helpful because I was doing what I could so I could stay working full-time." That being said, several participants suggested that the ideal social work program would include a way for individuals to complete their field placement(s) without the cost of having to give up their full-time job because as one participant states, "a lot of people cannot afford to not work and just focus on their field placement". This was especially exhibited amongst the Specialty social workers who had their master degree. Majority of the Specialist participants obtained paid experience as an LSW after their bachelor's degree and then went back for their master's degree.

Hand-in-hand with field placement is field supervision. Similar to the above mentioned findings, five of the participants, which includes both Generalists and Specialists, also reported having poor field supervision. The other participants who had strong field supervision reported that it was very helpful and beneficial. These participants reported that their field supervisor was involved, supportive, advocated on their behalf, and allowed for consultation around complex cases and agency issues or conflict. However, the participants who reported a poor experience with field supervision reported the complete opposite. One participant stated, "My field supervisor was terrible. He had no interest in facilitating. He never met with me. He did nothing. Not sure if it was free labor or what his deal was."

### **Navigating agency dysfunction**

Social workers interviewed for this qualitative study reported a variety of aspects that surprised them when starting out in their Generalist or Specialist social work role. A resounding theme was that of the dysfunction within the social work agencies in which they work/ed for. All

of the participants mentioned this when this researcher asked this open-ended question. Several of the participants reported that their first social work job was their “dream job” but they could only stay at their dream job for six to nine months because of the dysfunction within the agency, not because they did not like job. Dysfunction within the agency included being undervalued, having poor leadership, having no structure within the agency, being asked to flex values - both personal values and values within the NASW *Code of Ethics*, and having poor interdisciplinary teams. Several participants commented how they were surprised that individuals within their team were actually social workers and that working in a dysfunctional agency was very limiting to them because it did not allow for proper licensure supervision nor for them to reach their full potential as a social worker. So, there is always something that social workers are dealing with in this profession. Social workers expect to deal with complex or challenging clients but social workers do not always expect to deal with complex, challenging and dysfunctional agencies, especially to this extreme that is in a helping profession. This particular participant phrased it best:

You always have to deal with something. My first job was my dream job. My next job I was not doing my dream job but I got the summers off. If I wanted to work my dream job, I had to deal with crazy, bad supervisor. You do it [this job in social work] because you love the work but it is frustrating and these aspects can be destructive.

Another participant stated,

It was so surprising getting out in the real world and seeing the dysfunction with organizations and leadership. You talk about social work and you think all these wonderful top notch social workers are coming together and are going to all this glorious work together and sing Kumbaya and hold hands...and it is not that way! A lot of jobs

have dysfunction in them, especially with their leadership. I wish we would have been more prepared for this. I was young and timid and did not really know what to make of this.

Social workers indicated that lack of preparation for the problematic work situations that they encountered contributed to social workers leaving the profession of becoming disillusioned. Awareness of the realities in the workplace and strategies for managing them would be a valuable asset to social work education.

### **The impact of outside systems on social work**

Another theme that was reported by a majority of the participants, which includes both Generalists and Specialists, is that they were not prepared for the extent that they would be controlled in their social work role by systems such as insurance, Board of Social Work requirements, state and federal policies, company or agency policies and so on. For example, several participants mentioned that insurance controls their work and these participants reported when Medicare is involved, social workers do not get enough reimbursement for their work (this is mostly speaking to clinical-therapy work) and that social workers often have to have other things that they do on the side in order to stay afloat. One participant stated, “I joke with my clients when I first meet them and go over all the paperwork like HIPAA, insurance stuff, etcetera and say that I have many bosses - my job, the state, insurance companies and so on.” Another participant stated,

We go to school and we have an entire class on learning ethics and the *NASW Code of Ethics* is our Bible and we learn strength-based perspectives and person-centeredness and that we always need to treat the individual as an individual, but then on the flip side, the

state and/or agency [which you work for] tells you exactly what you can and cannot do. It is not so person-centered.

On the flip side of this, some participants, at times, found a benefit in being controlled by systems because social workers can exchange their ideas with other systems involved as well as with interdisciplinary teams. The set procedures and policies that are controlled by the state or federal government or that are within the social work agency can help direct the social worker's decision making process, which can be helpful. This gives social workers a way to rationalize their decision. Social workers can also inform their clients or other collaterals, especially those that do not agree with the decision that was made, as to how they came to their decision. Which, most decisions are controlled by politics that are out of the social worker's control, yet the social work often gets blamed. This was a common theme within the study.

#### **Need for increased respect for the profession of social work**

One participant reported that her challenge as a Specialist worker is that her colleagues think she is only capable of knowing about the "little box" of her specialty. This participant reported that her colleagues presume that she is incapable of knowing much outside of this "little box". This participant stated, "even though I am a Specialist, my job role is pretty broad [and my many] years of social work experience causes me to have broad knowledge".

Another theme that participants, primarily Specialists, reported as surprising was the pay. Not so much that social workers are underpaid - that was not surprising to them because majority of them had already known this when entering the field - but more about the slow pace of the pay as far as getting more pay for advancing their social work license to be a LGSW, LISW, or LICSW. One participant states,

I was surprised that I did not get a bump in pay when I received my graduate degree. It was more just great, congratulations. There was no recognition either, and I went through all this hard work and worked full-time through it all. It has more recently changed but I was being undervalued.

### **Designing An Ideal Social Work Program**

As the reader can imagine, when the researcher asked the participants how they would design their ideal social work program, all of the above mentioned themes from the previous section were mentioned. Again, the majority of the participants felt the coursework was fairly strong and they would keep several of the courses such as the courses that taught theories or modalities as well as the course on the history of social work and some of the other generalist coursework. However, there would be the opportunity to go more in-depth in the coursework. That being said, a majority of the participants, which includes both Generalists and Specialists, mentioned more elective coursework. For example, one participant stated, “Keep social work history and the theories. Keep the internship experience but be able to take more electives so you can take classes that are more focused toward your interests...”

Also, several of the Specialist participants did not want graduate social work programs to be so clinically focused. For example, one participant stated, “Graduate school is so focused on clinical. If you are going back for you advanced degree, it is probably because you want to be a therapist but not everyone wants to go back for that, to be a therapist.” Another Specialist participant stated,

You are getting so much clinical focus tracks at universities nowadays, which focuses on therapy-clinical tracks. I would not necessarily get away from these but I think there needs to be more courses to advance on this. Like medical social work, take a class on

this. Or school social work, take a class on this. You need the generalist track but then over here on the side, here is some specialty courses that are not all clinically focused.

Another Specialist participant stated,

I would like more choices for the student rather than it be so Generalist... I would give them choices. Choices in community organization, more macro social work. I think what we are doing is educating people to be therapists and clinicians and I think there is so much more to social work than this. I would like to see more people in government and politics who have a background in social work. That would be my ideal. I think we are educating in a fairly clinical, individualistic way. I do not think we do as much building community [such as Group Work] as we could.

Lastly, many of the participants mentioned that an ideal social work program would include closer monitoring of students' field experiences, especially for those students who may have an unsatisfactory placement. Participants remarked that this is very important to the social work curriculum because learning through field placement - that hands-on experience - is the most crucial aspect of learning, even more crucial than the classroom learning.

### **Challenges as a Generalist Social Worker**

Generalist participants remarked on a few challenges to being in their Generalist role where they are a "jack of all trades". In particular, a common theme was that Generalist participants remarked about how they are always having to learn new things and how they need to know an abundance of resources. For example, one participant stated, "You just have to know a little about everything. Then, as soon as you have it figured out a rule or policy changes so you are always learning. I do wish I knew more about one particular subject, like Guardianship, POA [power of attorney]". Generalists also remarked how they need to know of so many different

community resources. Being that they are a Generalist and not a Specialist, if they come across a specialty topic that they do not have the greatest knowledge of, Generalists need to know where to find the resource. Several participants remarked how this is challenge; however, at the same time the Generalist participants remarked how this is also what keeps their Generalist role interesting.

Another Generalist participant reported that she could not identify any challenges in being a Generalist social worker because

when you're looking to switch jobs, as a Generalist, you're open to opportunities. You're flexible and can quickly learn different pieces. Child protection and those community resources are completely different than when you're working in say a TCU [transitional care unit] in the nursing home but you have done it all and you know how to adapt and you know how to find your resources and what tools you have and who you can draw on for that experience but yeah, you're always learning.

### **Challenges as a Specialist Social Worker**

Some challenges that were identified by Specialist participants were that being too specialized can pigeon hole you. In particular a participant reported that his specialty was so specific that it makes it challenging for him to change jobs within the social work field. This participant stated, "It is hard to change jobs and there is not as much flexibility with job opportunity".

Another participant reported that her challenge as a Specialist worker is that her colleagues think she is only capable of knowing about the "little box" of her specialty. This participant reported that her colleagues presume that she is incapable of knowing much outside of this "little

box”. This participant stated, “even though I am a Specialist, my job role is pretty broad [and my many] years of social work experience causes me to have broad knowledge”.

Another Specialist participant reported that even though she is specialized, her job duties are very broad and feels that social workers still need to be flexible and “a jack of all trades” in their specialized role. This is exhibited by this participant’s statement,

In this work, I believe you are more effective not being a master at one particular subject.

You need to be flexible and think on your feet and use as many different modalities or little tricks up your sleeve depending on the person who is in front of you. So, being a ‘jack of all trades’ is very beneficial as long as you understand all the various concepts or modalities.

### **The impact of policy on social work functions and expectations**

Several participants specifically mentioned the policy course that is taught in the social work curriculum and how important this course is. As a social worker, our job is almost entirely controlled by government, agency, community, and third-party payer policies. While we learn the importance of clinical modalities and ethics, service delivery systems dictate how most social workers can perform their role. Students who graduate from programs that do not incorporate this information can be at a severe disadvantage when they encounter policies and procedures that appear to conflict with the idealized methods sometimes presented in social work programs. Licensure, which will be discussed in the next section, is an important example of how policy dictates practice and determines standards of performance and accountability.

### **Social Work Licensure as an Aide or a Hindrance**

When the researcher asked participants how their social work license makes a difference or aides in the work that they perform, majority of the participants, both Generalists and Specialists, reported that their social work license allows for them to be able to do the actual



work. Participants reported that a majority of social work agencies require you to be licensed as a social worker nowadays; although, a few participants did report that they have come across some agencies that use a merit system to hire employees and non-social workers are able to get hired. This was reported by participants to be “a bit frustrating” not because non-social workers are bad workers or individuals but because they did not go through the proper social work training and experience like licensed social workers have gone through. Also, participants reported that being licensed means something to them and provides them with more confidence and comfort in their work. Additionally, it shows that they went through the training and as a participant stated, shows that they are “a legit person”. A few participants even reported that they tend to get more respect for their input and opinions from interdisciplinary teams being that they are licensed and went through the proper social work training and continue to maintain their licensure through continued education requirements.

There were several hindrances that both Generalist and Specialist participants reported experiencing in regards to their licensure. One hindrance includes the cost of licensure. Participants reported that some social work agencies will cover the cost of licensure but in agencies that do not cover the cost, it becomes the social worker’s responsibility to pay for this costly fee, which several participants reported is a major cost to them, especially for the fact that they are underpaid. Along with paying for and maintain licensure, is obtaining licensure supervision. Participants reported that a lot of agencies do not provide this either. So, then it is the social worker’s responsibility to seek it out licensure supervision elsewhere, which also generally costs hefty fee and is time consuming. Participants reported licensure supervision is helpful but the hindrances to it are the previously mentioned primary features.

In addition, continuing education units (CEUs) are costly (especially the good ones), are time consuming, and depending on your employer, participants report that you have to take time off of work to get your CEUs in. Participants also reported that CEUs are necessary to the practice; however, they need to improve. Several participants suggested that the Board of Social Work (BOSW) should be responsible to re-vamp the CEUs. They should do this by improving what CEUs can be offered - need them to be more academia based - and require that your agency, especially if your agency requires you to be licensed, that they then need to pay for a certain amount of CEUs for you per year. Also, participants reported that if your social work job requires you to be licensed, your employer should pay the cost of the licensure fee. Participants suggested that the BOSW should be responsible to advocate for the social work field and set a standard for this, too.

Some hindrances specifically reported by participants, primarily LISW Specialists, were that they cannot provide supervision to social workers who are working on obtaining their Licensed Independent Clinical Social Work (LICSW) licensure. One participant stated,

LISW and LICSW were supposed to be equal but just two different forks in the road but bologna. It is a hierarchy and that is the perception amongst our peers, too. This is frustrating to me because I have worked hard for my advanced degree and I am considered an expert in my area but yet I am still viewed as slightly less because I am a LISW and not an LICSW.

This particular participant happens to be a supervisor within her agency and reports this also deters her from being able to hire strong social workers because they are looking for the agency to be able provide licensure supervision and she is unable to provide this if the potential employee is working toward obtaining LICSW.

On the flip side, the Licensed Independent Clinical Social Work (LICSW) participants in this study reported that being licensed as an LICSW was an aid for them in their job. These participants reported that they are “very employable” as an LICSW because as one participant stated, “I can bill anything within reason. An LMFT [licensed marriage and family therapist] can only bill for certain things because they are not as universally employable as I am.” Another LICSW participant stated,

Theoretically, I can pretty much do anything within a social work role because the licensure is Generalist. Also, my licensure aides me in that I can bill for services like diagnostic assessments and psychotherapy. If I was an LSW, LGSW, or LSW, I could not be able to do this.

Another hindrance amongst several of the Specialist participants was that their advanced degree did not always allow them to receive a pay raise within their agency. One participant in particular reported that she recently advanced from LGSW to LICSW and is still negotiating with her agency for a pay increase even though they informed her when she started at this job that they provide pay raises to individuals when they advance in their degree - this participant reported that the negotiating process has been going for almost six months now.

## **Discussion**

Overall, findings show the importance of Generalist social work curriculum and that it continue to be taught in both BSW and MSW programs. However, findings show that the social work curriculum needs to improve and evolve even more and should continue to incorporate the Specialist curriculum rather than omit it. This will help the program to be “all-inclusive” for various students’ interests and will also keep up with the changing times of the twenty first century’s social work marketplace.

### **Implications for Social Work Practice**

#### **Overemphasis on clinical content**

Faculty must be alert to changing needs in society for social work services to prevent the social worker role from becoming limited or irrelevant. Comments from the research participants suggested that some of the information received in their education did not adequately meet their needs when getting in to the social work profession. For example, several Specialist participants mentioned that their Masters of Social Work (MSW) curricula was too clinically focused and that this focus did not prepare them well for their Specialist role, especially because not all Specialists seek out clinical, private practice or other psychotherapy roles after their degree.

Social workers enter the profession with a passion, are very connected to their population but they come out only knowing theoretical concepts. Social work will never be like nursing or other specific professions because of this. The social work program has a cookie cutter way of trying to prepare us but it needs to expand from this and be more unified and all-inclusive. Social work curriculum should incorporate more courses like teachings of case work skills such as state-funded waivers and community resources (such as medical assistance, social security, Medicare and so on). I recommend that more coursework in the foundation courses as well as

more elective courses need to be offered in both BSW and MSW programs. A broad curriculum is both a strength and a liability. Exposure to too many topics fosters a Generalist perspective but limits deeper exploration of topics of interest, skills, and issues that concern social work students. To meet the need for courses that offer topics in depth as well as provide training with specific skills and current information, more electives should be available. For example, pharmacology may be one course that could be offered in the social work program because numerous social work jobs require knowledge of medications.

I recommend that more brief electives should be made available that will not limit the opportunity to study specific subjects in depth. In particular, courses outside of a clinical focus should be offered.

### **Monitoring the quality of the field experience**

The importance of field experience cannot be underestimated. Participants remarked on the importance of exposure to more populations and improving the quality of internships, field supervision and support for the student. In some programs field experience is condensed in to a full-time schedule at the end of the MSW program. A more sustained set of experiences throughout the program would allow for more discussion, reflection, and incorporation of the social work role. Spreading internship experiences across the entire program would allow more flexibility to accommodate students who work full-time or have other responsibilities. Further, faculty need to obtain comprehensive information regarding the tasks and experiences of their students and intervene if the field placement is not meeting the goals of the program.

### **Skills for dealing with workplace dysfunction**

Schools of social work do not prepare students for dealing with poor supervision, staff conflict, agency dysfunction, and outside systems that impact practice in many settings. The

National Association of Social Work (NASW) and the Board of Social Work (BOSW) have played a supportive role in this regard but more needs to be done. Conflict management, effective use of supervision, and developing collaborative relationships are key to effective practice and should be emphasized.

### **Greater engagement in professional self-advocacy**

Self-advocacy for our well-being and our professional roles must be more strongly encouraged. So many other professionals tend to inform us social workers as to what our job duties are when in fact, they have no clue what they are. This is frustrating and social work profession needs more encouragement, recognition, and respect. It is a unified profession. Fair pay would also help with this because it would show that others acknowledge the social work profession and respect the work.

### **Recommendations for understanding and involvement in policy decisions**

Further, social workers need a greater appreciation for coursework on policy in understanding how it both limits and creates expectations for their work. Implications for future social work policy begin when individuals are in school studying to become social workers. Social workers have a responsibility to be a voice to promote changes within legislation in order to advocate for the most vulnerable populations. More involvement by social workers in macro practice could further promote the care of our communities. For example, one participant reported that she would like see more individuals in government and politics who have a background in social work.

The results of the current study suggest policy recommendations that I think could better prepare social workers as a Generalist or a Specialist.

The first policy recommendation is at the state level. Several participants in this study reported that social work jobs can be too controlled by their state's policies. In particular, one participant reported that social workers learn all about strength-based perspectives and person-centeredness in their social programs and that social workers ought to treat their clients like an individual and give them the right to self-determine; however, in reality this is not the case because the state (and other systems such as insurance) inform the social work profession of what can or cannot be authorized. The client then does not have a right to self-determine, which is not person-centered for clients at all. I recommend that social workers get involved in macro level social work and have an influence in policy. I strongly contend that social workers need to be involved at a government level and need to be appointed in legislation to form policies.

A second policy implication, and probably the most important policy implication to this study, is that there is a clear disconnect in the social work profession and with social work licensure. The social work licensure system is generalist in its approach. Social work licensure is regulated by the government and occurs at a generalist level, but specialty certifications for school social work, forensic social work, the Academy of Clinical Social Workers, to name a few, are non-government regulated. What is interesting about this is that, for example, the LICSW licensure focuses on the clinical setting; however, there are so many social workers with their LICSW and are employed in a social work role in which has nothing to do with a clinical setting but yet, their particular social work role often requires them to be licensed as a LICSW. That being said, I recommend that social work licensure also incorporate areas of specialty and an option to choose a non-clinical licensure.

### **How widespread are the issues raised in the current study?**

Coincidentally, research on social work students has uncovered the same observations as the participants in the current study. For example, the research of Riebschleger and Grettenberger (2006) provides strong evidence that students feel overly prepared or mostly prepared with some notable exceptions that were identified by participants in the current study as well. Most students believe they had a strong foundation in assessment skills, understanding of the National Association of Social Work *Code of Ethics*, and basic communication skills (for example, respond with empathy and write treatment plans). Riebschleger and Grettenberger (2006) also find that students used Theory-Based therapies (i.e. cognitive-behavioral, psychodynamic, psycho-education, and behavior modification) in their field placement and had fairly strong understandings of these therapies (2006). However, according to Riebschleger and Grettenberger (2006) students felt they wanted a firmer connection between classroom learning and practice. In particular, students contended that they fell short in the following areas: the teaching of the Diagnostic and Statistical Manual, knowledge of populations served, development of resources, discussing taboo subjects, discussing mistakes, using student examples, and appropriate use of feedback (Riebschleger & Grettenberger, 2006). Similar to the participants in the current study, the researchers also suggest that field education is often the “weak link” in the social work curriculum and is in need of far more attention than it receives. Walton (2005) found that many students did not think that their academic social work education prepared them well for their first placements and initial social work jobs after graduation due to the inability to relate what they had learned to actual practice.



Ironically, since my research revealed similar findings, my opinion on the implications for social work education shows wider agreement on issues confronting the social work curriculum beyond the experience of the research participants in the current study.

### **Implications for Further Research**

A number of findings from this study could be researched further in order to enhance the understanding of social workers' perceptions on education for Generalist and Specialist roles.

One area of research that would be helpful in the future is to explore social work curriculums in rural areas and how these programs prepare social workers. For example, this study included participants who are all residing or working in urban areas and who primarily received their social work degree from universities in urban areas. An additional study could be done strictly in rural areas and then compare and contrast these findings to urban areas.

Another exploratory study that could be done based on a theme discovered in the participants' answers would be to explore the dysfunction within social work agencies, especially within leadership. It would be interesting to find out why this occurs so much, especially in a helping profession that is based on a *Code of Ethics*, compassion, and advocating for vulnerable populations. This would help to better prepare Generalists and Specialists to be in their social work role as well as prepare students for the real world. This could be enhanced through improved field experiences, too. Further research should also be done to explore how field placements can be improved as well as be better designed, especially for those students who also employed full-time.

Social workers have the right and the obligation to stand up for themselves and their profession without feeling they will be a target. I have experienced that social workers do not have a voice nor can they truly advocate themselves. They are often shut down and not backed-

up or supported, especially by other committees or organizations within the social work profession such as the BOSW or NASW. So, who is really protecting us and our profession? I recommend that an exploratory study be done to discover findings on this in order to suggest improvements.

### **Strengths and Limitations**

This study contained several strengths that helped support the overall findings regarding how well social work education prepared a Generalist or a Specialist to be in their social work role. One such strength was the depth of the content that each qualitative interview provided within this study. The semi-structured approach to research helped deliver a clear picture into social workers' perceptions on education for Generalist or Specialist roles. Each participant answered the semi-structured questions and were able to freely move the conversation in different directions as needed. This allowed for elicited, rich and detailed content to form, which created a better sense and understanding for this study. In addition, the qualitative method allowed the researcher to dive into concepts and explore both connotative and denotative meanings of concepts identified in the participant interviews and selected literature. That being said, corroborating information from the student social workers' responses to questions regarding their perceptions about the adequacy of their education strengthened the conclusions of the current study.

Limitations to this qualitative study design include its lack of generalizability due to the size of the sample (only 10 research participants), the sampling method, and restriction of geographic area from which research participant was drawn. The researcher selected Generalist and Specialist social workers in one geographic area, which was the Minneapolis-St. Paul Twin Cities metro area, which is primarily urban. Therefore, this research study does not include rural

areas or other states or countries. That means that one success or failure of one subject cannot be generalized to all and thus, the validity of findings may be limited. Also, the semi-structured format of the qualitative interview questions, which was time limited to 45-60 minutes, made it challenging to stay focused on topics that were most relevant to the research questions and also did not allow for significant elaboration of participants' remarks. Lastly, majority of the Specialist participants specialized in geriatrics, which also makes it difficult to generalize to all.

### **Conclusion**

This study along with others suggests that the social work curriculum ought to improve. Although there is some current coursework that is strong, there are several aspects of the coursework that require improvement as well as some coursework that ought to be added to the curriculum. For example, field placement experiences ought to improve. This area of learning by experience is the most crucial and important way of learning, even more important than the actual coursework. In addition, social work programs need to allow for more application of coursework such as theories and therapy modalities in field placement. Also, group work needs to be incorporated back in to the curriculum because social work is not solely individualistic, rather it relies on community and individuals cannot build community without groups. A course on community resources ought to be taught so students can get exposed to state and federal insurance, social security, and other community resources. Lastly, more elective courses need to be incorporated in to the curriculum in order to allow more choices for students to get specific or obtain specialization as well as to allow students the ability to explore other areas, perhaps areas that they may have thought they never liked. However, through taking an elective course on a course, students may discover that they like it and it make lead them in to direction that they never thought would be an option or a possibility for them.

All in all, due to the changing times of the current social work marketplace, social work curriculum should continue to remain Generalist in its approach but should also give more options to specialize in certain areas. Specialty practice should not be omitted, rather more specialist electives need to be incorporated. This allows students to get that Generalist foundation within their education, which allows for the social worker to be fluid and flexible, but also allows the social worker to specialize in certain areas of interest. Being too specialized can be too limiting; however, being too generalist can be too broad and challenging. Finding the balance being the “two-track” curriculum seems necessary. That being said, elective courses that offer specialization should also occur at the BSW level and not just at the MSW level.

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## **Appendix A – Informed Consent Form**

### **ST CATHERINE UNIVERSITY Informed Consent for a Research Study**

**Study Title:** Social Worker Perceptions on Education for Generalist and Specialist roles

**Researcher(s):** Jamie Blackledge, LSW

You are invited to participate in a research study. This study is called Social worker Perceptions on Education for Generalist and Specialist roles. The study is being done by Jamie Blackledge, a Masters' student at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Rajean P. Moore, PhD., LNHA at St. Catherine University.

The purpose of this study is to gain a better understanding of how Generalist and Specialist social workers feel their social work education has prepared them for their role in the social work field. This study is important because it will help discover findings of how the social work curriculum can improve and therefore, better prepare social workers in their job roles as a Generalist or a Specialist. Approximately ten people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

#### **Why have I been asked to be in this study?**

You are invited to participate in this research study. You were selected as a possible participant because *you are a Generalist or a Specialist social worker*. You are eligible to participate in this study because *you are a Generalist or a Specialist social worker*. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

#### **If I decide to participate, what will I be asked to do?**

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Participate in a 45 to 60 minute interview with the researcher, which will be audiotaped and then later transcribed by the researcher.

In total, this study will take approximately one hour over one session.

#### **What if I decide I don't want to be in this study?**

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify the researcher and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research.

**What are the risks (dangers or harms) to me if I am in this study?**

A potential risk that could occur is that there is a possible chance that your information that you provide to the researcher could reach the program that you studied in. However, due to the confidential nature of this study, it is highly unlikely that academic programs will learn of participants' opinions of their academic program.

**What are the benefits (good things) that may happen if I am in this study?**

A benefit that may occur with this study is that it may add to the understanding of education needs of social workers whom are pursuing or are already established in Generalist or Specialist practices.

**Will I receive any compensation for participating in this study?**

You will not be compensated for participating in this study.

**What will you do with the information you get from me and how will you protect my privacy?**

The information that you provide in this study will be an audio recording of the interview and a transcription of the interview. I will keep the research results in a password protected electronic device and only I and the research Chair will have access to the records while I work on this project. I will finish analyzing the data by May 16, 2017. I will then destroy all original reports and identifying information that can be linked back to you. Your audio recording will be destroyed by June 30, 2017.

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the

purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Please note, your data will be confidential but not anonymous due to the fact that I, the researcher, is conducting a face-to-face interview with you.

**Are there possible changes to the study once it gets started?**

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings

**How can I get more information?**

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me, Jamie Blackledge, at 651-261-9019 or [blac4514@stthomas.edu](mailto:blac4514@stthomas.edu). If you have any additional questions later and would like to talk to the faculty advisor, please contact Dr. Rajean P. Moone at 651-235-0346. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or [jsschmitt@stkate.edu](mailto:jsschmitt@stkate.edu).

You may keep a copy of this form for your records.

**Statement of Consent:**

I consent to participate in the study and agree to be audiotaped.

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

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Signature of Participant

Date

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Signature of Researcher

Date

## Appendix B – Interview Questions

1. What motivated you to choose the path of a Generalist (i.e. caseworker, managed care, county/government jobs) or a Specialist social worker (i.e. hospice social worker, gerontology social work, school social work, oncologist social worker, etc)?
  
2. In what ways do you feel your social work education prepared you for your Generalist or Specialist social work role?
  
3. In what ways do you feel your social work education did not prepare you for your Generalist or Specialist social work role?
  
4. If you could design the ideal social work program, what would it look like?
  
5. In what ways do you feel your field supervision or your social work supervision did or did not help you?
  
6. What was the most surprising aspect to you when you started in your role as a Generalist or a Specialist social worker? For example, the pay, the profession being controlled by polity, working with more of one particular population over another (i.e. elderly, Native American, Somali, etc.)
  
7. What makes it challenging to be in your Generalist social work role being that this role most likely puts you in a position to know a little about a lot (be a “jack of all trades”) rather than being a master/specialist of one particular subject? If you’re a Specialist social worker, do you feel there are challenges in being a master at one particular subject rather than being a “jack of all trades”?
  
8. What would have liked or wished you would have known before starting out in your Generalist or Specialist social work role?

9a. Social work licensure is ultimately generalist in its approach. So, how does your social work license (LSW, LGSW, LISW, LICSW) make a difference for you in the work that you perform?

9b. How does your licensure aid or hinder your work?