

# Innovative Social Work Field Education in Congregational and Community-based Settings Serving Persons Fifty Five+: An Interdisciplinary Training Initiative for BSW and MSW Students

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*Advances in medical technology, nutrition and life styles are all contributing to increased life expectancy for persons age 55+. However, persistent poverty, chronic disease and gaps in both community social services and family care-giving often adversely affect the quality of life for older persons. The Council on Social Work Education has identified social work field education as the signature pedagogy for social work education (CSWE, 2008). Accordingly, social work field education has a special responsibility for preparing students for effective practice with older adults. This article presents results from an innovative social work field education program which prepares BSW and MSW students to work in interdisciplinary teams with congregational nurses as they serve persons age 55+. This project, the Congregational Social Work Education Initiative, is an interdisciplinary social work and nursing field education project which serves members of religiously affiliated organizations (RAOs) and persons who are homeless. Funded by community health foundations, the project trains BSW and MSW students for professional practice in congregational and community-based settings.*

IT IS WELL KNOWN THAT THE NUMBER OF OLDER ADULTS, AGE 55+, IN THE United States is growing and will continue to increase in the coming decades (United States Department of Health and Human Services, 2011). The Council on Social Work Education (2006) has noted that there is a need to increase gerontology education for social workers. Social workers in medical and community-based settings work to help older persons live independently, and their interventions often require multidisciplinary assessment and intervention (Giffords & Eggleton, 2005; Cowles, 2000). Social work field education can provide a unique opportunity for training social work students to work with older persons and their families to promote independence and improved quality of life.

The Council on Social Work Education (CSWE), in its *Educational Policy and Accreditation Standards* (2008, 1), states that:

The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work's purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons. Social work educators serve the profession through their teaching, scholarship, and service. Social work education—at the baccalaureate, master's, and doctoral levels—shapes the profession's future through the education of competent professionals, the generation of knowledge, and the exercise of leadership within the professional community.

In fulfilling this purpose, professional social work has long emphasized the importance of field education in preparing competent social work practitioners. Research has found that students and graduates consider field education to be critical in preparing for professional practice (Bogo, 2010). As CSWE (2008) notes, classroom instruction and field instruction are interrelated and of equal importance within the curriculum; however, it is in the field practicum that students learn to apply theory, findings from evidence-based practice, and social work values and skills.

As the signature pedagogy, field education programs are designed to operationalize classroom learning while also ensuring that students are able to achieve and demonstrate the CSWE ten core competencies (CSWE, 2008). CSWE recognizes the need for innovative field instruction programming to meet community needs (CSWE, 2008). Innovative field education models and demonstration projects which reflect the ten core competencies, while also addressing factors such as professional practice needs in geographic locations and population diversity, can result in both

the effective preparation of competent practitioners as well as the meeting of local client and community needs.

Innovation in field education has taken many forms across the nation. Specialized training units in child welfare, mental health, aging, healthcare, refugee resettlement, and school social work are among these units which provide generalist (BSW) and advanced (MSW) field experiences while also preparing students for professional practice in discipline-specific settings. The purpose of this article is to present a specialized and foundation-supported specialized field education program for preparing BSW and MSW students to work in congregational and community-based settings with congregational nursing professionals. Entitled the Congregational Social Work Education Initiative, this program has been operating continuously since 2007 with funding from the Cone Health Foundation in Greensboro, NC.

In a previous article, the authors (Poole, Rife, Pearson, and Moore, 2009) described the conceptual development and initial implementation of the Congregational Social Work Education Initiative (CSWEI) after two years of operation. Now beginning the seventh year of operation, much more is known about effective working relationships with congregational settings, the selection and training of students, and employment outcomes following graduation. In addition, this program has expanded to serve more diverse populations such as persons who are homeless and new geographic locations in North Carolina. Accordingly, this article first presents a review of the project and then details the six years of program experience in selecting students, providing a detailed preservice training curriculum, staff and student professional development and interdisciplinary work with congregational nurses, and student employment outcomes following graduation.

### **Social Work and Field Education In Religiously Affiliated Organizations**

Field education has played a prominent role in the history of social work education. Professional social work's origins are found in the history of the Charitable Organization Society movement and the Settlement House movement which provided "apprenticeship" education for aspiring social workers. These movements were often affiliated or supported by churches or sectarian agencies (Sherr & Straughan, 2005; Day, 2006) and applied field training was an important part of the education of new social workers during this time.

With the continued development of professional social work education over the past century, religiously affiliated organizations (RAOs) have continued to play an important role in the education of social work students (Northern, 2009; Sherr & Straughan, 2005; Sherr & Wolfer, 2003). Through history, religious organizations have provided social services

for members (Garland & Bailey, 1990; Cnaan, Sinha, & McGrew, 2004). They also provide excellent employment opportunities for BSW and MSW graduates, and job duties may range from direct service with congregants and working with religious volunteers to social ministry leadership and programming (Northern, 2009; Garland, Myers, & Wolfer, 2008).

Nationally-recognized RAOs such as Jewish, Catholic, and Lutheran Social Services, the Salvation Army, and smaller religiously affiliated agencies in most communities such as urban ministries and RAO outreach, emergency assistance, and healthcare-related programs have certainly contributed greatly to social work field and classroom education (Cnaan, Boddie, & Kang, 2005; Staral, 2003). Today, to achieve CSWE accreditation, social work educational programs must demonstrate their commitment to diversity, including religion, in various learning environment such as the selection of field education settings and their clients (CSWE, 2008). RAOs can provide an important source of field instruction opportunities for BSW and MSW students given this accreditation expectation and their long history of social work involvement.

These opportunities require social work education programs to continue developing new working relationships with RAOs (Moore & Collins, 2002). The social work profession has often missed opportunities to join with these organizations in the delivery of services (Abbott, Garland, Huffman, & Stewart, 1990; Elliott, 1984). This has been particularly true for social work practice in child and family settings, mental health, and schools (Polson & Rogers, 2007; Paul, Hussey, & Ansberger, 2002; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000).

To address this gap in one local community, the Congregational Social Work Education Initiative (CSWEI) was developed to provide students with high quality, interdisciplinary field instruction experiences in concert with area congregational and community-based organizations. In developing the project, the faculty recognized the need to ensure achievement of the specific CSWE accreditation requirements for field instruction (CSWE, 2008). These include connecting classroom theoretical content with field-based practice, providing generalist (BSW) and advanced (MSW) field experiences so that students can demonstrate the CSWE-required core competencies, and ensuring that BSW students complete a minimum of 400 hours and MSW students complete a minimum of 900 hours of field experience (CSWE, 2008).

In addition, field education programs must identify policies for selecting field education settings, and ensure that supervisors meet minimum professional qualifications. Programs must also provide orientation, field instruction training, and ensure ongoing communication with community agencies and instructors. The implementation of congregational social work field units, such as the one described in this article, is certainly consistent with meeting these accreditation requirements.

### **Overview of the Congregational Social Work Education Initiative Project**

The Congregational Social Work Education Initiative project has three educational components: 1) preservice training in gerontology, health, and mental health; 2) field instruction in religiously affiliated organizations serving older persons and community-based settings serving persons who are homeless; and 3) the use of a collaborative team approach involving social work students, community health nurses, clergy, and other professional disciplines that are affiliated with congregations and/or RAOs served by the CSWEI. Under the supervision of the social work program director, the initiative offers older adults easy access to a number of services. Since 2007, CSWEI has served over 650 people who were over 50 years old. Of that number, 63% were male and 36% were female. In terms of racial and ethnic identity, 62% were African-American, 22% were Caucasian, 3% were Montagnard, 3% were Asian, 1.5% were Latino, and 0.7% were African. Income level averages include 54% with incomes less than \$499 per month, 21% between \$500–999 per month, and 13% between \$1000–1499. Since 2010, 159 people who are 50+ have reported having no permanent housing and 41 people reported being in non-permanent housing situations. The greatest needs reported by the people served included social service assistance, housing, food, and medical concerns.

Prior to entering fieldwork, students complete preservice content on the biology and psychology of aging, individual, interpersonal, and social problems related to aging, and health and mental health issues, including specific topics such as co-morbid or co-occurring mental and physical disorders. Content on the major developments in treatment and psychological dynamics of major physical illnesses, with specific focus on cardiac disease, dementia, diabetes, stroke, pain, and oncology, is also covered. Additionally, students discuss cultural competence and sensitivity, safety, holistic care, ethical considerations, service documentation, the role of medications and medication management, and risk assessment, including assessment for suicidal and homicidal concerns. Specific attention is given to conducting psychosocial and functional assessments, and service planning in a multidisciplinary environment.

Upon completion of this preservice education, students are placed in area churches and other RAOs where they complete their field instruction as a member of a nurse-social worker team. MSW students complete two semesters of field instruction in this environment in the advanced year of their MSW education. BSW students complete two semesters of field instruction during their senior year. MSW and BSW students work together along with nurses from the Congregational Nurse Program (CNP), which has been in operation in the community for twelve years. Using a strengths-based model of assessment and intervention, services provided by the social

work student-nursing teams include psychosocial and functional assessment, treatment planning, case management, referral, advocacy, education, and evaluation. In addition, students present workshops with faculty and nursing personnel on topics such as physical and mental health issues in older age, community services for older persons, care giving, substance abuse, and healthy aging. Activities to enhance healthy aging are often developed and facilitated by the students, e.g., chair exercise groups. Participating students receive an educational monetary fellowship funded by the foundations supporting this project.

The CSWEI program director, a licensed clinical social worker and registered nurse, oversees the learning activities of the students and serves in the dual role of both clinical supervisor and field instructor/field liaison. One of the principal investigators, a licensed clinical social worker, supervises the program director. This flat administrative structure minimizes human resource program cost, maximizes program coordination, and minimizes role confusion for the student participants. In its current program configuration, the initiative accepts a maximum of 12 students, usually six MSWs and six BSWs. During the 2012-2013 academic year, the initiative received funding from the Kate B. Reynolds Charitable Trust to expand its efforts, along with the CNP, into Rockingham County, North Carolina, which is a rural county north of the city of Greensboro. The program is entirely community-based without any office setting. Students are not in an office within the congregations where they work; rather, they are mobile and provide services in the person's environment.

Following successful completion of the required preservice training, students receive their respective assignment to a local religiously affiliated organization. Students may be assigned up to five religious organizations depending upon the intensity of service and level of need of the congregants. In the first year of the program, a majority of student assignments were to congregations with a large number of low-income members whose needs included a broad range of health and mental health concerns.

A distinctive component of the initiative is the collaboration between the social work student and the registered nurse. Through its work as an interdisciplinary collaborative, the social work student and the registered nurse provide a continuum of care through direct services and referrals to other community-based services, helping to bridge the gaps that often occur as people attempt to navigate complex and complicated social service and health systems. Nurses initiate referrals to the CSWEI, since each RAO has an assigned nurse who is familiar with the congregation and its needs. Additionally, the student-nurse teams work closely with clergy and other representatives of the RAOs, further enriching the interdisciplinary approach. The nurses' focus is physical health screening, education, and intervention. The students' focus is addressing the social welfare needs of the person served, including mental health and substance use concerns. A

common scenario might be that a minister alerts a nurse to the needs of a congregant, prompting a screening. The nurse, after determining the needs of the congregant, would involve the social work student. The student would work with the congregant to set goals that address the identified social welfare needs. At the MSW level the student may engage in the person served in a biopsychosocial assessment, counseling, referral, or educational activity, all based on service planning with the person served. At the BSW level, the student may work with the nurse and/or the MSW level student in case coordination, accessing services, and educational activities. Often, the students collaborate with each other and other professionals to engage people served in the most efficient plan to meet their needs. A key component to the success of the interdisciplinary team approach used in CSWEI is the preservice and its curriculum.

### **Preservice Curriculum**

The 45-hour preservice training is integral to the success of the initiative. The intensive coursework, coupled with the small class size, enables the program director to assess the skill level and learning needs of each student intern prior to receiving his or her field assignments. Preservice training also increases students' knowledge base and preparedness, thus increasing the quality of service and competence in delivering health and mental health services.

In addition to those topics already outlined, preservice offers training in the following areas: intern safety, overview of mental illness and substance abuse, healthy aging, and resource development. Given the unique challenges of a nontraditional field placement, the preservice training also provides extensive training in these additional areas: ethics, boundaries, confidentiality, and role differentiation, particularly concerning interdisciplinary team work and practice in RAOs.

Offered during the first three weeks of field instruction and utilizing a strengths-based, incentivized approach to instruction, preservice instruction uses nontraditional pedagogical techniques to enhance learning and increase student confidence as they explore being a "risk-taker." Defined here as willingness to engage outside the comfort zone, "risk-taking" is a focus of preservice in order to prepare students for a non-traditional internship experience.

Since the entire pre-service curriculum and its activities are built upon a strengths-based approach, there are no "losers" as everyone within the Initiative will, at some point, step outside of their social work practice comfort zone. As students challenge themselves, other team members acknowledge this effort by supportive cheers and claps. The team members themselves become motivators and supporters of each other. From a group dynamic perspective, this also contributes to the evolution of the team,

which is vital to the model. Students take pop quizzes throughout the day to maintain their attention, measure knowledge retention, and improve their active listening skills. Small incentives, e.g., pieces of candy or a snack, are given for every correct answer. Other small incentives are provided to “risk-taking” students who volunteer to step outside their comfort zone and lead a role-play, a small student discussion group, or other curriculum reinforcement activity. The MSW students attend preservice three days per week while the BSW students attend two days per week. On Thursdays both BSWs and MSWs are in preservice together, and the MSWs provide the instruction for the material they learned the previous day. This solidifies their role as leaders to the undergraduates, improves their understanding of the material, increases their instructional skills, and provides them with group facilitation experience. The perception of leadership is important since, in most settings, BSW and MSW students are paired together, with the MSW student designated as the BSW’s task leader.

In 2009, evaluation of student enhancement of knowledge was initiated using a pre/post-test tool before and after completion of preservice. Over the past three years, the BSW students averaged an increase of 159% in knowledge and the MSW students demonstrated an increase of 105% in knowledge. Class confidence related to entry into the field has also been measured, with BSW and MSW students combined assessing themselves as experiencing an increase of 94.2% in their confidence level after completing preservice instruction. Preservice includes numerous topics, some of which are outlined below in Table 1. Note that guest speakers, usually practitioners, are invited to cover particular topics, e.g., substance abuse. As noted above, students are quizzed often and engagement is paramount for learning as well as team building. Not only are students building their knowledge base, they are building relationships with each other as members of a team, learning the importance of intra and interdisciplinary team work.



**Table 1: Preservice Training for CSWEI**

<b>Outline of Preservice training for CSWEI</b>	
<ul style="list-style-type: none"> <li>• Overall description of the project</li> <li>• Professional responsibilities and expectations</li> <li>• Interdisciplinary partnerships</li> <li>• Confidentiality and its limits</li> <li>• Boundaries, ethics</li> <li>• Acknowledging spirituality as a protective factor</li> <li>• Student safety, risk assessment and crisis intervention</li> <li>• De-escalation</li> <li>• Overview of mental illness and substance abuse</li> <li>• Assessment and treatment planning</li> <li>• Resource development</li> <li>• Evidence-based practices</li> <li>• Administration of screening instruments</li> <li>• Data collection</li> <li>• Psychotropic medications</li> <li>• Cultural competence</li> <li>• Special population groups, including older adults</li> </ul>	

### **Case Exemplars**

As part of its data collection methods to demonstrate program effectiveness to its funders, CSWEI routinely collects case studies and stories of impact, which demonstrate on an individual level the positive impact of the program upon the community. Review of the file of the person served and the student's analysis of the case also help promote the critical thinking skills vital to successful social work practice, as well as enhancing the ability of the student to be successful in demonstrating the core competencies. Lastly, this distillation of the case aids the program director in evaluating the intern's strengths and areas of growth and encourages the student to develop his or her own self-reflection/evaluation process to further enhance his or her practice.

The following case not only highlights the CSWEI student's assessment skills, but also highlights the benefits of an interdisciplinary team in the provision of service as each discipline has its own evaluative strengths and clinical focus.

The congregational nurse referred a 76-year-old white female who had fallen and broken her right shoulder to CSWEI. The woman was referred for case management/access to care services to link her to temporary supportive services, such as meals on wheels and a housekeeper, as well as medical follow-up. Following the referral, the social work student conducted a comprehensive, strengths-based, bio-psychosocial assessment to link the woman to the appropriate community services. During the coordination of care process, the intern discovered that the woman's husband of 53 years

had died 5 months previously and she was experiencing some unresolved grief. Under the supervision of a Licensed Clinical Social Worker, the student evaluated the client and initiated therapy services to assist the client in processing her grief. This was a transformational learning experience for the student as it taught her to fully assess a client, “going beyond” the wounds that you can see and assessing for those you cannot. It also reinforced the importance of recognizing other systems of support, such as faith communities and spirituality, which raised her awareness of the importance of holistic practice. Here, the student expressed that she learned not only how to engage in a full assessment, but how to engage in following up with services that targeted a specific need expressed by the person served. The service plan included means of accessing appropriate care and brief grief counseling conducted by the MSW student.

Another student experience involves one of CSWEI’s nontraditional, faith-based partners, the Interactive Resource Center [IRC]. The IRC is an innovative day program for individuals seeking permanent housing, although most of its program participants are without any permanent housing. A number of interns are placed at the IRC due to the volume of people served (200+ per day), acuity, complexity, and the high number of people who have been dually diagnosed. Of note, an overwhelming majority of CSWEI’s risk assessments, involuntary commitments, and psychiatric hospitalizations emanate from the IRC.

During the intern’s routine placement assignment, a 55-year-old African-American female presented to the IRC. The woman did not request any assistance from a CSWEI intern; rather, a member of the IRC Board of Directors requested that the intern evaluate the woman “who was having some issues.” The intern started an immediate biopsychosocial evaluation, utilizing skills and knowledge from preservice, CSWEI coursework, and materials from her MSW classes. Following the evaluation, the intern determined that the woman was experiencing an acute psychotic episode and was in danger of hurting herself and others. The woman refused to present to the local mental health center voluntarily, therefore the intern and Program Director initiated involuntary commitment through the civil magistrate. The woman subsequently underwent an emergent psychiatric hospitalization. During the process, although the intern was aware of the risk of harm and knew the appropriate clinical disposition, she was quite reluctant to participate in any endeavor that would curtail or deny the woman’s rights or freedom. The intern, exhibiting her competence regarding the social work value of self-determination, voiced her concern about maintaining the right to self-determination many times during the process and throughout the hospitalization procedure. The student acted as an advocate for the woman, making real the social work role in case advocacy.

Upon reflection and processing the case, the CSWEI student expressed concern that she had violated the client’s trust, confidentiality, and un-

determined any future potential therapeutic relationship. To the student's surprise, the woman, her mother, and her boyfriend, upon her discharge from the hospital, sought out the student to thank her for assistance. The woman noted, "I wasn't well and couldn't get help for myself. I am happy you cared enough about me to see me well." Following this experience, the student reflected on her prior reservations and offered how she had learned that "care" had a broader meaning to her. Also, she learned how safety and self-determination can collide and how best to use diagnostic evaluation and supervision to determine the best interest of the person served. Lastly, she discussed her initial ambivalence with the CSWEI class during a seminar session, demonstrating leadership and projecting her growing confidence in her clinical abilities, and feedback from classmates raised her awareness of her own competence.

This example illustrates how the students may work with clergy and congregants in situations that are unexpected or unusual. Here, the student was able to engage in direct practice as well as community-based coordination and supportive care. As part of her field placement assignments, an MSW student, in conjunction with her congregational nurse partner, was assigned to a local Native American Methodist Church. Since this was a new placement for the CSWEI program, the student also worked closely with the clergy to assist in the identification of congregant needs. As the semester progressed, the student, nurse, and pastor actively collaborated to identify needs and develop culturally appropriate services. During the last Sunday of field placement, the pastor exited the altar area at the conclusion of the service. As he was descending the steps, in full view of the congregation, he clutched his chest and collapsed, having experienced an acute myocardial infarction. Despite on-site resuscitation attempts, by both congregants and emergency medical services, he never regained consciousness and died. The intern was not present, but congregants, who were traumatized by the events, immediately telephoned her at home to inform her of the tragedy. As a former Hospice employee, the intern helped facilitate and coordinate grief therapy services for the congregants and worked closely with church leaders to effectively deal with the loss of the pastor. This example illustrates how students can become part of the communities they serve, using their knowledge and skills to address concerns.

### **Addressing Core Competencies**

Students participating in the CSWEI program demonstrate their growth and burgeoning skills as they pertain to CSWE's Core Competencies through numerous learning activities such as case presentations, role play, field logs, process recording, supervision, periodic formal self evaluation, evaluation by the program director, and monthly team field file audits. At the BSW level, 41 practice behaviors are addressed in the field internship. At the

MSW level, there are 17 advanced practice behaviors that are addressed in the field internship. CSWEI students at both levels consistently score 4 or 5 on a 5-point scale in their final field evaluation, with 5 being the highest possible score on each practice behavior.

The Program Director, serving as field liaison, discusses the relationship of competencies to the assignments and case dynamics, rates the students on the practice behaviors, and notes that students score particularly well on Core Competency 3 (Apply critical thinking to inform & communicate professional judgments) and Core Competency 5 (Advance human rights and social & economic justice). Additionally, using a 5-point Likert-type scale, students rate themselves on their level of competency based upon the practice behaviors and Table II illustrates the highest levels of self-assessment.

Students typically rate themselves lowest (3.5) on Core Competency 8 (Engage in policy practice to advance social and economic well-being and to deliver effective social work services) and on Core Competency 6 (Engage in research-informed practice and practice-informed research), with a mean rating of 3.8 on the 5-point scale. In order to address these lower scores, the Program Director has encouraged students to engage in intentional case and cause advocacy activities and to use research more intentionally in the development of educational modules. At the end of academic year 2012-2013, ratings on competencies will be assessed to see if there have been any changes. The competency ratings are used continuously to examine strategies for sustaining and/or improving the model.

**Table 2: Self-Assessment of Core Competencies**

Competency	Mean Score on Self-Assessment (1-5, 5 being most competent)
1. Identify as a professional social worker and conduct oneself accordingly	4.8
2. Apply social work ethical principles to guide professional practice	5.0
4. Engage diversity and difference in practice	4.8
10. Engage, assess, intervene and evaluate with individuals, families, groups, organizations and communities	5.0

As faculty and students adjust to competency-based social work education, the CSWEI project offers students many opportunities to engage in generalist and advanced practice. It is important to note that the blend of MSW and BSW students seems to create a learning community that benefits both levels of students as evidenced by students' successes post-graduation.

### **Student Outcomes Post Graduation**

CSWEI has not been able to collect post-graduation outcome data on every student that has been in the program; however, there are many students who keep in touch with the Program Director or other faculty once they have entered the workforce. Below are some examples of what CSWEI students are doing after they graduate.

In the third year of the program a BSW student participated in CSWEI and, as a result, became inspired to work with older people. She went on to pursue her MSW in the Joint Master of Social Work program and expressed how positive CSWEI was in her decision to pursue her graduate degree. She completed her advanced internship in a gero-psychiatric unit and now works there as one of the lead social workers. She continues to praise her CSWEI experience as positive and influential in her career path.

Two years ago a MSW student led an effort to start a support group for older adults (60+) at one of the congregations where she was placed. She had specifically identified the need for such a group and called it *Schmooze and News*. The goals of the group were to decrease isolation, increase cognitive abilities, and improve mood. The group was very successful. She went on after graduation to work with a community mental health center with a focus on older adults.

Another MSW student's work in CSWEI included a community needs assessment that was presented as a student poster at The Council on Social Work Education's Annual Program Meeting. He has gone on to work for the Veteran's Administration with a focus on Post Traumatic Stress Disorder. He is now on the JMSW Advisory Board and maintains that CSWEI was one of the strongest influences in his career path.

Other examples of post graduation employment of CSWEI students include hospice, mental health service agencies, hospitals, family service agencies, youth service agencies, and departments of social services. Several of the BSW graduates (at least one third), inspired by their work with the MSW students in CSWEI, have gone on to pursue their MSW degrees.

### **Discussion**

The CSWEI represents a unique and innovative approach to social work field education that was founded in part as a response to the challenge of locating stable, consistent internship opportunities where students could experience a broad variety of direct and indirect practice activities. In North Carolina, reform and reorganization of the mental health and substance abuse service delivery system has left in its wake a rather chaotic and unstable system of care that often overlooks those who are particularly vulnerable, including the older population. The Joint Master of Social Work Program and the joint field education programs between North Carolina

Agricultural and Technical State University and the University of North Carolina at Greensboro are committed to community engagement and CSWEI offers students a learning experience that is truly community-engaged.

One of the greatest lessons learned in the process has been the importance of developing strong working relationships with professionals and providers in the community. The program director and the director of the Congregational Nurse Program have been very successful in forging a close collaborative partnership, which has been key in the success of both programs working now in tandem. The nurse-student teams are likewise collaborative, offering people served a more holistic approach to care.

Additionally, co-location of services in the RAOs has been of paramount importance for facilitating access to care and addressing some of the stigma associated with receiving services. It is much easier, especially for older adults, to see the nurse and student within the confines of their place of worship rather than go to a local clinic that is known to be one of “those” places. The educational modules that are developed by students each year offer congregants and clergy alike an opportunity to learn more about mental illness and substance abuse while creating opportunities for people to approach the students about personal concerns after the educational session is complete. There are several instances where a person has come to a student following a presentation and requested help with concerns that were identified by material in the presentation, e.g., symptoms of depression. In some cases, student assessments in these instances have identified serious concerns about safety, leading to hospitalization of the person served. Most certainly, the people served by the nurse-student teams would previously go unserved or underserved.

While not every person served by the initiative is over 55, there are many younger people served who have close family or personal interaction and/or responsibilities for older relatives or friends. Likewise, many older people who are served have responsibilities related to younger children or grandchildren, offering the students the opportunity to engage closely with the dynamics created by today’s changing roles with older adults. Issues of policy, ethics, and research come into play with many of these situations, particularly when the Department of Social Services is involved with custody or relative placement issues. Additionally, the diversity of the communities served by the initiative offer students the opportunity to enhance cultural competency, e.g., work with refugee and immigrant communities (<http://cnnc.uncg.edu/immigrant-demographics-of-guilford-county/>). Perhaps one of the most important aspects of the initiative is its connection to the faith community.

The Congregational Nurse Program serves over 50 congregations and CSWEI is involved with over half of these. Additionally, the CNP and CSWEI are involved with faith-based organizations, including the IRC as mentioned above, the Salvation Army, and the Greensboro Urban Ministries

shelter and housing programs. Several of the churches served by the initiative focus their ministries on immigrant and refugee populations, offering further opportunities for students to engage in serving diverse population groups. As noted, congregants are often older adults and the CSWEI and CNP offer valuable, easily accessed services as well as opportunities for students to enhance competencies with older adults.

Specific skills in assessment for dementia and depression are part of the CSWEI protocol with older adults, as is assessment for strengths and supports that can facilitate optimal levels of independence and functioning. Not only are students engaged with older adults who have what some might consider routine concerns, they are also engaged with older adults who have complex problems such as lack of stable housing and/or food security, along with a history of serious mental illness. In these cases, students at both levels are challenged to triage and prioritize risks and needs, truly applying Maslow's hierarchy of needs as they formulate service plans. Students learn how to coordinate with other service providers in the medical and behavioral health care fields, as well as in areas such as housing, social services, food security, and financial services.

There are some programmatic limitations and challenges. In terms of care, there is no social work service continuity outside of the academic semester. Congregants receive care within an academic year schedule with an absence of CSWEI social work services during extended holiday and summer breaks. This may, on occasion, impose additional service responsibilities upon the nurse and interruption of services for the people served. Interns and the program director carefully review the needs of the people served prior to breaks to ensure that appropriate referrals and plans are developed for continuity of care. There have been some initial discussions to evaluate the viability of other university social work programs offering summer internships opportunities to provide coverage during breaks. Additionally, the ongoing shift in resources offered in the service landscape is quite challenging from year to year, affecting the continuity of the network of care. Perhaps one of the greatest lessons learned is that strong relationships with congregations, service providers, and other stakeholders is the key to maintaining quality, particularly with regard to students being able to easily immerse themselves in the model from year to year.

Lastly, the initiative and its partner, the Congregational Nurse Program, could not function without the support of the local foundations that fund the efforts of both programs. The Cone Health Foundation and the Kate B. Reynolds Charitable Trust have both been very generous with their support, recognizing the importance of the work that is done by CSWEI and the CNP. The Cone Health Foundation has funded the project since the beginning and recently awarded three more years of funding based on outcomes and community impact along with congruency related to their mission to help meet the health and wellness needs of the community. The

Kate B. Reynolds Charitable Trust recently awarded the CNP and CSWEI funding for expansion of the model into a rural area, which is congruent with their mission. The support of these foundations further illustrates the importance of community engagement and collaborative efforts in establishing and maintaining successful programs that address the needs of vulnerable people. It is our hope that CNP and CSWEI continue to make its mark on the people served, the students, the communities where it exists, and the broader community. ❖

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