

## **Learning Contract: Example 1 Direct**

**Mental Health & Health: Mental Illness**

**Student Name:**

**Field Instructor:**

**Agency:**

**Department(s) Unit(s):**

**Date: Wednesday to Friday**

**Times of Attendance: 9:00 to 5:00**

**Weekly Field Instructor/Student Meeting: Fridays- 3:00**

Learning Assignments (MSW Year 1 Students--see Field Practicum Manual re: requirements for two levels of intervention; MSW Year 2 students can focus on only one intervention level if desired).

Direct Practice with Client Systems: Describe briefly, types of client presenting issues; client demographics, approaches used etc.

The clients seen in .... present with mental health issues as well as addictions. These clients vary greatly in terms of their specific diagnosis, their substance of choice, and their demographics. Based on an initial assessment, clients are referred to a treatment group in which other clients share similar concerns. Clients may also receive individual counseling. The.... uses a variety of theoretical approaches, including motivational interviewing, solution-focused therapy, and narrative therapy.

I am currently observing two different Psychiatric Support Groups (PSG) and the Guided Self Change (GSC) group. The Psychiatric Support Group is an open group for clients who are survivors of a severe mental illness (usually Bipolar Disorder or Schizophrenia), and who also have an addiction. The group provides a respectful and supportive environment for clients to share both their difficulties as well as their goals and achievements. The group meets once a week for approximately an hour and a quarter.

Guided Self Change is a structured group for highly motivated individuals with mild to moderate substance use (alcohol or cannabis). The group meets once a week for two hours for the duration of six weeks.

. Eventually, I will be co-facilitating one of the Psychiatric Support Groups, and a Guided Self Change group. I have also been observing my supervisor's sessions with individual clients, and I am beginning to see clients individually starting the week of October 6<sup>th</sup>.

Another aspect of my practicum is learning to do Addictions Assessments, which are conducted in the Assessment service. Clients receive assessments and are then referred to one or more of the various addictions programs either at ... or at other agencies. I have attended an addiction assessment training session, and I have been observing assessments. Eventually, I will be conducting assessments individually.

Indirect Practice on Behalf of Clients (Community/Organizational/Policy/Research):  
Describe briefly, tasks or projects.

Not applicable.

Specific Learning Objectives: These objectives must include 1) what needs to be learned to function in this setting and 2) what does this student specifically want to learn. Refer to past lab or recent practicum evaluation for input. The objectives must be realistic, concrete, able to be observed and/or measured, and fit within the FSW competency based model for evaluation. Your contract must be modelled on C. Horejsi and C. Garthwail (1999) (see pp. 40-43 of manual). *Add additional pages if necessary.*

<b>Goals</b>	<b>Learning Activities</b>	<b>Methods/ Criteria for Evaluation</b>
To be able to conduct an addictions assessment.	<ul style="list-style-type: none"> <li>-Observe assessments, and ask questions</li> <li>-Read completed assessments</li> <li>-Attend the Addictions Assessment training session</li> <li>-Study the relevant materials which include <i>Conducting the Clinical Assessment for Addiction Treatment, Clinical Assessment Guidebook, and Addiction Services Referral Guide.</i></li> </ul>	<p><b>Methods:</b> -Observation by assessment staff members -Debriefing with supervisors</p> <p><b>Criteria:</b> -Correct use of the coding system -ability to make appropriate referrals. -ability to engage with the clients</p>
To gain the skills necessary to effectively co-facilitate the Guided Self Change group.	<ul style="list-style-type: none"> <li>-Observe the group behind a one-way mirror for the duration of the full six sessions.</li> <li>-Take thorough notes while observing which can be later reviewed to familiarize myself with the process, structure, and theoretical framework of the group</li> <li>-Debrief with supervisor after each session</li> <li>-Study the client workbook, which includes information and homework exercises for each session.</li> <li>-After observing the full six sessions of the group, co-lead the next group with supervisor.</li> </ul>	<p><b>Methods:</b> -Observation by supervisor -Debriefing with supervisor</p> <p><b>Criteria:</b> -Familiarity with the material to be covered in each session -Ability to demonstrate motivational interviewing skills -Ability to effectively engage with clients</p>
To gain the skills necessary to effectively co-facilitate the	-Observe group, by sitting in the group and becoming familiar with	<p><b>Methods:</b> -Observation by supervisor</p>

<p>Psychiatric Support Group</p>	<p>the dynamic of the group, as well as with the skills used by my supervisor          -Assist in writing up notes after group          -Read relevant literature</p>	<p>-Feedback from supervisor          -Debriefing with supervisor          -Writing progress notes  <b>Criteria:</b>          -Ability to contribute to group by engaging with clients, providing clients with feedback, and using motivational interviewing skills.</p>
<p>To continuously be learning about the theory that informs clinical practice in the area concurrent disorders. Also to understand how substance use affects mental illness and vice versa.</p>	<p>-Read relevant literature          -Attend Introduction to Concurrent Disorders workshop          -Ask questions to staff members          -Attend addiction rounds</p>	<p><b>Methods:</b>          -Observation by supervisor          -Debriefing with supervisor  <b>Criteria:</b>          -Ability to incorporate knowledge of concurrent disorders in working with clients both in groups and individually</p>
<p>To gain some background information about the various substances clients use, as well as the psychiatric medications they take.</p>	<p>-Read relevant materials          -Ask questions to staff members          -Ask questions to clients</p>	<p><b>Methods:</b>          -Observation by supervisor          -Debriefing with supervisor          -Written assessments  <b>Criteria:</b>          -Ability to correctly categorize and quantify substances use of clients during assessment process          -Demonstrated familiarity with substances discussed by clients both in groups, and in individual sessions.</p>
<p>To develop clinical skills necessary for working with individual clients with concurrent disorders.</p>	<p>-Read relevant material eg. Information about Motivational Interviewing, Solution-Focused Therapy, and Narrative Therapy          -Observe supervisor's sessions with clients          -Work with clients individually          -Watch videos which demonstrate various therapeutic techniques          -Debrief with supervisor</p>	<p><b>Methods</b>          -Tape analysis          -Process recordings          -Observation by supervisor          -Debriefing with supervisor  <b>Criteria:</b>          -Demonstration of working knowledge of various therapeutic approaches          -Ability to engage with clients eg. listening attentively, validating strengths, encouraging efforts, and conveying</p>

		empathy
To develop a greater awareness of various resources and programs that are available outside of CAMH for clients with addictions and/or mental health issues	<ul style="list-style-type: none"> <li>-Internet searches</li> <li>-Attend rounds</li> <li>-Attend student seminars</li> <li>-Visit other agencies</li> <li>-Ask clients about their experiences with other services they access outside of ...</li> </ul>	<p><b>Methods:</b></p> <ul style="list-style-type: none"> <li>-Feedback from supervisor</li> <li>-Assessments</li> </ul> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>-Ability to make appropriate referrals in assessment process</li> <li>-Familiarity with services/agencies discussed by clients</li> </ul>
To develop a greater awareness of the various programs and services offered at CAMH and how they relate to one another.	<ul style="list-style-type: none"> <li>-Explore the .... website</li> <li>-Read flyers for various programs</li> <li>-Ask staff and other students about the programs in which they work</li> <li>-Potentially shadow other units at some point during the second semester.</li> <li>-Visit the other sites of ...</li> </ul>	<p><b>Methods:</b></p> <ul style="list-style-type: none"> <li>-Observation by supervisor</li> </ul> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>-Ability to make appropriate referrals during assessment process.</li> </ul>
To become familiar with the more technical aspects of the setting, such as learning how to order charts and where various units are located.	<ul style="list-style-type: none"> <li>-Observe supervisor and ask questions</li> <li>-Review student orientation handbook</li> </ul>	<p><b>Methods:</b></p> <ul style="list-style-type: none"> <li>-Observation by supervisor</li> </ul> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>-Ability to carry out such tasks independently</li> </ul>
To improve documentation skills, in order to write progress notes that are thorough yet succinct.	<ul style="list-style-type: none"> <li>-Practice writing progress notes</li> <li>-Read the staff members' progress notes</li> </ul>	<p><b>Methods:</b></p> <ul style="list-style-type: none"> <li>-Feedback from supervisor</li> </ul> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>-Documentation of information shared by the client, as opposed to assumptions or impressions</li> <li>-Appropriate use of language</li> <li>-Inclusion of all relevant information</li> <li>-Exclusion of trivial details</li> <li>-Completion of progress notes in a timely manner</li> </ul>
To learn more about mental illnesses (eg. schizophrenia, bipolar disorder) which are common diagnoses among clients of the ....	<ul style="list-style-type: none"> <li>-Read relevant literature</li> <li>-Attend workshops and student seminars</li> <li>-Ask questions to staff members</li> </ul>	<p><b>Methods:</b></p> <ul style="list-style-type: none"> <li>-Feedback from supervisor</li> </ul> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>-Familiarity with symptoms of mental illness described by clients</li> <li>-Working knowledge of various effects of living with a severe mental illness</li> </ul>

## Learning Activities/Resources and Evaluation Methods

Select relevant materials to be prepared by student for field instruction meetings and evaluation. These activities are completed on practicum time.

Students will be required to submit examples of their work (at mid term and final evaluation); these examples would also have been shared with their field instructor.

	How Often?	Due Date
1. A/V Tape and Written Analysis	twice a month	All due dates to be determined
2. Audio Tape and Written Analysis	twice a month	
3. Process Recordings	twice a month	
4. Agency/Hospital records	daily	
5. Reflection logs/journals	As appropriate	
6. Notes, memos, letters	as needed	
7. Minutes of meetings	not applicable	
8. Drafts of reports	not applicable	
9. Newspaper clipping files	not applicable	
10. Other (specify)- Addictions assessment (as needed) -Concurrent Disorders Assessment (as needed)		

In direct practice settings students must tape and do a written analysis on a segment weekly. It is the mutual responsibility of both the student and field instructor to ensure these procedures are followed. Where necessary either party should consult the faculty-field liaison to seek assistance in completion of this requirement. The student and field instructor must ensure that representative samples of the above will be kept for review and final evaluation. They will be requested for review by the faculty-field liaison if a student is not meeting the competency standards.

In indirect practice settings, students must be regularly observed in professional interactions and process recordings and/or reflection logs/journals must be submitted weekly to the field instructor. Example documentations should be retained by student and field instructor. These documentations are critical pieces for review by the instructor in the mid-term and final evaluation. They will be also be requested by the faculty-field liaison if a student is not meeting the competency standards.

Observations of client interviews, formal presentations, group facilitation, team/staff meetings, chairing committees, etc.:

	<u>How Often?</u>	<u>When?</u>
- of student by field Instructor	Weekly	As arranged
- of field Instructor by student	Daily	As arranged
- of student by other staff	Weekly	Wednesday evening group (Guided Self Change) as well as Assessments as arranged.
- of other staff by student	Weekly	As arranged.

**Required Staff/Team Meetings: (Wednesday, Thursday, Friday unless otherwise negotiated)**

**Date and Time:** Rounds, 9 am Fridays, and others to be arranged

**Required Educational Seminars**

-See attached paged entitled 2006/2007 Social Work Student Seminars

**Other:** (e.g., Conferences, Workshops, Clinical Days)

-Introduction to Concurrent Disorders Workshop- September 21 & 22, 2006

-Inter-professional Health Education Session- October 11, 2006

**Visits to other agencies, relevant settings:**

-Progress Place

-Other sites to be determined.

**Practicum Related Readings: (Attach a sheet if required)**

**1. Agency Manuals, Reports, Books etc. List:**

(2006). *Addiction Services referral guide (3<sup>rd</sup> ed.)* Centre for Addiction and Mental Health.

Annis, H., Herie, M. A., & Watkin-Merek, L. (1996). *Structured Relapse Prevention. An outpatient counselling approach (2<sup>nd</sup> ed.)* Centre for Addiction and Mental Health.

Harrison, S. & Carver, V. (Eds.). (2004). *Alcohol & drug problems: a practical guide for counselors.* Centre for Addiction and Mental Health.

Kingdon, D. G., Turkington, D. (2004). *Cognitive therapy of schizophrenia.* The Guilford Press.

Sciacca, K. (1997). Removing barriers: dual diagnosis and motivational interviewing. *Professional Counselor, 12*(1), 41-46.

Skinner, W. J. W., O'Grady, C. P., Bartha, C., & Parker, C. (2004). *Concurrent substance use and mental health disorders. An information guide.* Centre for Addiction and Mental Health.

Skinner, W. J. W. (Ed.) (2005). *Treating concurrent disorders: a guide for counsellors.* Centre for Addiction and Mental Health.

**2. Academic Bibliography:** This short list must include a selection of relevant academic course reading material which will be discussed, applied, and informally critiqued with the field Instructor in this practicum. This literature helps students to link theory to practice and the ITP Loop, developed by Professor Marion Bogo at our FSW is suggested as a teaching/learning format. [Click here to access this reading](#) or find it on under our PO menu items on the web page

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy, 20*(4), 485-503.

Lindhorst, D. M., Eckert, A., & Hamilton, G. (2005). Promoting participation in organizational decision making by clients with severe mental illness. *Social Work, 50*(1), 21-30.

MacMaster, S. A. (2004). Harm reduction: a new perspective on substance abuse services. *Social Work, 49*(3), 356-363.

Post, R. M. (2005). The impact of bipolar depression. *Journal of Clinical Psychiatry, 66*, (suppl 5), 5-10.

Williams, C. C. & Collins, A. A. (2002). The social construction of disability in Schizophrenia. *Qualitative Health Research, 12*(3), 297-309.

Read by Student  Date: \_\_\_\_\_

Read by Field Instructor  Date: \_\_\_\_\_

Read by Educational Coordinator  Date: \_\_\_\_\_

Read by Faculty/Field Liaison  Date: \_\_\_\_\_

**Learning Contract: Example 2 Direct**  
**Mental Health & Health: General Mental Health**

**Student Name:**  
**Field Instructor:**  
**Agency: Hospital**

**Date: September 29<sup>th</sup>, 2006**  
**Times of Attendance: Wed-Fri, 9-5**

**Weekly Field Instructor/Student Meeting: Wednesday, 1pm**

Learning Assignments (MSW Year 1 Students--see Field Practicum Manual re: requirements for two levels of intervention; MSW Year 2 students can focus on only one intervention level if desired).

Direct Practice with Client Systems: Describe briefly, types of client presenting issues; client demographics, approaches used etc.

**The general counselling service at ...sees clients who are experiencing a variety of presenting issues such as anxiety, depression, isolation, loss, the impact of previous violence, and relationship difficulties. The clients are women from a wide range of demographic backgrounds. The clients are either self-referred or have been directed to the service through other health care providers at ... or by those in the community. The counselling is ongoing and flexible as to how many sessions are available.**

The counselling work at the ..is short-term, usually one session with the option of some brief follow-up counselling available. The focus of these sessions is mostly decision-making counselling surrounding pregnancy and abortion. The clients are women who at times are accompanied by family, friends, and/or partners. The demographic makeup of clients varies here as well and includes women of all reproductive ages.

The counselling at both settings is non-judgmental and seeks to work collaboratively with clients. The approach used in both settings is client-centered and draws on principles of feminist, narrative, crisis counselling, interpersonal, and cognitive practice.

Indirect Practice on Behalf of Clients (Community/Organizational/Policy/Research):  
Describe briefly, tasks or projects.

I have sat in on a number of committee meetings that are involved, at an organizational level, in developing initiatives related to violence and abuse. Examples of such meetings include the Theme Council, which focuses on Violence and Trauma in the Lives of Women and REACH, which is an acronym for research, education and advocacy creating hope. Additionally, during the Abuse Awareness campaign (Nov. 29-Dec. 1), I will help staff an information table. As part of the campaign I will distribute brochures and discuss resources related to abuse programs and services located in the hospital and in the larger community.

I have attended an ODSP review hearing with a client from the Midlife and Older Women's Program. I acted as a support for her during this hearing. The client has attended these reviews alone in the past and found them to be quite stressful.

Specific Learning Objectives: These objectives must include 1) what needs to be learned to function in this setting and 2) what does this student specifically want to learn. Refer to past lab or recent practicum evaluation for input. The objectives must be realistic, concrete, able to be observed and/or measured, and fit within the FSW competency based model for evaluation. Your contract must be modeled on C. Horejsi and C. Garthwail (1999) (see pp. 40-43 of manual). *Add additional pages if necessary.*

<b>Goals</b>	<b>Activities</b>	<b>Evaluation</b>
To become familiar with ..and how the Women's Counselling Program functions	<ul style="list-style-type: none"> <li>-<b>Read ... student orientation package</b></li> <li>-Attended orientation session</li> <li>-Attended student education day</li> <li>-Explore ...intranet and become familiar with the hospital's specialty areas</li> <li>-Shadow other Social Workers and other program areas in the hospital</li> </ul>	-Discuss with my supervisor to review my understanding of how the program operates
To become familiar with the BCBC and the various services it offers	<ul style="list-style-type: none"> <li>-<b>Read various pamphlets and brochures discussing abortion and pregnancy issues</b></li> <li>-Observe and listen to my supervisor describing abortion procedures to clients</li> <li>-Meet with staff members from various disciplines and programs</li> </ul>	-Discuss with my supervisor and review my knowledge of services
To increase my knowledge of woman abuse and women's health issues and understand how they are understood/perceived within the health care system	<ul style="list-style-type: none"> <li>-<b>Read relevant literature</b></li> <li>-<b>Participate in meetings related to woman abuse such as the Theme Meeting and REACH</b></li> </ul>	<ul style="list-style-type: none"> <li>-Write reflective logs relating to readings and sessions where issues of woman abuse were discussed</li> <li>-Discuss with my supervisor the hospital's policies and protocols regarding woman abuse</li> </ul>

	<p><b>-Participate in Abuse Awareness events at ...(staff community education table in lobby at ...</b></p> <p><b>-Shadow/discuss with other health care providers their perceptions (ex. Social worker in Reproductive Life Stages Program)</b></p>	
To improve my skills and knowledge related to inter-professional practice	<p><b>-Attend Inter-professional education event, Team Work: Your Future in Healthcare</b></p> <p><b>-Shadow other disciplines at the BCBC</b></p> <p><b>-Attend Women's Mental Health Program's Grand Rounds (monthly)</b></p> <p><b>-Observe an assessment conducted by the WISE team (Wellness for Independent Seniors), which includes a dietician, an OT, a PT and a social worker</b></p>	<p><b>-Reflect in journal regarding aspects of inter-professional practice and the strengths and challenges of the team approach</b></p> <p><b>-Discuss with WISE team members their experiences of inter-professional practice</b></p>
To improve my advocacy skills	<p><b>-Read relevant literature</b></p> <p><b>-Assist clients in negotiating/understanding</b></p>	<p><b>-Write reflective logs regarding my understanding /experiences of issues related to advocacy</b></p>

	<p><b>various programs (ex. Ontario Works, ODSP)</b></p> <p><b>-Attend ODSP review hearing with a client as support</b></p>	
To increase my understanding of group work	<p><b>-Attend Group Psychotherapy Seminar Series (monthly)</b></p> <p><b>-Attend Older Women's Discussion Group</b></p>	<p>-Participate in discussions during the Group Psychotherapy Seminar Series</p> <p>-Discuss aspects of group work with Older Women's Discussion Group facilitator.</p> <p>-Discuss with group members their experiences of group work</p>
To develop the ability to suspend my own personal beliefs from interfering and leading a client in a certain direction (especially related to decision-making counselling)	<p><b>-Observe my supervisor's neutral manner</b></p> <p>-Work collaboratively with clients, realizing that they are the experts of their own lives</p> <p>-Refrain from being paternalistic and not valuing the client's right to self-determination</p> <p>-Observe and reflect on the client's strengths and resources</p>	<p><b>-Write reflective logs after sessions pertaining to this goal</b></p> <p>-Discuss with my supervisor my ability to be a neutral presence in the counselling session (evaluated through audio recordings)</p>
To acquire a stronger theoretical knowledge base, particularly relating to Narrative, crisis, cognitive, solution-focused and Inter-Personal Therapy (IPT) and be able to apply these approaches into practice	<p>-Read books and articles</p> <p>-Discuss these theories with my supervisor and observe them influencing her practice</p> <p>-Implement aspects of the approaches into my practice</p>	<p><b>-Reflect in my journal on these theories, considering anticipated strengths and possible challenges when applied to practice</b></p> <p>-Discuss with my supervisor my understanding of these theories and how I see them fitting into my practice</p> <p>-Be open to feedback from my supervisor related to my progress with incorporating the theories into my practice</p>

		(as reviewed from audio recordings)
To improve interviewing skills, particularly becoming more comfortable in discussing sensitive topics, and more comfortable with strongly expressed feelings such as anger and sadness	<ul style="list-style-type: none"> <li>-Observe my supervisor and how she handles discussions surrounding sensitive areas and expressions of strong emotion</li> <li>-Read relevant literature</li> </ul>	<ul style="list-style-type: none"> <li><b>-Reflect in my journal on these issues after they have been experienced in session</b></li> <li><b>-Follow the clients story and ask/discuss such sensitive topics when appropriate</b></li> <li><b>-Be open to feedback from instructor (from reviewing audio recordings) as well as client</b></li> </ul>
To improve on identifying and assessing issues in a collaborative manner	<ul style="list-style-type: none"> <li><b>-Observe my supervisor interviewing clients</b></li> <li>-Shadow other Social Workers at .. and observe their approaches to working collaboratively</li> <li>-Build on engagement skills such as reflective listening, asking open-ended questions</li> </ul>	<ul style="list-style-type: none"> <li><b>-Summarize client's statements back to them and check in if my interpretation is correct</b></li> <li>-Reflect in my journal regarding this process of not coming across as an expert</li> <li>-Discuss my ability to be client-centred with my supervisor and be open to feedback (as reviewed through audio recordings)</li> </ul>
To develop with clients a purposeful plan and goals they hope to achieve through counselling	<ul style="list-style-type: none"> <li><b>-Observe my supervisor and other Social Workers in developing plans and goals collaboratively</b></li> <li>-Actively listen to what client feels they need in terms of supports, strategies and resources to achieve desired outcomes</li> </ul>	<ul style="list-style-type: none"> <li><b>-Discuss with my supervisor what I think an appropriate plan would be based on the client's desires and needs/issues and be open to her feedback (also review recordings of session)</b></li> <li>-Discuss goals and plan with clients and be receptive to</li> </ul>

		feedback
To develop skills related to ongoing counselling work (i.e. contracting with client, negotiating and re-negotiating goals and plans)	-Read relevant literature -Discuss with supervisor the nature of ongoing counselling and the strategies she uses to encourage that the process remains beneficial and that progress is made (ex. Checking-in, being flexible to client's needs)	<b>-Reflect in my journal how I think sessions are going and how I am feeling about the progress/or lack of progress clients are making from session to session</b>  -Review with my supervisor client's cases and together evaluate how they are proceeding (through audio recordings when possible)
To become more reflective in my own practice	-Record in reflective journal an evaluation of my practice after each session	<b>-Discuss with my supervisor my strengths, challenges, and blind spots</b>

### Learning Activities/Resources and Evaluation Methods

Select relevant materials to be prepared by student for field instruction meetings and evaluation. These activities are completed on practicum time.

Students will be required to submit examples of their work (at mid term and final evaluation) to the field liaison; these examples would also have been shared with their field instructor.

	How Often?	Due Date
11. A/V Tape and Written Analysis	N/A	
12. Audio Tape and Written Analysis	weekly	Midterm
13. Process Recordings	occasionally	Midterm
14. Agency/Hospital records	weekly	Midterm
15. Reflection logs/journals	weekly	Midterm
16. Notes, memos, letters	weekly	Midterm
17. Minutes of meetings	N/A	
18. Drafts of reports	N/A	
19. Newspaper clipping files	N/A	
20. Other (specify)		

**In direct practice settings students must tape and do a written analysis on a segment weekly. It is the mutual responsibility of both the student and field instructor to ensure these procedures are followed. Where necessary either party should consult the faculty-field liaison to seek assistance in completion of this requirement. The student and field instructor must ensure that representative samples of the above will be kept for review and final evaluation. They will be reviewed by the faculty-field liaison if a student is not meeting the competency standards.**

**In indirect practice settings, students must be regularly observed in professional interactions and process recordings and/or reflection logs/journals must be submitted weekly to the field instructor. Example documentations should be retained. These documentations are critical pieces for review by the instructor in the mid-term and final evaluation. They will be also be reviewed by the faculty-field liaison if a student is not meeting the competency standards.**

Observations of client interviews, formal presentations, group facilitation, team/staff meetings, chairing committees, etc.:

	How Often?	When?
- of student by field Instructor	weekly	Wed.
- of field Instructor by student	weekly	when possible
- of student by other staff	occasionally	when possible
- of other staff by student	occasionally	when possible

Required Staff/Team Meetings: (Wednesday, Thursday, Friday unless otherwise negotiated)

**1. Social Work Staff Meetings (ongoing)**

Required Educational Seminars

- 1.... Education Day – Sept. 22, 9-2:30pm
- 2.Social Work Roles in a Health Care Environment – Oct. 5, 9-11am
- 3.Inter-Professional Health Session – Oct. 11, 3-5:30pm
- 4.Assessment and Interviewing Skills – Oct. 12, 9-11am
- 5.Multicultural Issues at the Bedside – Oct. 26, 9-11am
- 6.Workshop for Instructors and Students – Nov. 2, 9-12pm
- 7.Discharge Planning – Nov. 9, 10-12pm
- 8.An Overview of the Health Care Consent Act – Nov. 16, 9-11am

Other: (e.g., Conferences, Workshops, Clinical Days)

1. Group Psychotherapy Seminar (ongoing, every few weeks throughout the year)
2. Women's Mental Health Rounds (ongoing, monthly)
3. Theme Council Meeting: Violence and Trauma in the Lives of Women (ongoing)
4. REACH Meeting at BCBC (ongoing monthly meetings)
5. Social Work Retreat – Sept. 27
6. Women's Health Day at BCBC – Oct. 4
7. Abuse Awareness – Nov. 29-Dec. 1 (staff info tables in lobby of ..)

Visits to other agencies, relevant settings:

Practicum Related Readings: (Attach a sheet if required)

1. Agency Manuals, Reports, Books etc. List:

Abels, P. & Abels, S.L. (2001). *Understanding narrative therapy: a guidebook for the social worker*. New York: Springer Publishing Company.

Blanco, C., Lipsitz, J. & Caligor, E. (2001). Treatment of chronic depression with a 12-week program of interpersonal psychotherapy. *The American Journal of Psychiatry*, 158 (3), 371-375.

Brien, J. & Fairbairn, I. (1996). *Pregnancy and abortion counselling*. New York: Routledge.

Davis, C.G., Wortman, C.B., Lehman, D.R. & Cohen Silver, R. (2000). Searching for meaning in loss: Are clinical assumptions correct?. *Death Studies*, 24, 497-540.

Fiske, H. (2004, February 19). *Solution-focused approaches to trauma and suicide*. Presented at University Health Network Conference.

Freedman, J. & Combs, G. (2002). *Narrative therapy with couples... and a whole lot more: A collection of papers, essays and exercises*. Adelaide, South Australia: Dulwich Centre Publications.

Hoff, L. (1995). *People in crisis: Understanding and helping* (4<sup>th</sup> Ed. ). San Francisco: Jossey-Bass.

Iliffe, G. & Steed, L. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence*, 15 (4), 393-412.

Monk, G., Winslade, J., Crocket, K. & Epsom, D. (1997). *Narrative therapy in practice: The archaeology of hope*. San Francisco: Jossey-Bass.

2. Academic Bibliography: This short list must include a selection of relevant academic course reading material which will be discussed, applied, and informally critiqued with the field Instructor in this practicum. This literature helps students to link theory to practice and the ITP Loop, developed by Professor Marion Bogo at our FSW is suggested as a teaching/learning format. [Click here to access this reading](#) or find it on under our PO menu items on the web page

Aguilera, D.C. (1994). *Crisis intervention theory and methodology* (7<sup>th</sup> Ed.). St. Louis: Mosby.

Coady, N. (1999). The helping relationship. In F. Turner, (Eds.), *Social work practice: A Canadian perspective*, (pp. 58-72). Prentice Hall Allyn & Bacon.

Devore, W. & Schlesinger, E. (1999). *Ethnic sensitive social work practice*. Needham Heights, Mass: Allyn & Bacon.

Fine, S. & Glasser, P. (1996) *The first helping interview: Engaging the client and building trust*. Thousand Oaks, California: Sage.

Gleeson, J. (1990). Engaging students in practice evaluation: Defining and monitoring critical initial interview components. *Journal of Social Work Education*, 3, 295-309.

Hepworth, D. H., Rooney, R. H., Larsen, J. (2002). *Direct social work practice: Theory and skills*. (6<sup>th</sup> ed.). Pacific Grove, California: Brooks/Cole.

James, R.K., and Gilliland, B.E. (2001). Approaching crisis intervention. In *Crisis intervention strategies* (4<sup>th</sup> Ed.). (pp. 3-30), Pacific Grove, Calif.: Brooks/Cole Pub. Co.

Kadushin, A. (1990) *The social work interview: A guide for human service professionals*.

(3<sup>rd</sup> ed.). New York: Columbia University Press.

Lukas, S. (1993). *Where to start and what to ask*. New York: W.W. Norton & Company.

Mattaini, M., Kirk, S. (1991). Assessing assessment in social work. *Social Work, 36* (3), 260-267.

Perez Foster, R. (1998). The clinician's cultural countertransference. The psychodynamics of culturally competent practice. *Clinical Social Work Journal, 26* (3), 253-270.

Peterson, Z. D. (2002). More than a mirror: the ethics of therapist self-disclosure. *Psychotherapy: Theory/Research/Practice/Training, 39* (1), 21–31.

Tsang, A. K. T. & Bogo, M. (1997). Engaging with clients cross-culturally: Towards developing researched-based practice. *Journal of Multicultural Social Work, 6* (3/4), 73-87.

Tsang, A.K.T. & George, U. (1998). Towards an integrated framework for cross-cultural social work practice. *Canadian social work review, 15* (1), 73-93.

**Welch, I. D. (2003). The therapeutic relationship: Listening and responding in a multicultural world. Westport, Connecticut: Praeger Publishers.**

Read by Student  Date: \_\_\_\_\_

Read by Field Instructor  Date: \_\_\_\_\_

Read by Educational Coordinator  Date: \_\_\_\_\_

Read by Faculty/Field Liaison  Date: \_\_\_\_\_

LEARNING CONTRACT: Example Direct  
Mental Health & Health: Health Rehab

Student Name:

Field Instructor:

Agency:

Departments: Cardiac Care & Neurosurgery/Neurology

Date: October 10, 2006

Times of Attendance: Wednesday, Thursday, & Friday, 8:30-4:00, ½ hour lunch

Weekly Field Instructor/Student Meeting: Weekly on Thursdays at 1:00 PM

Learning Assignments

>...I is part of .., a University of Toronto teaching institution. The ..is a leader in training graduate and undergraduate students, and offers a team approach to education. The hospitals which comprise the .. share a common vision of achieving global impact, and they work toward a common purpose: transforming health care for their patients, the community, and the world. TWH caters to a very ethnically diverse population, although a high percentage of admissions are from the Portuguese, Chinese, and Italian communities.

... has 239 in-patient beds, including 24 on the cardiac care unit, 32 on the neurosurgery/neurology unit, and 8 in the neuro step-down (intensive care) unit. Patients are admitted for acute care, and they and their families are often overwhelmed by the situations they encounter and the decisions they must make. Clients are suddenly faced with fear and uncertainty, and are unsure of how their injuries will impact their self reliance and ways of life. An important social work role in this environment is counseling patients and their families during this intensely emotional and stressful time. The social worker provides support and helps clients access community and hospital resources as needed.

Most patients have injuries which impact their physical and cognitive abilities, and both they and their significant others face many challenges in the course of dealing with and adapting to these changes. Patients are admitted for acute care, and when they are medically stable they are discharged from the units. Some return home in good health, others are discharged with needs for care. It is patients who fall into the latter group who are more likely to avail of social work services while in the hospital. They may require household help or home nursing care. Some may need to consider relocation to alternate levels of care, such as palliative care, convalescent or complex continuing care or in-patient rehabilitation therapy. Others may need to arrange for permanent relocation to retirement or nursing homes. Another important role of the hospital social worker is to facilitate the patient's access to these services.

The social worker's role in planning for discharge is integral. The team's opinions and recommendations can conflict with those of the patient and his family. The social worker is uniquely situated in the hospital setting to help families achieve solutions which are in the best interest of the patient, while working within the hospital's policies. Exploring alternative plans, determining whether they are safe and attainable, and then putting them in place before the patient leaves the hospital are crucial components of the hospitalization process.

The treatment approach which is most frequently utilized by the cardiac care/neurosurgery social worker at ... is the systems approach. The primary focus of interventions is the interactions between patients and the structures and resources which will help them reintegrate into the community following discharge. The social worker identifies the crucial points in the transactions between the patient and the environment, and her interventions are based upon harmonizing these transactions. She works with clients and their families, encouraging them to utilize their strengths and to fully participate in their recovery and in the decision making process.

As a student social worker I will be interviewing clients to complete social work assessments and to determine their need for social work services, providing supportive counseling to patients and their families as required/requested, and working with interdisciplinary team members to monitor patient's needs and plan for their discharge.

#### Direct Practice with Client Systems

##### Mezzo Interventions

- **Connecting with agencies and facilities in Toronto which provide education and support services to clients and their caregivers who are coping with illness or conditions related to heart, stroke, and brain injury, and learning about their mandates and the services they offer.**
- **Working with the Public Guardian and Trustee's office to ensure that patients who require decision making assistance receive it and are registered with them.**
- **Participating in activities in the hospital which will help raise awareness of the social worker's role in the provision of health care services.**

##### Micro Interventions

- **Providing counseling services to patients and their significant others to help them cope with the changes and challenges presented by their medical condition and changed life circumstances.**
- **Interviewing clients and significant others in order to collect information relevant to psychosocial assessments.**
- **Assessing patients' capacity to make decisions regarding their treatment and discharge plans.**
- **Participating in family meetings and team consultations to discuss patients and develop intervention strategies and discharge plans**
- **Helping clients explore their options regarding housing/living arrangements following discharge from ....**
- **Helping clients connect with and access services which they require in order to return to the community, such as CCAC, homemaking services, ODSP, Trillium Health, UI Sick Benefits, Ontario Works, and CPP.**
- **Providing information to clients regarding community resources which are available to them.**
- **Completing applications for client's admission to rehabilitation facilities, convalescent care, chronic care, or palliative care.**
- **Advocating on behalf of clients with respect to securing services in the community.**

#### Indirect Practice on Behalf of Clients

During my placement I plan to compile an information package for clients which will provide them with more in-depth information on the LTC facilities which are available in the Toronto area. In an acute care setting, families are often required to make quick decisions regarding placement, and are sometimes asked to choose facilities before they have had enough time to carefully explore their options. They may not know the location of the facilities, what amenities are offered, and whether particular nursing homes are appropriate for their particular needs, and are sometimes overwhelmed by the sparse information available to them. I plan to contact nursing homes in Toronto, requesting information packages, and to visit as many as possible in order to be able to give clients the most accurate information possible when they are seeking my input. This, I hope, will alleviate some of their burden at a time when they need as few stressors as possible.

#### Specific Learning Objectives

1. **Objective: To become familiar with social work and health care issues around working with the client populations I am involved with at ..., specifically patients who are receiving cardiac and neurosurgical/neurological care, seniors, and ethnically diverse populations.**

**Method:** To read journal articles and information available at the hospital or from my supervisor; to attain a working knowledge of medical issues related to cardiology, brain tumors, stroke, aneurysms, and heart disease; to attend Journal Club meetings; to attend student seminars, workshops, and conferences related to social work practice in health care settings.

**Measurement:** I will note and discuss my readings and educational activities in my journal and discuss them with my supervisor. I will also utilize this knowledge during class discussions and in written assignments required in my university courses.

2. **Objective:** To enhance my cultural competency, so that I learn more about the ways that people of diverse ethnic origins and religions interpret and deal with illness, and how these interpretations impact decision-making, goals, needs, and attitudes toward treatment.

**Method:** Discussions with patients and their families, consultations with my field instructor, and reading journal articles.

**Measurement:** Feedback from clients and my field instructor; self-assessment of my knowledge base and my ability to practice appropriately with diverse populations.

3. **Objective:** To learn first hand how the social determinants of health (education, ethnicity, gender, socioeconomic status, etc.) impact illness, recovery, and access to services.

**Method:** Completing client assessments, counseling patients and their families, discussions with my field supervisor and other team members, and reading journal articles about culturally competent practice.

**Measurement:** I will note my observations in my journal, and discuss them in my classes and assignments throughout the school year.

4. **Objective:** To improve my interview skills and to learn to complete thorough, concise and relevant client assessments.

**Method:** Observation of my field instructor; practice under supervision; attendance at a seminar titled "Assessment and Interview Skills: A Review of the Basics"; reading journal articles related to assessment.

**Measurement:** Feedback from my field supervisor, self assessment of improvement and growth of confidence, feedback from other health care professionals who are reading my assessments and utilizing the information they contain in their own patient interactions.

5. **Objective:** To learn about the social work requirements of other patient populations within the hospital and observe various "styles" of social work.

**Method:** I will arrange to shadow social workers who work on other units at the hospital, and observe some group work.

**Measurement:** These activities will be recorded in my journal and discussed with my field supervisor.

6. **Objective:** To actively participate in social work education at the hospital.

**Method:** I will attend the monthly Journal Club at the hospital, and will present one journal article during my field placement; I will attend student social work seminars offered by ... and .....

**Measurement:** Feedback from Journal Club members; seminars will be noted in my journal.

7. **Objective:** To learn about government legislation as it pertains to eligibility for EI sick benefits, EI caregiver benefits, CPP disability benefits and Revenue Canada tax benefits for expenses related to disability.

**Method:** Reading relevant legislation

**Measurement:** Assessment by field supervisor regarding accuracy and appropriateness of information provided to clients.

8. **Objective:** To become familiar with terminology associated with the hospital setting and client population I am working with so that I am able to understand information contained in patient

charts and to participate appropriately in conversations regarding patient's conditions and problems with the patient, his significant others, and other health care professionals.

**Method:** Read patient charts thoroughly, making note of unfamiliar terms and asking for clarification of them from my supervisor or other health care professionals, or researching them online.

**Measurement:** I will self-assess my attainment of this goal by noting my ability to understand discussions and chart notes.

9. **Objective:** To learn appropriate methods of working with my client population and dealing with the issues which arise in a professional manner.

**Method:** Educational instruction from my field supervisor, observation of my field instructor when she is engaging with clients, and reading journal articles.

**Measurement:** Progress toward this goal will be evaluated in discussion with my field instructor during supervision sessions, from her feedback following her observation of my client interactions, and her review of the session analyses and client assessments that I submit to her.

10. **Objective:** To learn about various placement alternatives, and familiarize myself with their policies and procedures; to learn to complete the various forms and compile the needed information in order to apply for placements on my client's behalfs.

**Method:** Instruction from my field supervisor, completion of the required forms under supervision, reading literature and searching the internet for information.

**Measurement:** Feedback from my supervisor, from other health care professionals, from the discharge office, and from other health care facilities.

11. **Objective:** To gain a working familiarity of resources and services available to my clients in the Toronto area, including long term care, chronic care, and palliative care facilities, CCAC, homecare, senior's centers, and to learn to access these services.

**Method:** Gather information from my field supervisor, publications, and the internet.

**Measurement:** Feedback from my field supervisor regarding whether the patient has received all the available, relevant information and self assessment based upon my ability to answer client questions and help them access services.

Learning Activities / Resources and Evaluation Methods

	How Often?	When?
1. Patient Assessments	Weekly	Thursday
2. Client Interview Written Analysis	Weekly	Thursday
3. Chart Notes	Daily	Following Entry
4. Applications	Weekly	Upon completion

Observations of client interviews, formal presentations, group facilitation, team/staff meetings, etc.

	How Often?	When?
1. Of field instructor by student	Several times per week	When providing services & meeting with team.
2. Of student by field instructor	Several times per week	When providing

services & meeting  
with team

3. Of student by other staff	Several times per week	Team meetings Journal club Workshops
4. Of other staff by student	Several times per week	Team meetings Journal club Workshops Job shadowing

Required Staff/Team Meetings

Social Work Staff Meetings	Monthly
Neurology Rounds	At least once per week
Family Meetings	As scheduled
Team Meetings	As scheduled
Journal Club	Monthly
Seminars	As scheduled
Rounds	At least once per week

Conferences, Workshops, Seminars

September 13	Orientation
September 28:	Dementia
October 5:	Social Work Roles in a Health Care Environment
October 12:	Assessment and Interviewing Skills: A Review of the Basics
October 19:	Ethics Applied to Medical Settings, Part 1
October 26:	Ethics and Multicultural Issues at the Bedside
November 2:	Shifting the Power Paradigm in the Field Practicum
November 9:	Ethics Applied to Medical Settings, Part 2
November 16:	An Overview of the Health Care Consent Act
November 23:	What Works in Therapy, Part 1
November 30:	What Works in Therapy, Part 2
January 11:	Consent and Capacity
January 25:	Resolving Conflict Between Field Instructor and Student
February 1:	Child Welfare: A Look at Hospital Social Work
February 15:	Mindfulness
March 1:	Cognitive Behavioral Therapy
March 22:	Eating Disorders
April 5:	Group therapy

Reading List

1. Agency Manuals, Reports, Books etc.:

Gehlert, S. & Browne, T.A. (2006). *Handbook of Health Social Work*. Wiley Publishers : Hoboken, NJ.

Heart and Stroke Foundation. *Let's Talk About Stroke: An Information Guide for Survivors and Their Families*.

Psychology Today. (1994). *Heart to Heart*. 27. pp.5

## 2. Academic Bibliography:

Abramson, M. (1984). Collective responsibility in interdisciplinary collaboration: an ethical perspective for social workers. *Social Work in Health care*. 10(1). 35-43.

Aronson, J. (2004). "Just fed and watered": Women's experiences of the gutting of home care in Ontario. In (eds.) Grant, K. et. al. *Caring For / Caring About: Women, Home Care and Unpaid Caregiving*. Garmond Press : Aurora, Ontario. 167-181.

Auslander, G.K. (2000). Outcomes of social work intervention in health care settings. *Social Work in Health Care*. 31(2). 31-46.

Bhogal, S. K., Teasell, R. W., Foley, N. c., & Speechley, M. R. (2003). Community reintegration after stroke. *Topics in Stroke Rehabilitation*. 10(2). pp. 107-141.

Bowman, K.W. (2000). Communication, negotiation, and mediation: dealing with conflict in end of life decisions. *Journal of Palliative Care*. 16 Supplement. 17-23.

Degeneffe, C. E. (2001). Family caregiving and traumatic brain injury. *Health and Social Work*. 26(4). pp. 257-272.

Dorfman, L.T. (1995). Health conditions and perceived quality of life in retirement. *Health and Social Work*. 20(3). 192-199.

Gorin, S.H. (2000). Inequality and health: implications for social work. *Health & Social Work*. 25(4). 270-275.

Jones, D.A., & West, D.R. (1996). Psychological rehabilitation after myocardial infarction: multicentre randomized controlled trial. *British Medical Journal*. 313(7071). 1517 – 1521.

Panos, P.T., & Panos, A.J. (2000). A model for culture-sensitive assessment of patients in health care settings. *Social work in Health Care*. 31(1). 49-62.

Rowlands, A. (2001). Ability or Disability? Strengths-based practice in the area of traumatic brain injury. *Families in Society*. 82(3). pp. 273-286.

Sulman, J., Savage, D., & Way, S. (2001). Retooling social work practice for high volume, short stay. *Social Work in Health Care*. 34(3/4). 315-332.

Simpson, G., Simons, M., & McFadyen, M. (2002). The challenges of hidden disability: social work practice in the field of traumatic brain injury. *Australian Social Work*. 55(1). pp. 24-37.

Walsh, F. (2003). Family resilience: a framework for clinical practice. *Family Process*. 42(1). 1-17.

Wells, R., Dywan, J., & Dumas, J. (2005). Life satisfaction and distress in family caregivers as related to specific behavioral changes after traumatic brain injury. *Brain Injury*. 19(13). pp. 1105-1115.

## **Learning Contract Example Direct Mental Health and Health General MH**

**Student Name:**

**Date:** October 12, 2006

**Agency:** ... Counselling and Development Centre (CDC)

**Department(s) Unit(s):** Personal Counselling Program

**Days/Times of Attendance:** Wednesday, Thursday, Friday 9-5 pm

**Weekly Field Educator/Student Meeting:** Fridays 1-2pm

### **Learning Assignments**

#### **Direct Practice with Client Systems:**

The personal counseling program at the CDC provides ... (which include ....) with personal counseling. There is a wide range of diversity among clients on dimension including: presenting problem, socio-economic status, sexual orientation, race and/or ethnic or cultural affiliation, religion, age, relationship status, as well as physical, mental or emotional challenges. The personal counseling program technically works from a brief therapy orientation, however the term "eclectic" can be used to describe the personal counseling program as most of the therapists in the program draw from a variety of counselling orientations to inform their practice.

**My specific learning assignments are:**

1. **Individual personal counseling:** Presently I am providing weekly counseling sessions to four clients.
2. **Process Notes and File Management:** I am responsible for documenting process notes for all interactions with clients and assuring that my client's files are all up to date and organized.
3. **Team Day:** On Friday I am part of a team including three CDC staff members and three other interns. On team day I participate in a group supervision session as well as have my individual weekly supervision with my supervisor. During supervision I am responsible for case presentations and have the opportunity to play my taped counseling sessions in order to obtain supervision and feed back on my progress. On team days my team is "on call" and therefore we are responsible for any "walk in" clients and necessary crisis interventions.
4. **Intake interviews:** I will be responsible for conducting a Brief Directed Interview (BDI) approximately once a month on my team day.
5. **Groups:** The CDC provides group counseling on topics such as anxiety management, procrastination, anger management. In the winter term I hope to co-lead one of these groups under the direct supervision of one CDC staff member.
6. **Colloquium Series:** The colloquium series takes place every Wednesday between 1-3 pm. Topics addressed include: crisis intervention, self disclosure and boundaries, counter-transference, and suicide risk assessment. The colloquium is facilitated consistently by two CDC staff members (one of whom is the educational director). Through out the year guest speakers will also be presenting in their areas of expertise.
7. **Articles:** I will have the opportunity to write an article on "self care" which may be published in the .... newspaper.

**Learning Goals:**

- *Become proficient in core counselling skills such as: active listening, expressing empathy, appropriate self disclosure, reflecting and paraphrasing.*

How ? : Counselling sessions, individual and group supervision

Evaluated by: feedback from supervisor, other CDC staff and co- interns and through clients progress.

- *Begin to develop my own personal counselling style characterized by authenticity, integrity, creativity and professionalism.*

How ? : Counselling sessions, my own personal reflection, supervision with CDC staff and co- interns

Evaluated by: feedback from supervisor, other CDC staff and co- interns and through clients progress.

- *Begin to incorporate and effectively implement various counselling interventions with clients*

How?: Reading quality psycho therapy literature recommended by supervisor, counselling sessions and

Evaluated by:

- *Begin to engage in regular self reflection in order to be aware of any counter-transference and transference that may occur in sessions.*

How?

Evaluated by:

**Learning Activities/Resources and Evaluation Methods**

	How Often?	Due Date
1. A/V Tape and Written Analysis		
2. Audio Tape and Written Analysis	Required for all sessions with clients, daily	
3. Process Recordings	Required for all sessions with clients, daily	
4. Agency/Hospital Recording		
5. Reflection logs/journals		
6. Notes, Memos, Letters	As required	
7. Drafts of reports		
8. Newspaper clipping files		
9. Minutes of meetings	Daily	
10. Other		

**Observations of clients interviews, formal presentations, group facilitation, team/staff meetings, chairing committees, etc.:**

	<b>How Often?</b>	<b>When?</b>
• Of student by field educator opportunities arise	weekly	team days and as
• Of field educator by student	“	“
• Of student by other staff	“	“
• Of other staff by student	“	“

**Required Staff/Team Meetings:**

**Date and Time: Team days Fridays 9-5 pm**

**Required Educational Seminars:**

**Interns Orientation Aug 31- Sept 1, 2006 9-4 pm**

**Other (eg. Conferences, Workshops, Clinical days):**

**Colloquium Series Wednesdays 1-3 pm**

**Practicum Related Readings**

**Agency Manuals, Reports, Books etc...**

**2006-2007 Practicum/Internship Training Program Handbook**

**Academic Bibliography**

Learning Contract: Example Direct  
MH&H:MH & Woman Abuse

Student Name:

Field Instructor:  
Agency:

Department: **Violence Against Women Program**

Date: **October 4, 2006**

Times of Attendance: **Wednesday 9:00am - 9:00pm**  
**Thursday 9:00am - 5:00pm**  
**Friday 9:00am - 12:30pm**

Weekly Field Instructor/Student Meeting: **Every Thursday from 9:00am – 10:30am**

Learning Assignments: (MSW Year 2 Student)

Direct Practice with Client Systems :

**Clients served at ... Violence Against Women Program are women who have experienced abuse in their relationships which can be physical, psychological, sexual, and or verbal abuse. As a result of abuse, they experience, among others, feelings of fear, low self-esteem, isolation, self-blame, victimization, psychological and emotional distress, and lack of control over economic resources. Clients treated and followed at this agency come from diverse cultural, ethnic, and socio economic backgrounds.**

**My role as a second year MSW student will include mostly working directly with women who have experienced abuse in their relationships. More specifically, I will conduct individual counseling and co-facilitate with my field instructor “Understanding Abuse” group. My role as a MSW student will also include conducting initial psychosocial assessments and charting progress notes to articulate clients’ situations, presenting problems, social supports, family histories, goals and outcomes. In addition, I will learn how to plan and implement appropriate intervention strategies to address abused women’s needs and goals. This will include counseling, referral, and advocacy. I will carry a small client load and attend supervision meetings with my field instructor to discuss each case.**

Indirect Practice on Behalf of Clients (Community/Organization/Policy/Research):

**My role at the mezzo level will include:**

- 1. Updating some of the community resources that are commonly accessed by this client population for the social work files with resource information such as agencies purposes, services provided, programs offered, eligibility requirements and contact information.**
- 2. Participating in Family Violence Network meetings.**

Goals, Activities and Criteria:

Goals	Activities	Criteria
<p><b>1. To become familiar with the .. policy, mission, services and activities</b></p>	<ul style="list-style-type: none"> <li>-Reading ... policy, mission, and program services</li> <li>-Attending Student Orientation Session</li> <li>-Meeting with other staff member of the agency</li> <li>- Walking tour of ...</li> <li>-Participating in intakes</li> </ul>	<ul style="list-style-type: none"> <li>- Reviewing knowledge gained with my field instructor through discussions</li> <li>- Demonstrating an understanding of the programs and policies of ... in my interactions with clients and staff</li> </ul>
<p><b>2. To obtain a solid understanding of women abuse issues and their impact on their lives and well-being</b></p>	<ul style="list-style-type: none"> <li>- Reading literature about violence against women and responses to women abuse and children exposed to family violence</li> <li>-Reviewing a closed file</li> <li>- Attending specific team meetings related to women abuse</li> </ul>	<ul style="list-style-type: none"> <li>- Discussing with my field instructor my understanding of issues affecting clients</li> <li>- Reviewing my tape analyses and process recordings to understand how I respond to clients' issues</li> </ul>
<p><b>3. To improve and refine my interviewing skills</b></p>	<ul style="list-style-type: none"> <li>- Attending and actively listening to what clients are saying and practicing "starting where the client is"</li> <li>- Practicing open and close-ended questions, encouraging, paraphrasing, restatements and furthering</li> <li>- Developing empathic responding to clients through reflecting on clients' feelings and thoughts</li> <li>- Reading literature on interviewing and therapeutic relationships</li> <li>-Discussing with my field instructor alternate ways I could approach clients</li> </ul>	<ul style="list-style-type: none"> <li>- Reviewing my tape analysis and process recordings with my field instructor in order to assess and evaluate my progress in developing interviewing skills</li> <li>- Listening to my tape analysis in progress to see how I have developed interviewing skills over time</li> <li>- Documenting important topics, themes or issues in my reflection journal</li> <li>- Focusing on strengths/areas of improvement during supervision</li> </ul>

<p><b>4. To develop individual counseling skills and group facilitating skills</b></p>	<ul style="list-style-type: none"> <li>-Practicing engagement in the therapeutic process</li> <li>-Gaining confidence in counseling clients with a variety of issues</li> <li>-Establishing a positive therapeutic alliance</li> <li>-Facilitating a positive climate during counseling sessions</li> <li>-Practicing use of self in the helping process</li> <li>-Awareness of the ethics and standards of practice</li> <li>-Practicing the termination phase of the helping process</li> <li>- Reading literature on group process and running groups with this population</li> <li>-Screening group members with my field instructor</li> </ul>	<ul style="list-style-type: none"> <li>-Reviewing my tape analysis and process recordings with my field instructor in order to assess and evaluate my progress</li> <li>-Seeking support and feedback from my field instructor</li> <li>- Documenting important topics, themes or issues in my reflection journal</li> <li>- Focusing on strengths/areas of improvement during supervision</li> </ul>
<p><b>5. Become familiarized with therapeutic approaches in counseling interventions, such as family system theory, cognitive model, narrative therapy, psychodynamic theory.</b></p>	<ul style="list-style-type: none"> <li>-Reading relevant literature on various theories and models of interventions</li> <li>-Bridging theoretical knowledge with session experience</li> <li>- Integrating theoretical points into my own practice</li> </ul>	<ul style="list-style-type: none"> <li>-Discussing with my field instructor the points of different theories and their applications in working with abused women</li> <li>-Receiving feedback from my field instructor regarding the use of various theories</li> </ul>
<p><b>6. To improve assessment skills in how to develop a comprehensive psychosocial assessment</b></p>	<ul style="list-style-type: none"> <li>- Conducting assessment while seeking to know the client's biological, psychological, familial and social circumstances</li> <li>-Reading literature on individual and family assessment process</li> <li>- Exploring cultural and societal issues affecting the client population</li> </ul>	<ul style="list-style-type: none"> <li>-Reviewing my tape analysis and process recordings with my field instructor in order to assess and evaluate my progress in making assessment</li> <li>- Reviewing my assessment and progress notes with my field instructor</li> <li>- Documenting important topics, themes or issues in my reflection journal</li> <li>- Focusing on strength/areas of improvement during supervision</li> </ul>
<p><b>7. To further develop skills in advocating for clients</b></p>	<ul style="list-style-type: none"> <li>-Offering and making appropriate referrals for clients</li> <li>- Encouraging clients to advocate for their rights through exploring their options and choices</li> </ul>	<ul style="list-style-type: none"> <li>- Reviewing my tape analysis and process recordings with my field instructor in order to assess and evaluate my advocacy skills</li> <li>- Seeking support and</li> </ul>

		<b>feedback from my field instructor</b>
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Learning Activities/Resources and Evaluation Methods:

	How Often?	Due Date
<b>1. A/V Tape and Written Analysis</b>	N/A	
<b>2. Audio Tape and Written Analysis</b>	Every case	<b>Friday</b>
<b>3. Process Recording</b>	Every case	<b>Friday</b>
<b>4. Agency/Hospital recording</b>	As required by the agency (initial assessment after the first two session, progress notes every three months, and closure reports at termination)	<b>Friday</b>
<b>5. Reflection logs/journals</b>	Weekly	<b>Friday</b>
<b>6. Notes, memos, letters</b>	If applicable, letters for advocacy	
<b>7. Minutes of meetings</b>	N/A	
<b>8. Drafts of reports</b>	N/A	
<b>9. Newspaper clipping files, others</b>	N/A	
<b>10. Final report for mezzo assignments</b>		<b>Once mezzo projects completed</b>

Observation of client interviews, formal presentations, group facilitation, team/staff meetings, chairing committees, etc:

	How Often?	When?
<b>1. Of student by field instructor</b>	<b>Weekly</b>	<b>During group counseling During student presentation in team meetings</b>
<b>2. Of field instructor by student</b>	<b>Weekly</b>	<b>During group counseling During case presentation in team meetings</b>
<b>3. Of student by other staff</b>	<b>Ongoing</b>	<b>Where possible</b>
<b>4. Of other staff by student</b>	<b>Ongoing</b>	<b>Where possible</b>

Required Staff/Team Meetings: Bi-weekly

Required Educational Seminars:

Date	Seminar Topic
<b>October 19, 2006</b>	<b>Mindfulness</b>
<b>November 15, 2006</b>	<b>Mindfulness</b>

Visits to other agencies, relevant settings: N/A

Practicum Related Readings:

1. Agency Manuals, Reports, Books:

Agency's flyers about woman abuse.

CAS/VAW. (2000). *Women Abuse; Increasing Safety for Abused Women and their Children. A collaborative Curriculum for the Child Welfare and Violence Against Women Sectors in Ontario*. Ontario Ministry of Community and Social Services.

.... Agency Manual Declaration. Policies, Procedures, and Statements.

... Stories of Resistance and Integration (written by the field instructor-unpublished).

.... Telling her story (written by the field instructor-unpublished).

Jacobson, N., & Gottman, J. *When men batter women. New insights into ending abusive relationships*. New York: Simon & Schuster.

Nicarthy, G., Merriam, K., & Coffman, S. (1984). *Talking it out. A guide to Groups for Abused Women*. Washington, Seattle: The Seal Press.

Sinclair, D. (1985). *Understanding Wife Assault. A training manual for counselors and advocates*. Ontario Government Bookstore. Publications Services Section.

## 2. Academic Bibliography:

Allen, N.E., Bybee, D.I., & Sullivan, C.M. (2004). Battered Women's Multitude of Needs. *Violence Against Women*, 10(9), 1015-1035.

Bograd, M. (1999). Strengthening domestic violence theories: Intersecting of race, class, sexual orientation, and gender. *Journal of Marital and Family Therapy*, 25(3), 275-289.

Bograd, M., & Mederos, F. (1999). Battering and Couples Therapy: Universal Screening and Selection of Treatment Modality. *Journal of Marital and Family Therapy*, 25(3), 291-312.

Glass, J.S., & Benshoff, J.M. (1999). PARS: A processing model for beginning group leaders. *Journal of Specialists in Group Work*, 24(1), 15-26.

Goldner, V. (1998). The Treatment of Violence and Victimization in Intimate Relationships. *Family Process*, 37(3), 263-285.

Jaffe, P.G., Crooks, C.V., & Wolfe, D.A. (2003). Legal and policy responses to children exposed to domestic violence: The need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review*, 6(3), 205-213.

Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-Traumatic Stress Disorder (PTSD) in Victims of Domestic Violence. *Trauma, Violence & Abuse*, 2(2), 99-119.

- Jones, P.L., Gross, E., & Becker, I. (2002). The characteristics of domestic violence victims in a child protective service caseload. *Families in society*, 83(4), 405-415.
- Lewis, C., Griffin, S., Chu, M., Madry, L., & Primm, B. (2006). Coping and violence exposure as predictors of psychological functioning in domestic violence survivors. *Violence Against Women*, 12(4), 340-354.
- Lundy, M., & Grossman, S. (2001). Clinical Research and Practice with Battered Women. *Trauma, Violence & Abuse*, 2(2), 120-141.
- Mailick, M.D., & Vigilante, F.W. (1997). The family assessment wheel: A social constructionist perspective. *Families in society*, 78(4), 361-369.
- Mehrotra, M. (1999). The Social Construction of Wife Abuse. *Violence Against Women*, 5(6), 619-640.
- Murphy, B.C., & Dillon, C. (2003). *Interviewing in Action, Relationship, Process, And Change*. Boston:Brooks/Cole.
- Umberson, D., Anderson, K., Glick, J., & Shapiro, A. (1998). Domestic Violence, Personal Control, and Gender. *Journal of Marriage and Family*, 60, 442-452.
- Weerasekera, P. (1993). "Formulation: A Multiperspective model". *Canadian Journal of Psychiatry*, 38, 351-358.
- Wood, G.G., & Roche, S.E. (2001). Representing Selves, Reconstructing Lives: Feminist Group Work with Women Survivors of Male Violence. *Social Work with Groups*, 23(4), 5-21.

Read by Student \_\_\_\_\_ Date:

Read by Field Instructor: \_\_\_\_\_ Date:

Read by Educational Coordinator \_\_\_\_\_ Date:

Read by Faculty/Field Liaison \_\_\_\_\_ Date:

## **Learning Contract Example MH&H**

**Student Name:**

**Field Instructor:**

**Agency:** .. Hospital

**Department(s) Unit(s):** Clinic .. Department of Psychiatry

**Date:** September 22, 2006

**Times of Attendance:** 9AM-5PM, Wednesday-Friday (or the equivalency thereof while participating in learning activities such as the eight-week Mindfulness Based Stress Reduction program)

**Weekly Field Instructor/Student Meeting:** Initially Thursdays (4:30-5:30) and Fridays (1:00-2:00). When agreed, the meetings will be reduced to just one of these times (either one) per week.

### **Focus: Direct Practice with Client Systems**

The clients who use the clinic are ... and experiencing psychosocial struggles in their everyday life. Clinical diagnoses of depression, anxiety and substance use are common, but not exclusive. Also salient are issues surrounding the stigma of being HIV-positive, sexual diversity and maladaptive relationship patterns. A majority of the individuals who use the clinic's services are young adult and middle-aged sexually diverse men. The socio-economic status and level of social involvement varies greatly among the client population. All are outpatients.

Interventions will involve ongoing individual sessions with clients selected from the Clinic's waiting list. Although dependent on the initial assessment, formulation and collaboratively created contract, Cognitive Behavioral Therapy (CBT) will be used to address the presenting concerns of the client. This will be used in tandem with CBT training offered by the Department of Psychiatry during the autumn months. During the second half of the practicum, training in other therapeutic modalities and techniques will be sought and, when appropriate, a more eclectic intervention will be used to address the clients' needs. An anti-oppressive practice framework will pervade all interactions by exploring cultural, societal and institutional factors that can impact an individual's ability to cope.

In addition to direct work with individuals, a Mindfulness Based Stress Reduction program, team meetings, rounds, student training events, and meetings of other HIV-related agencies will be attended.

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### **Specific Learning Objectives:**

- 1. To develop the knowledge and skills to become a more effective social worker in an interdisciplinary hospital setting.**

*This will be accomplished by:*

-Shadowing my supervisor with clients and in interdisciplinary meetings.

- Attending interdisciplinary practice training.
- Attending rounds, meetings and training events of both the Departments of Psychiatry and Social Work.
- Reading literature on the role of social workers in hospital settings.

*This will be evaluated by:*

- Participation on the Clinic team by presenting clinical cases during rounds.
- Discussion of my expanding knowledge of the role of social workers in hospitals with my supervisor.

## **2. To better understand the social, cultural and institutional context of people living with HIV.**

*This will be accomplished by:*

- Reading key literature about living with HIV.
- Attending AIDS Committee of Toronto (ACT) and Toronto People with AIDS (PWA) functions.
- Shadowing my supervisor at PHA ACCESS (People living with HIV/AIDS Allied Community-Clinic Education and Support STREAMS) meetings.
- Exploring health policy relevant to people living with HIV.
- Using Boggs & Vayda's (1998) Integration of Theory and Practice (ITP) Loop method to link what I learn to the interventions with clients.

*This will be evaluated by:*

- Through supervision and written analyses, identify HIV-specific factors that I observe impacting clients.
- Verbal reflection with my supervisor following meetings.
- As demonstrated by audio recordings and/or case notes, discuss available community resources with clients.
- Present to the Clinic staff on the LHINs and potential impact that they may have on HIV-related services.

## **3. To improve my ability to develop and maintain therapeutic relationships.**

*This will be accomplished by:*

- Providing individual therapy to 6-10 clients over the course of my practicum.
- Critically evaluating sessions using the ITP Loop.
- Considering client-worker relationship issues, such as transference and countertransference, in written analyses and discussion with my supervisor.

*This will be evaluated by:*

- Subjective self-assessment.
- Greater competence displayed in case notes, audio recordings, written analyses, and dialogue with my supervisor. Competence will be defined as the ability to focus on the most important aspect of the therapy while maintaining a positive, empathic relationship with the client.
- Recognition of client-worker relationship factors and the ability to address them as observed in written analyses, audio recordings, case notes and discussion with my supervisor.

## **4. To develop effective intervention plans to address the needs of the clients.**

*This will be accomplished by:*

- Assessing the needs of the clients.
- Formulating an intervention plan that addresses these needs.
- When necessary, recognizing needs that are beyond the scope of myself and/or the Clinic and referring accordingly.

*This will be evaluated by:*

- Development of goals and treatment plans will be assessed in supervision through discussion and include the use of case notes, audio recordings and written assessments.
- Using similar means, observed changes (for the better) for the clients in areas that were identified as priorities during the formulation stage.
- Appropriate referrals recorded in case notes.

## **5. Develop skills in Cognitive Behavioural Therapy**

*This will be accomplished by:*

- Reading key literature on the application of CBT.
- Attending CBT training events.
- Using CBT in therapy sessions.
- Using the ITP Loop to reinforce the application of CBT to therapy sessions.

*This will be evaluated by:*

- As demonstrated through case notes, audio recordings and written analyses, an improved ability to use CBT to address the unique needs of clients.

## **6. Develop skills in integrative therapeutic approaches**

*This will be accomplished by:*

- Reading literature on a variety of therapeutic approaches.
- Attending training events that address therapeutic modalities other than CBT
- Through training and discussion with field educator
- Using the ITP Loop to demonstrate intentionality, integrate additional therapeutic interventions alongside CBT.

*This will be evaluated by:*

- Integration of therapy modalities made evident in case notes, written analyses, audio recordings and discussions with my supervisor.

## **7. Increase knowledge of Mindfulness Based Stress Reduction (MBSR) practice**

*This will be accomplished by:*

- Attending 8 weekly MBSR meetings as a participant observer, including a one-day retreat.
- Carrying out daily practices during the week, as is required of all participants.

*This will be evaluated by:*

- Discussion and debriefing with my supervisor indicating a growing understanding of MBSR.
- Verbal reports of growth in my Mindfulness knowledge and practices.

## Learning Activities/Resources and Evaluation Methods

	How Often?	Due Date
<b>Audio Tape</b>	Each session	Weekly
<b>Audio Tape with Written Analysis</b>	Bi-Weekly	Every other Thursday afternoon, starting October 19 <sup>th</sup> .
<b>Case Notes</b>	Weekly	Thursday afternoons
<b>Oral Reflection on Meetings Attended</b>	As Applicable	Friday Afternoons

Observations of client interviews, formal presentations, group facilitation, team/staff meetings, chairing committees, etc.:

	How Often?	When?
<b>Of student by field Instructor</b>	At least weekly	-rounds, team meetings -weekly audio recordings
<b>Of field Instructor by student</b>	At least weekly	-in sessions with clients -in departmental rounds and meetings -PHA ACCESS meetings -MBSR training
<b>Of student by other staff</b>	Once per semester	-in rounds, team meetings
<b>Of other staff by student</b>	Once per month	-dependent on schedules

### Required Staff/Team Meetings:

- Team Rounds (Wednesdays, 11-12)
- Team Meetings (Wednesdays, 12-1)
- Grand Rounds (Fridays, 10:30-11:45)
- Social Work Department Meetings (when able)

### Required Educational Seminars

- Weekly CBT and Groups Training (Wednesdays, October 12-December 14, 12-1)
- Psychotherapy Day (September 28, 8:45-12)
- Ethics Applied to Medical Settings, Part 1 (October 19, 9:30-11)
- Ethics Applied to Medical Settings, Part 2 (November 9, 9:30-11)
- What Works in Therapy: Brief Therapy Approaches, Part 1 (November 23, 9:30-11)
- What Works in Therapy: Brief Therapy Approaches, Part 2 (November 30, 9:30-11)
- Consent and Capacity Issues (January 13, 9:30-11)
- Child Welfare: A Look at Hospital Social Work (February 1, 9-10:30)
- Mindfulness (February 15, 9-10:30)
- Cognitive Behavioural Therapy (March 1, 9-10:30)
- Eating Disorders (March 22, 9-10:30)
- Group Therapy and Why it Works (April 5, 9-10:30)

Visits to other agencies, relevant settings: When/if applicable.

Practicum Related Readings:

1. Agency Manuals, Reports, Books etc.:

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York, Guilford Press.

Berkman, B., Bonander, E., Kemler, B., Isaacson Rubinger, M., Rutchick, I. & Silverman, P. (1996). *Social work in the academic medical centre: Advanced training—a necessity*. *Social Work in Health Care*, 24(1/2), 115-135.

Canadian Psychiatric Association (1997). *HIV and psychiatry: A training resource and manual*. Ottawa: Canadian Psychiatric Association.

Citron, K., Brouillette, M. J., & Beckett, A. (2005). *HIV & psychiatry: A training and resource manual (2<sup>nd</sup>, ed.)*. Cambridge, UK: Cambridge University Press.

Department of Social Work information package.

Greenberger, D. & Padesky, C. A. (1995). *Mind over mood: Change how you feel by changing the way you think*. New York: Guilford Press.

Padesky, C. A. & Greenberger, D. (1995). *Clinician's guide: Mind over mood*. New York, Guilford Press.

Winiarski, M. G. (1997). *HIV mental health for the 21<sup>st</sup> Century*. New York: New York University Press.

2. Academic Bibliography (which will be discussed, applied and informally critiqued with the field instructor in this program):

Carey, K., Carey, M., Maisto, S. & Purnine, D. (2002). The feasibility of enhancing psychiatric outpatients' readiness to change their substance use. *Psychiatric Services*, 53(5), 602-608.

Leichsenring, F. & Leibing, E. (2003). The effectiveness of psychodynamic therapy and cognitive behaviour therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychiatry*, 160(7), 1223-1232.

Nelsen, J. (2002). Diversity as an influence on clients with anxiety and depressive disorders: What the responsible social worker should know. *Families in Society*, 83(1), 45-53.

Overholser, J. & Nasser, E. (2000). Cognitive behavioural therapy of generalized anxiety disorders. *Journal of Contemporary Psychiatry*, 30(2), 149-161.

Ravitz, P. (2004). The interpersonal fulcrum: Interpersonal therapy for treatment of depression. *Canadian Journal of Psychiatry Bulletin*, February 2004, 15-19.

\*More readings to be added to this list as they arise.

## **Learning Contract**

**Student Name (print):**  
**Supervisor:**  
**Date:** October 10, 2006  
**Agency:**  
**Department(s) Unit(s):** Diabetes & related  
**Days/Times of Attendance:** September to December:  
Tuesday 1pm to 4:30pm, Wednesday 8:30am to 12pm,  
Thursday & Friday 8:30am to 4:30pm  
January to April:  
Tuesday, Thursday, Friday 8:30am to 4:30pm

**Weekly Field Instructor/Student Meeting:** Fridays at 3:00pm

Learning Assignments (MSW Year 1 Students--see Field Practicum Manual re: requirements for two levels of intervention; MSW Year 2 students can focus on only one intervention level if desired).

Direct Practice with Client Systems: Describe briefly, types of client presenting issues; client demographics, approaches used etc.

**I will be meeting with clients who have been admitted to the Nephrology in-patient unit (8CC) as well as clients who come to the PRDC and Home Hemodialysis outpatient clinics.**

These clients usually range in age from 18 years to 95 years and are living with kidney disease which has progressed to various stages. For example, some clients are initially learning about their diagnosis, while others have begun renal replacement therapy and may be waiting for a kidney transplant. As well, end of life issues may need to be explored if a client refuses renal replacement therapy. Because of the progressive nature of kidney disease social workers constantly assess clients' feelings, the supports they have in place and their overall ability to manage the disease. During this placement opportunity, I will be able to enhance my clinical skills by completing biopsychosocial assessments and interventions with individuals, couples and families learning to manage kidney disease. Also, I will be working with multidisciplinary teams in order to provide comprehensive care to these clients.

**The main presenting issue for these clients is managing their kidney disease. Other medical conditions most patients present are diabetes and cardiovascular disease, including stroke. Mental health issues may also be present in this client population with depression being the most common diagnosis.**

**In terms of demographics, there seems to be an even ratio of males to females. Although the Diabetes Comprehensive Care Program is a province-wide program, because of ... location in downtown Toronto, most clients tend to be from the immediate metropolitan area. This program serves a very multicultural population, including immigrants, and the LGBTQ community. While clients come from**

**different socio-economic backgrounds many of them may be severely underhoused, underemployed and lack medical coverage.**

An eclectic approach is used in order to make appropriate assessments, interventions and referrals. Approaches and techniques are incorporated from Family Systems Theory, Narrative Theory, Feminist and Empowerment Theory, The Solution-Focused Approach and its techniques, Carl Rogers' Psychodynamic Approach, and The Cognitive Behavioural Approach and its techniques.

Indirect Practice on Behalf of Clients (Community/Organizational/Policy/Research):

Describe briefly, tasks or projects.

My indirect practice on behalf of clients will include two main projects:

1. **Resource Binder: I will gather relevant information about community resources and supports for patients living with kidney disease which may be useful for themselves, as well as their friends, family, caregivers and possibly other health care staff. I will review relevant literature on people living with a chronic illness and their motivation to continue with renal replacement therapy. Issues in this population may also require me to review legislation such as the Substitute Decision Makers Act, Mental Health Act and privacy legislation which will be included in this binder as well. Also, I will review relevant literature and policy around provincial and federal social and health care programs such as Trillium Drug Program, Ontario Works, Ontario Disability Support Program, etc...**
2. **Research Presentation: I will conduct research on emotional eating, a topic relevant to people living with kidney disease. With my supervisor I will co-present this research to the Home Hemodialysis team at one of the academia rounds in the second term. Social workers can increase other team members' awareness of this issue, which may allow them to provide more comprehensive patient care.**

Specific Learning Objectives: These objectives must include 1) what needs to be learned to function in this setting and 2) what does this student specifically want to learn. Refer to past lab or recent practicum evaluation for input. The objectives must be realistic, concrete, able to be observed and/or measured, and fit within the FSW competency based model for evaluation. Your contract must be modelled on C. Horejsi and C. Garthwail (1999) (see pp. 40-43 of manual). *Add additional pages if necessary.*

*1. Understand the role of social work in St. Michael's hospital, specifically in the DCCP and strategies used to advocate on patients' behalf at all levels of practice (micro, mezzo, macro).*

***This will be accomplished by:***

**Shadowing my supervisor and other social workers in the DCCP and evaluate what is similar and different about their roles in the various areas of the program.**

**Discuss the role of allied health professionals in the DCCP with various team members (e.g: OT, PT, dietician, pharmacy).**

**Review social work case reports for patients.**

**Attend clinical rounds and team meetings to observe how team members share their concerns about patients and decide on the most comprehensive approach to their care.**

**Conduct interviews with patients and their families to understand their needs and how social work can assist them.**

**Debrief with my supervisor after interviews with patients and their families to flesh out social work issues and concerns that arose.**

**Discuss with my supervisor the role of social work in the Nephrology In-patient Unit, PRDC and Home Hemodialysis Clinics to gain a better understanding of this role and strategies used for this population.**

**Develop an understanding of relevant support services specific to this population that may be helpful in managing their health.**

**Develop an understanding of social and policy issues relevant to this population in order to gauge its effects on these patients.**

**Getting feedback from health care team members about the role of social work in the DCCP.**

***This will be evaluated by:***

Providing feedback to my supervisor about how I understand the role of social workers and the strategies they use for providing patient care in the Diabetes Comprehensive Care Program.

Reflecting on my interpretations of how social work is practiced in my reflection journal during my time at this organization.

*2. Develop interview skills to conduct sensitive and effective biopsychosocial assessments and communicate these needs to various team members on behalf of the patient and his/her family.*

*This will be accomplished by:*

Initially observing and shadowing my field instructor and other social workers conduct assessments.

Developing a template for assessments, including areas to cover and specific questions to ask.

Communicating with team members as progress unfolds and in team rounds.

Conducting direct assessments with patients.

Strategizing with my supervisor about ways I can improve my interview skills and assessment techniques.

Review literature on conducting effective biopsychosocial assessments.

*This will be evaluated by:*

Reflecting on my own assessments and determining areas that I can improve upon in my reflection journal.

Getting feedback from my supervisor about my competency in conducting biopsychosocial assessments.

Evaluating needs presented by other team members and defining what role social work can take in meeting these needs.

*3. Learn about the importance of ....policies, the OCSWSSW and the DCCP within my practice setting and learn how they are integrated and how they influence direct practice with patients.*

*This will be accomplished by:*

Familiarizing myself with policies of the hospital, OCSWSSW and the DCCP.

Developing an understanding of how these policies affect social workers' practice in providing comprehensive patient care.

Liasing with social workers in various hospital units in order to understand how their practice is different from the DCCP.

Addressing policy/ethical issues with my supervisor and other social workers.

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*This will be evaluated by:*

Reflecting on ethical issues/dilemmas that arise in providing patient care in my journal.

Discussing policy/ethical issues with my supervisor and other social workers and getting feedback about my practice when any policy/ethical issues arise.

*4. Increase my knowledge and skills in advocating on behalf of client groups by facilitating the referral and follow-up process.*

*This will be accomplished by:*

Developing an understanding of support groups and other resources that may be helpful to people living with kidney disease and their families.

Developing a network of social workers in various units outside the DCCP to learn about possible community resources where patients and their families can be referred.

Develop a knowledge base of various resources/supports using the internet that may benefit the population with whom I am working.

*This will be evaluated by:*

Getting feedback about the effectiveness of the referrals and resources I put in place from the clients and their families.

Getting feedback from my supervisor about the most appropriate referrals and resources for specific clients.

Getting feedback from health care team members about referrals and resources I put in place for clients and their families.

*5. Develop an understanding and ability to navigate the bureaucratic processes involved with provincial and federal social and health care programs that may benefit the population with whom I am working, such as Trillium Drug Program, Ontario Works, Ontario Disability Support Program, Canada Pension Plan, etc...*

*This will be accomplished by:*

Researching the various social and health care programs.

Shadowing my supervisor when he explains specific programs and the process to access the programs to patients and their families.

Conducting my own referrals, explaining the program to the patients and their families and assisting them in applying to the program.

Liasing with other social workers about the best way to apply to these social and health care programs.

Establishing a network within the social/health care program to help navigate the application process.

*This will be evaluated by:*

Discussion with my supervisor or provincial/federal representative to assess my knowledge about the various programs.

Reflecting on my experience working with these social and health care programs.

Getting feedback from patients and their families which attests to my ability to appropriately refer and assist in applications.

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## **Learning Activities/Resources and Evaluation Methods**

**Select relevant materials to be prepared by student for field instruction meetings and evaluation.** These activities are completed on practicum time.

Students will be required to submit examples of their work (at mid term and final evaluation) to the field liaison; these examples would also have been shared with their field instructor.

	How Often?	Due Date
21. A/V Tape and Written Analysis	n/a	
22. Audio Tape and Written Analysis <b>evaluation</b>	<b>1 per term</b>	<b>midterm and final</b>
23. Process Recordings <b>evaluation</b>	<b>1 per term</b>	<b>midterm and final</b>
24. Agency/Hospital recording	<b>ongoing</b>	<b>as necessary</b>
25. Reflection logs/journals	<b>weekly</b>	<b>weekly</b>
26. Notes, memos, letters	<b>as needed</b>	
27. Minutes of meetings	<b>n/a</b>	
28. Drafts of reports	<b>n/a</b>	
29. Newspaper clipping files	<b>n/a</b>	
30. Other (specify)	<b>n/a</b>	

**In direct practice settings students must tape and do a written analysis on a segment weekly. It is the mutual responsibility of both the student and field instructor to ensure these procedures are followed. Where necessary either party should consult the faculty-field liaison to seek assistance in completion of this requirement. The student and field instructor must ensure that representative samples of the above will be kept for review and final evaluation. They will be reviewed by the faculty-field liaison if a student is not meeting the competency standards.**

**In indirect practice settings, students must be regularly observed in professional interactions and process recordings and/or reflection logs/journals must be submitted weekly to the field instructor. Example documentations should be retained. These documentations are critical pieces for review by the instructor in the mid-term and final evaluation. They will be also be reviewed by the faculty-field liaison if a student is not meeting the competency standards.**

Observations of client interviews, formal presentations, group facilitation, team/staff meetings, chairing committees, etc.:

	How Often?	When?
- of student by field Instructor <b>appropriate</b>	<b>daily for first two weeks</b>	<b>as</b>
- of field Instructor by student <b>appropriate</b>	<b>daily for following two weeks</b>	<b>as</b>
- of student by other staff	<b>as needed</b>	
- of other staff by student <b>appropriate</b>	<b>once per week</b>	<b>as</b>

Required Staff/Team Meetings: (Wednesday, Thursday, Friday unless otherwise negotiated)

**Home Dialysis Clinical Rounds including Academia once per week for 1.5 hrs**  
**PRDC Rounds twice per week for 0.5-1 hr**  
**Transplant Team Meetings once a month for 0.5 hr**  
**Social Work Practice and Education Council Meetings once per month for 1 hr**  
**Nephrology In-patient (8CC) Rounds every Thursday and Friday morning for 0.5 hr**

Required Educational Seminars and Other Seminars

**General Social Work Student Orientation**  
**Social Work Office Orientation**  
**Student Seminars every 2 weeks for one hour**  
**Mental Health Seminars once per week for 1 hour**  
**Medical Grand Rounds once per week for 1 hour**  
**Social Work Lunch and Learns once per month for 1 hour**  
**Ethics Grand Rounds once per week for 1 hour (Substitute Decision Maker; Consent & Capacity Board)**

Visits to other agencies, relevant settings:

**UHN Toronto General Hospital, Nephrology Social Worker, Michelle Verdirame**  
**Dietician, Nephrology Outpatient Clinics, Carol Huang**  
**Case Manager, Nephrology In-Patient Unit (8CC), Charlie Yang**  
**Occupational Therapist, Nephrology In-Patient Unit (8CC), Anna Tang**  
**Pharmacist, Nephrology Outpatient Clinics, Lori MacCallum**  
**Social Worker, Live Donor Clinic, Sharon Lee**  
**Nephrologist, Live Donor Clinic, Dr. Wienstein**  
**Social Worker, Diabetes Outpatient Clinic, Jessica Bonney**  
**The Kidney Foundation of Canada, Peer Support, Suela Cela**  
**Social Worker, In-Centre Dialysis, Jacinda Fraser**

Practicum Related Readings: (Attach a sheet if required)

1. Agency Manuals, Reports, Books etc. List:

**Student Orientation package and booklet, ....**  
**Living with Kidney Disease, 4<sup>th</sup> Ed. (2006). The Kidney Foundation of Canada, Toronto: ON.**

Family Systems Handout

Public Guardian and Trust and Substitute Decision Maker Handout

**Gregorian, C. (2005). A career in hospital social work: Do you have what it takes? *Social***

***Work in Health Care. 40 (3), 1-14.***

**Information re: Depression in Nephrology patients**

**PRDC, Home Dialysis, Psychosocial handouts  
Hemodialysis Package, Baxter**

2. Academic Bibliography: This short list must include a selection of relevant academic course reading material which will be discussed, applied, and informally critiqued with the field Instructor in this practicum. This literature helps students to link theory to practice and the ITP Loop, developed by Professor Marion Bogo at our FSW is suggested as a teaching/learning format. [Click here to access this reading](#)

**Browne, T.A. (2006). Social Work Roles and Health-Care Settings, Chapter 2 in Gehlert, S. & Browne, T.A. *Handbook of Health Social Work*, Wiley Publishers, Hoboken, NJ.**

**Browne, T.A. (2006). Nephrology Social Work, Chapter 16 in Gehlert, S. & Browne, T.A. *Handbook of Health Social Work*, Wiley Publishers, Hoboken, NJ.**

**Engstrom, M. (2006). Physical and Mental Health: Interactions, Assessments, and Intervention, Chapter 8 in Gehlert, S. & Browne, T.A. *Handbook of Health Social Work*, Wiley Publishers, Hoboken, NJ.**

**Rolland, J.S., Werner-Lin, A. (2006). Families, Health, and Illness, Chapter 11 in Gehlert, S. & Browne, T.A. *Handbook of Health Social Work*, Wiley Publishers, Hoboken, NJ.**

**Sulman, J., Savage, D., & Way, S. (2001). Retooling social work practice for high volume, short stay. *Social Work in Health Care*, 34 (3/4), 31-46.**

Read by Student  Date: \_\_\_\_\_  
\_\_\_\_\_

Read by Field Instructor  Date: \_\_\_\_\_  
\_\_\_\_\_

Read by Educational Coordinator  Date: \_\_\_\_\_  
\_\_\_\_\_

Read by Faculty/Field Liaison  Date: \_\_\_\_\_

In developing the learning contract, it is critical that students and field instructors review the evaluation competencies to ensure the specific learning objectives and tasks will enable them to