

**Integrated Healthcare
and
Social Work**

**Behavioral Health Workforce Education and Training
Program**

Edith M. Baker Integrated Healthcare Fellowship

Orientation

This fellowship is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, M01HP31376, Behavioral Health Workforce Education and Training (BHWET) Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Produced by:

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INTEGRATED HEALTHCARE PRESENTER



Paul Christopher Lim, MSW, MBA, LSW, ACM-SW
Supervisor, Social Work, Care Management
UPMC St. Margaret

Since graduating from the University of Pittsburgh School of Social Work in 2003, Paul has gained experience in a variety of settings including managed care, child welfare, behavioral health, long-term care, and hospitals. Since 2015 he has been the Supervisor for Social Work at UPMC St Margaret where he also co-coordinates the hospital's Critical Incident Stress Management (CISM) Response Team and is Chair of the Spiritual Care Committee. In addition to his MSW, Paul also holds a MBA in Health Care from Chatham University. He earned his BS in Social Work from Loyola University Chicago and a BA in Philosophy from Saint Meinrad College in southern Indiana.

Paul is married and has 4 children (ages 9, 8, 6, and 2) with a dog named Alfred.

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BHWET, EDITH M. BAKER INTEGRATED HEALTHCARE FELLOWSHIP

Valire Carr Copeland, PhD, MPH
Associate Dean of Academic Affairs
Professor

BHWET, Edith M. Baker Integrated Healthcare Fellowship Program, Director and P.I.

Valire Carr Copeland is Associate Dean of Academic Affairs, the director of the Behavioral Health Workforce Education and Training Program (BHWET), the associate director of the Public Health Social Work Training Program, and faculty affiliate in the Center for Minority Health at the University of Pittsburgh's Graduate School of Public Health. She also co-directs the Center for Minority Health's Cultural Competency, Health Literacy, and Participatory Research Core. She is co-director of the Faculty Diversity Seminar, Office of the Provost & Senior Vice Chancellor.

Her research has evolved from Maternal and Child Health issues, policies, programs, and services to health and wellness in populations of color to individuals across the life span to end-of-life care. Dr Copeland's contributions are intended to increase research interest in closing the racial disparity gaps that exist in the utilization of health and mental health services. Her teaching, training, and research identify, and build on developing, evidenced-based engagement and intervention strategies for increasing access to, and utilization of, treatment and intervention services. Her work in the academy is purposeful, with the deliberate intent of building on the existing knowledge foundation of social work practice in health care settings. Dr. Copeland received her BSW (1977) from Livingstone College, her MSW (1978), MPH (1988), and PhD (1989) from the University of Pittsburgh.

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Misha Zorich, M.Div, MSW

Project Manager

BHWET, Edith M. Baker Integrated Healthcare Fellowship Program

Misha Zorich is the project manager for the HRSA funded Behavioral Health Workforce Education and Training Program, Edith M. Baker Integrated Healthcare Fellowship. Prior to this position, she was the project manager for the Leadership in Public Health Social Work Education Program– Juanita C. Evans Fellowship at the University of Pittsburgh. She has also served as a project coordinator for several collaborative and applied research projects through the University of Pittsburgh School of Social Work, Community Enhancement Research Network (CERN); and as a research associate for Excellence Research, Inc. In addition, she was a member of the FASTEN Research Team-- a collaborative initiative of the Pew Charitable Trusts and a co- investigator of the organizational performance optimization and evaluation at Professional Family Care Services, Inc. Before coming to the University of Pittsburgh, Ms. Zorich worked with the Pittsburgh AIDS Task Force, East End Cooperative Ministry's Hunger Programs, and ACMHA: The College for Behavioral Health Leadership. She earned her BA and MSW, with an administration concentration from the University of Pittsburgh, and her M.Div. from the Pittsburgh Theological Seminary.

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PURPOSE OF THE BHWET, EDITH M. BAKER INTEGRATED HEALTHCARE FELLOWSHIP

University of Pittsburgh School of Social Work was awarded a grant from the Health Resources and Services Administration (HRSA) through the Behavioral Health Workforce Education and Training (BHWET) Program to fund the Edith Baker Integrated Healthcare Fellowship. The Baker Fellowship is designed to prepare social workers to meet the needs of individuals in integrated health care settings in rural and metropolitan medically underserved areas. A special emphasis is placed on expanding field placement programs in behavioral health that include interdisciplinary training for students, faculty, and field supervisors to provide quality behavioral health services to communities in need. The fellowship connects the School of Social Work, the University of Pittsburgh School of Medicine, Division of Family Medicine, and major health care providers of primary care in the region to provide training for social work students in sites that offer behavioral/mental health services.

The grant builds on Dr. Copeland's previously funded Juanita C. Evans and Ida Maud Cannon Fellowship programs and will provide funding to 113 advanced standing and second-year Master of Social Work students over four years.

This fellowship will provide students with specialized coursework that addresses models, policies and practices for integrated health care, and ensure that coursework is integrated with experiential learning in the field placements. In addition, the students will participate in career development workshops, a regional summit, bimonthly seminars, an annual conference sponsored by the Working Group on Interprofessional Education, and an interprofessional lecture with the University's LEND (Leadership Education in Neurodevelopmental and Related Disabilities) Center.

Field placement opportunities have been newly created and expanded. The sites are in rural and medically underserved areas which surround Allegheny County, including urban locations in the Pittsburgh metropolitan area, as well as rural sites in surrounding counties. Most of the settings are Federally Qualified Health Centers where integrated behavioral health training in psychiatry, behavioral pediatrics, psychiatric nursing, substance use disorder prevention and treatment, marriage and family therapy, and occupational therapy is occurring.

**PART I:
INTEGRATED BEHAVIORAL HEALTH**



**Paul Lim, MSW, MBA
&
Jim Mercuri, LCSW
Integrated Behavioral Health Care Manager
UPMC St. Margaret Family Health Centers**

COST OF HEALTHCARE IN U.S.

\$10,345 per person: U.S. health care spending reaches new peak (national health expenditure of 3.35 trillion)

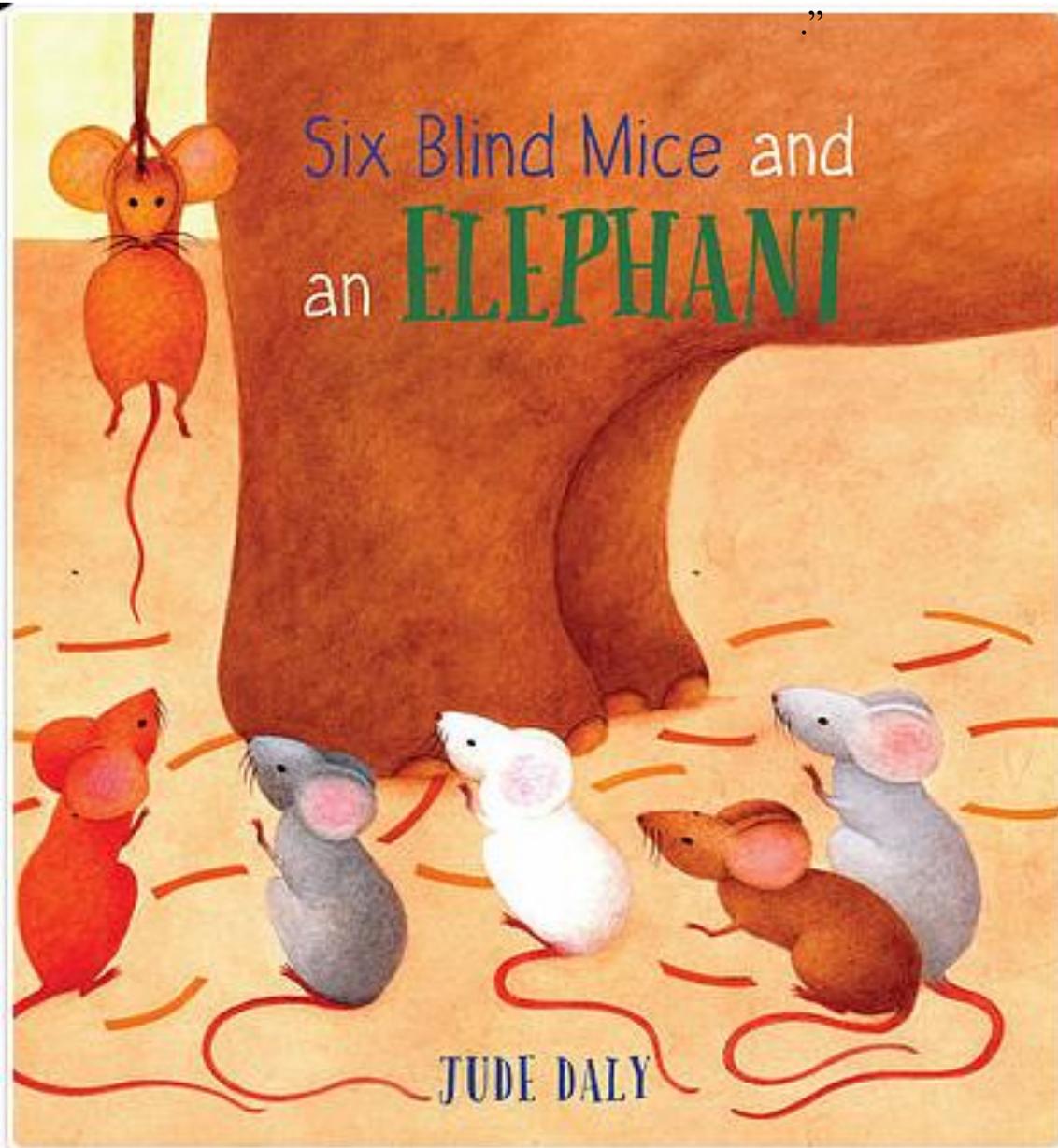
BY [RICARDO ALONSO-ZALDIVAR, ASSOCIATED PRESS](#) July 13, 2016 at 6:20 PM EDT

Even with slow growth in national health care spending in recent years, the U.S. continues to spend a greater percentage of its wealth on health care, more than any other industrialized nation. According to the most recent data available from the Centers for Medicare and Medicaid Services (CMS), "the average American spent \$9,596 on healthcare" in 2012, which was "up significantly from \$7,700 in 2007."

DISPROPORTIONATE UTILIZATION

Population	Spend	Problem
50%	3.1%	Healthy population getting preventative care
10%	63.3%	Chronic Illness ongoing care
5%	47.5%	Serious persistent illness or terminal diseases
1%	20.2%	Catastrophic conditions

Source: National Institute for Health Care Management Foundation



A tree... a rope... a snake?
Each mouse has his or her
own interpretation after
touching different parts of
the elephant. But then the
huge creature awakes - and
only then is the full wonder
of his being revealed

THE GOAL: INTEGRATED CARE

Comprehensive, coordinated, and accessible patient care within a multidisciplinary team.

- Patient Centered Medical Home (PCMH, changing how primary care is delivered)
- Upstream Interventions (Economic Incentives)
- Evidence-based Practice (EBP) and other efforts that address the social determinants of healthcare

SIX LEVELS OF COLLABORATION/INTEGRATION CORE DESCRIPTIONS
COORDINATED
KEY ELEMENT: COMMUNICATION

Level 1: Minimal Collaboration

Healthcare providers work in separate facilities, where they:

- Have separate systems
- Communicate about cases only *rarely* and under *compelling circumstances*
- Communicate, driven by *provider need*
- May *never* meet in person
- Have *limited understanding* of each other's roles

Key Differentiator: Practice/Organization

- No coordination or management of collaborative efforts
- *Little* provider buy-in to integration or even collaboration, up to individual providers to initiate as time and practice limits allow

Key Differentiator: Business Model

- Separate funding
- *No* sharing of resources
- Separate billing practices

Advantages

- Each practice can make timely and autonomous decisions about care
- Readily understood as a practice model by patients and providers

Disadvantages

- Services may overlap, be duplicated or even work against each other
- Important aspects of care may not be addressed or take a long time to be diagnosed

Level 2: Basic Collaboration at a Distance

Healthcare providers work in separate facilities, where they:

- Have separate systems
- Communicate *periodically* about shared patients
- Communicate, driven by *specific patient issues*
- May meet as part of larger community
- *Appreciate* each other's roles

Key Differentiator: Practice/Organization

- Some practice leadership in more systematic information sharing
- *Some* provider buy-in to collaboration and value placed on having needed information

Key Differentiator: Business Model

- Separate funding
- *May* share resources for single projects
- Separate billing practices

Advantages

- Maintains each practice's basic operating structure so change is not a disruptive factor
- Provides some coordination and information-sharing that is helpful to both patients and providers

Disadvantages

- Sharing information may not be systematic enough to effect overall patient care
- No guarantee that information will change plan stagey of each provider
- Referrals may fall due to barriers, leading to patient and provider frustration

SIX LEVELS OF COLLABORATION/INTEGRATION CORE DESCRIPTIONS
CO-LOCATED
KEY ELEMENT: PHYSICAL PROXIMITY

Level 3: Basic Collaboration Onsite

Healthcare providers work in same facility not necessarily same offices, where they:

- Have separate systems
- Communicate regularly about share patients, *by phone or email*
- Collaborate, driven by *need for each other's services* and more reliable referral
- Meet *occasionally* to discuss cases due to close proximity
- Feel part of a larger yet *ill-defined team*

Key Differentiator: Practice/Organization

- Organization leaders supportive, but often co-location is viewed as a project or program
- Provider buy-in to making referrals work and appreciation of onsite availability

Key Differentiator: Business Model

- Separate funding
- *May* share facility resources
- Separate billing practices

Advantages

- Co-location allows for more direct interaction and communication among professionals to impact patient care
- Referrals more successful due to proximity
- Opportunity to develop closer professional relationships

Disadvantages

- Proximity may not lead to greater collaboration, limiting value
- Effort is required to develop relationship
- Limited flexibility, if traditional roles are maintained

Level 4: Basic Collaboration at a Distance

Healthcare providers work in the same space within the same facility, where they:

- *Share some* systems, like scheduling and medical records
- Communicate *in person* , as needed
- Collaborate, driven by a need for consultation and coordination plans for difficult patients
- Have face to face interactions *for some patients*
- Have basic understanding of roles and culture

Key Differentiator: Practice/Organization

- Some practice leadership in more systematic information sharing
- *Some* provider buy-in to collaboration and value placed on having needed information

Key Differentiator: Business Model

- Separate funding, but *may share grants*
- *May* share office expenses, staffing costs or infrastructure
- Separate billing due to system barriers

Advantages

- Removal of some system barriers, like separate records. Allows closer collaboration to occur
- Both behavioral health and medical providers can become more well informed about what each other can provided
- Patients are viewed as shared , which facilitates more complete treatment plans

Disadvantages

- System issues may limit collaboration
- Potential for tension and conflicting agendas among providers as practice boundaries loosen

SIX LEVELS OF COLLABORATION/INTEGRATION CORE DESCRIPTIONS
INTEGRATED
KEY ELEMENT: PRACTICE CHANGE

Level 5: Close Collaboration Approaching an Integrated Practice

Healthcare providers work in the same space within the same facility (*some shared space*), where they:

- *Actively seek system solutions* together or develop work-a-rounds
- Communicate frequently in person
- Collaborate, driven by desire to be a member of a care team
- Have regular team meetings to discuss overall patient care and specific patient issues
- Have *in-depth* understanding of roles and culture

Key Differentiator: Practice/Organization

- Organization leaders support integration, if *funding allows* and efforts place in solving as many system issues as possible, *without changing fundamentally how disciplines are practiced*.
- *Nearly all* providers engage in integrated model. Buy-in may not include change in practice strategy for individual providers

Key Differentiator: Business Model

- *Blended funding based on contracts, grants, or agreements*
- Variety of ways to structure the sharing of expenses
- Billing function *combined or agreed upon* process

Advantages

- High level of collaboration leads to more responsive patient care, increasing engagement and adherence to treatment plans
- Provider flexibility increases as system issues and barriers are resolved
- Both provider and patient satisfaction may increase

Weaknesses

- Practice changes may create lack of fit for some established providers
- Time is needed to collaborate at this high level and may affect practice productivity or cadence of care

Level 6: Full Collaboration in a Transformed/ Merged Integrated Practice

Healthcare providers work in the same space within the same facility (*sharing all space*), where they:

- Have resolved most or all system issues, functioning as one integrated system
- Communicate consistently at the system, team, and individual levels
- Collaborate, driven by *shared concept* of team care
- Have *formal and informal* meetings to support integrated model of care
- Have roles and cultures that *blur and bend*

Key Differentiator: Practice/Organization

- Organization leaders *strongly* support integration as practice model with *expected change in* service delivery and resources provided for development
- Integrated care and all components *embraced by all providers* and active involvement in practice change

Key Differentiator: Business Model

- *Integrated funding* based on multiple sources of revenue
- Resources shared and *allocated across whole practice*
- Billing maximized for integrated model and *single billing structure*

Advantages

- Opportunity to *truly treat whole person*
- All or almost all *system barriers resolved*, allowing providers to practice as high functioning team
- All patients needs addressed *as they occur*
- Shared knowledge base of providers increases and allows each professional to *respond more broadly and adequately* to any issue

Weaknesses

- Sustainability issues may stress the practice
- Few models at this level with enough experience
- Outcome expectations not yet established

EXAMPLES OF INTEGRATED CARE

Hospice Programs (both inpatient and routine)

Living Independence for the Elderly (LIFE) Programs

Any others?

COLLABORATION/INTEGRATION IS A PROGRESSION

Do you know where your new field site is on the spectrum of integration?

- Evaluate grid and identify your field site's level of collaboration/integration.
- These grids can be found here: http://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_Final_charts.pdf

PRINCIPLES OF INTEGRATED CARE

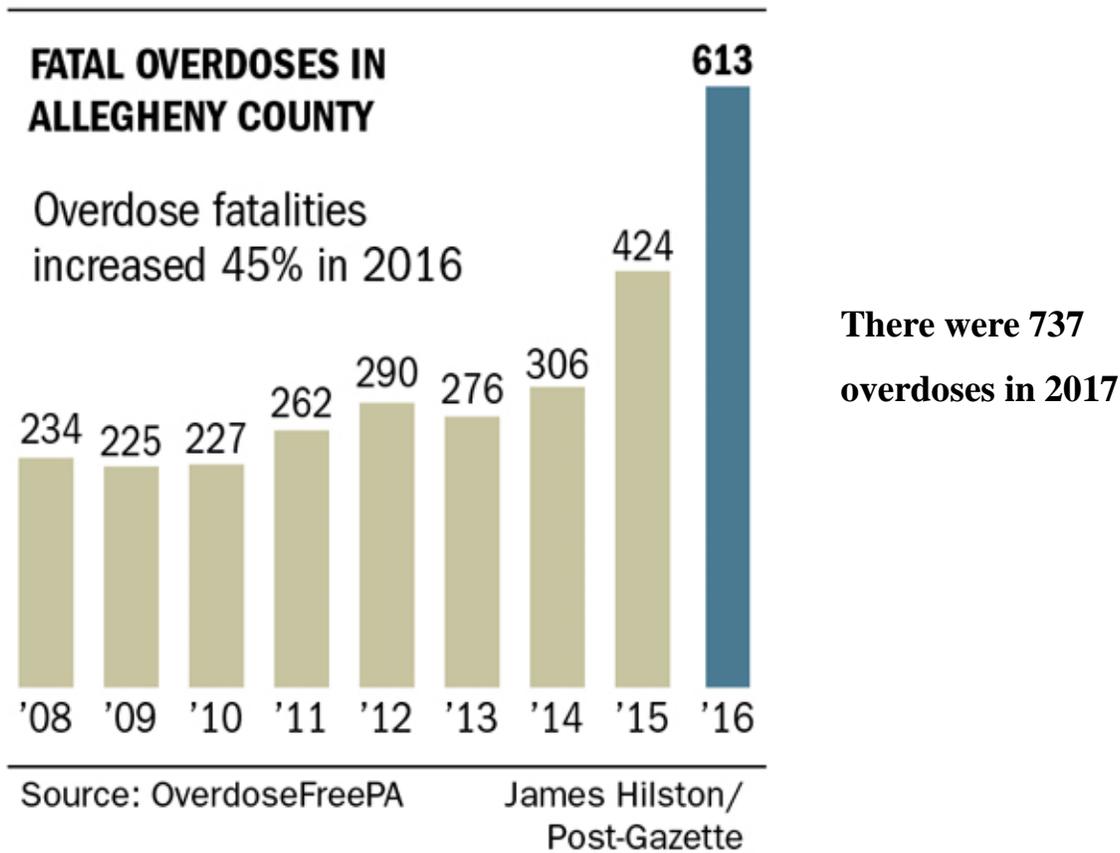
1. Medical needs are primary
2. Emotional and behavioral problems affect physical health
3. Coordinated access for patient care
4. Collaborative efforts and regular communication between providers

PRACTICAL COMPONENTS OF INTEGRATED MODEL

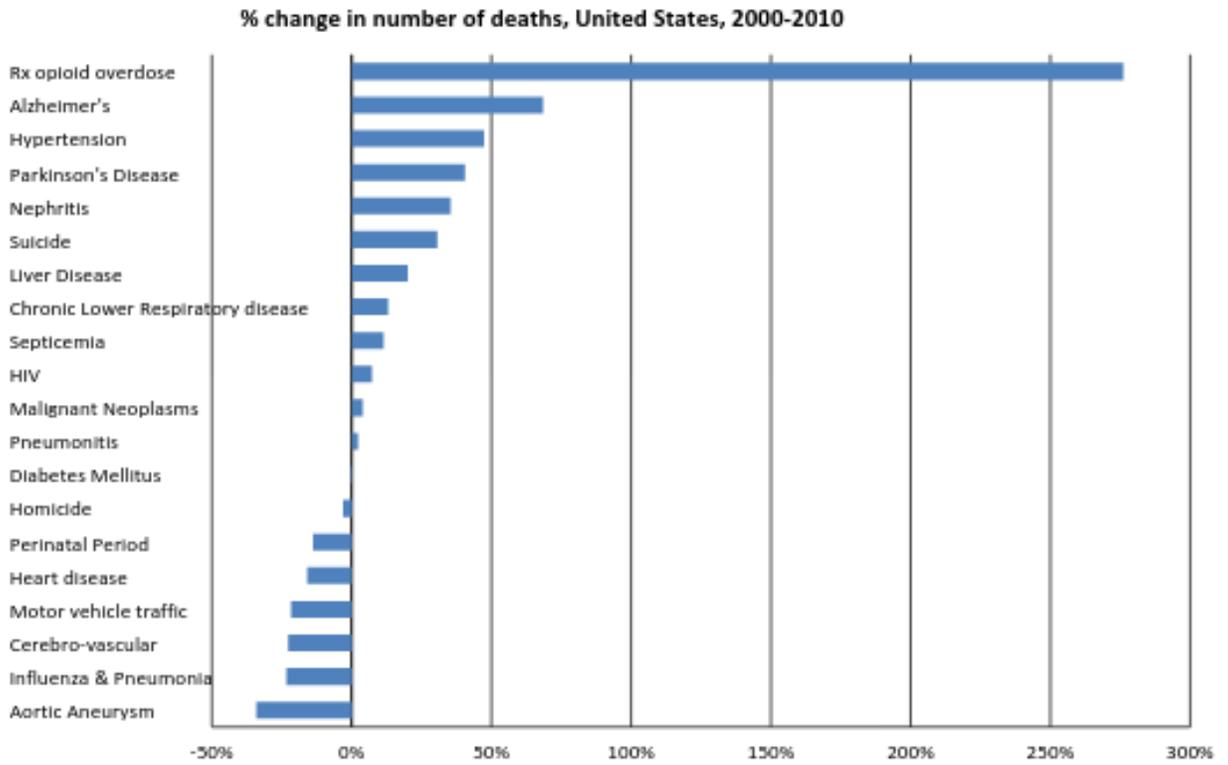
1. Holistic or Comprehensive Assessments
2. Warm hand off between medical providers and behavioral health providers
3. Collaborative documentation
4. Multidisciplinary Team Meetings as a regular part of work flow
5. Defined and specific interventions (Care or treatment plans)
6. Defined diagnoses/problems that are able to be addressed and which that need to be referral elsewhere.

OPIOID EPIDEMIC

“ Rates of Heroin use in US have increased 62% between 2002 and 2013”



Opioid pain reliever-related overdose deaths increasing at a faster rate than deaths from any major cause



WISQARS, 2000 and 2010; CDC/NCHS, National Vital Statistics System

SHIFTS FROM TRADITIONAL MENTAL HEALTH SERVICES

Brief, Time-limited Interventions

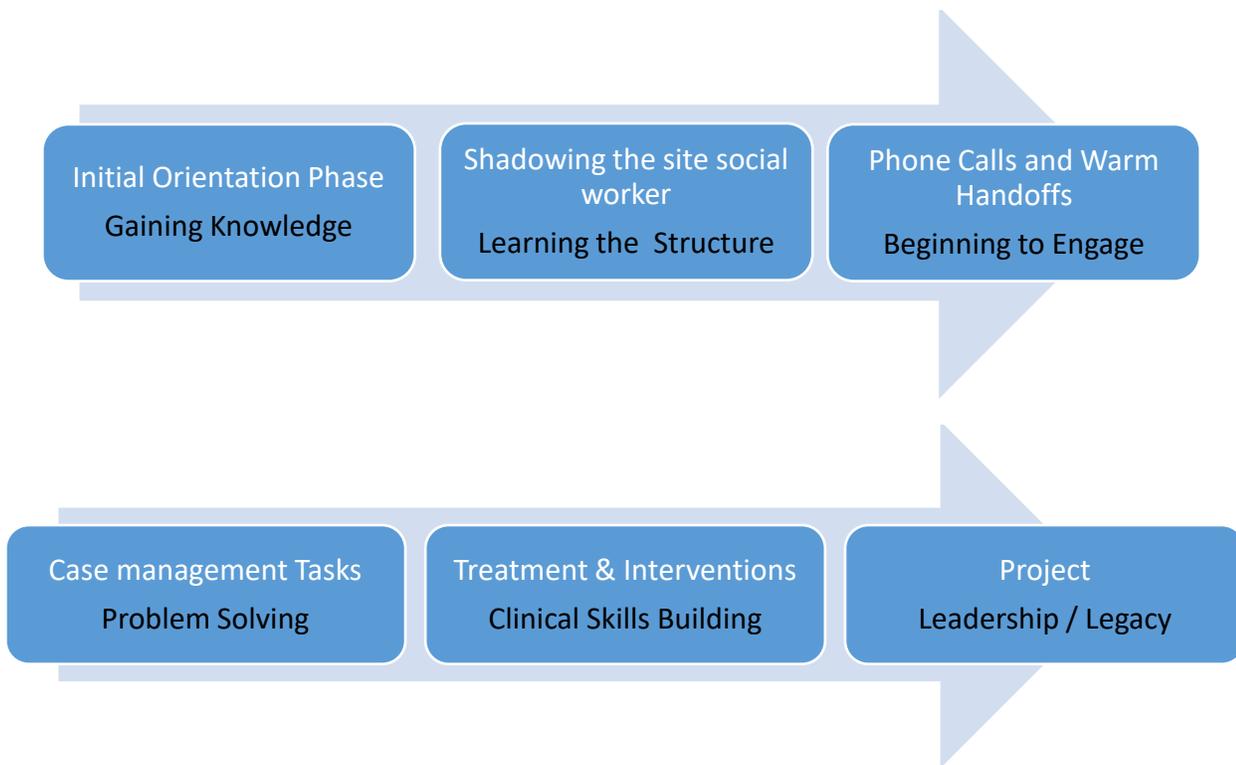
Flexibility

Working in the same space as medical providers

Providers are able to be interrupted at various points of patient care

Confidentiality – informing patients of the importance of collaborative documentation to integrate physical and mental health care

STRUCTURE OF THE FIELD PLACEMENT



CORE COMPETENCIES

It is now your turn, fellows.

I will give you the core competency.

You define it (or at least tell me something about it).
Your peers will agree/disagree.

I will then give the “official” answer. Which you will then absorb and integrate into your social work practice.

Ready, go.

SAMHSA-HRSA Center for Integrated Health Solutions (2014) Core Competencies for Integrated Behavioral Health and Primary Care

Interpersonal Communication

The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.

- Examples: active listening; conveying information in a jargon-free, non-judgmental manner; using terminology common to the setting in which care is delivered; and adapting to the preferred mode of communication of the consumers and families served.

Collaboration and Teamwork

The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.

- Examples include: understanding and valuing the roles and responsibilities of other team members, expressing professional opinions and resolving differences of opinion quickly, providing and seeking consultation, and fostering shared decision-making.

Screening and Assessment

The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.

- Examples include screening and assessment for: risky, harmful or dependent use of substances; cognitive impairment; mental health problems; behaviors that compromise health; harm to self or others; and abuse, neglect, and domestic violence.

Care Planning and Care Coordination

The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among consumers, family members, and providers.

- Examples include: assisting in the development of care plans, whole health, and wellness recovery plans; matching the type and intensity of services to consumers' needs; providing patient navigation services; and implementing disease management programs.

Intervention

The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.

- Examples include: motivational interventions, health promotion and wellness services, health education, crisis intervention, brief treatments for mental health and substance use problems, and medication assisted treatments.

Cultural Competence and Adaptation

The ability to provide services that are relevant to the culture of the consumer and their family.

- Examples include: identifying and addressing disparities in healthcare access and quality, adapting services to language preferences and cultural norms, and promoting diversity among the providers working in interprofessional teams.

System Oriented Practice

The ability to function effectively within the organizational and financial structures of the local system of healthcare.

- Examples include: understanding and educating consumers about healthcare benefits, navigating utilization management processes, and adjusting the delivery of care to emerging healthcare reforms.

Practice-Based Learning and Quality Improvement

The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.

- Examples include: identifying and implementing evidence-based practices, assessing treatment fidelity, measuring consumer satisfaction and healthcare outcomes, recognizing and rapidly addressing errors in care, and collaborating with other team members on service improvement.

Informatics

The ability to use information technology to support and improve integrated healthcare.

- Examples include: using electronic health records efficiently and effectively; employing computer and web-based screening, assessment, and intervention tools; utilizing telehealth applications; and safeguarding privacy and confidentiality.

https://www.integration.samhsa.gov/workforce/Integration_Competencies_Final.pdf

SELF-ASSESSMENT

Core Competency	Definition	Self-Rating
INTERPERSONAL COMMUNICATION	The ability to establish rapport quickly and to communicate effectively with consumers of healthcare, their family members and other providers.	
COLLABORATION & TEAMWORK	The ability to function effectively as a member of an interprofessional team that includes behavioral health and primary care providers, consumers and family members.	
SCREENING & ASSESSMENT	The ability to conduct brief, evidence-based and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.	
CARE PLANNING & CARE COORDINATION	The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among consumers, family members, and providers.	
INTERVENTION	The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.	

CULTURAL COMPETENCE & ADAPTATION	The ability to provide services that are relevant to the culture of the consumer and their family.	
SYSTEMS ORIENTED PRACTICE	The ability to function effectively within the organizational and financial structures of the local system of healthcare.	
PRACTICE-BASED LEARNING & QUALITY IMPROVEMENT	The ability to assess and continually improve the services delivered as an individual provider and as an interprofessional team.	
INFORMATICS	The ability to use information technology to support and improve integrated healthcare.	

CASE EXAMPLES

- Divide into teams of three
- Review case individually
- Identify the area for growth
- Intervention that might help

CASE STUDIES FROM A FIELD SUPERVISOR'S PERSPECTIVE

Case 1

The social work student started strong and positive, but after two months has been coming in late even when there are patients on her schedule. Today, you as the social work supervisor rearranged your schedule to see a patient because the student failed to arrive on time. Afterward, you see the student coming into the office chipper and happy. You confront the problem directly, "Hey, you are late again, and I had to cover your patient for you. What happened?" She replies, "Oh, thanks so much, I had some car trouble."

Case 2

Supervisor is reviewing notes with a student after 7 months of working at the family health center. The student misidentified the diagnosis, explained a thought disorder as the patient being frustrated and having some mild negative thoughts about life. The student was not able to match the medication list to the problem list in the medical record. As supervisor, you bring up the issue, "You don't seem to know this patient's history or understand mental illness." Student replies, "No, we really got along well, the connection is what matters."

Case 3

Your second year MSW student has been doing very well, she is assertive, compassionate and seems eager to start working with patients. After the second month, she approaches you appropriately in supervision with concerns that the field site is not "truly integrated" like it is taught in school. "The clinic does not have a full time psychiatrist on site, it is not what I expected." The clinic has one day per week tele-psych consultative support and no current budget to hire a full time clinician.

Case 4

You have a weekly supervisory meeting with your star student. She is knowledgeable, compassionate, and has great therapeutic instincts. You begin the supervision casually, "How was your weekend?" Student replies, "It was really rich, I was able to help my patient with moving into a new apartment. If it was not for me, she would be homeless." Supervisor appropriately brings up boundaries. Student explains, "Well, I paid for the moving truck, and it would have been wasted if I didn't help."

Case 5

You have observed your student in team meetings. He is cautious to speak up or ask questions. He makes poor eye contact with physicians, and if he is asked a question, he looks down and says, "I am not sure." When you meet individually, the student is more confident and is quite knowledgeable about medical and mental health conditions.

PART II:
Behavioral Health Workforce Education and Training Program
Edith M. Baker Integrated Healthcare Fellowship
Materials



<https://www.socialwork.pitt.edu/academics/master-social-work-msw/edith-m-baker-integrated-behavioral-healthcare-fellowship>

REQUIREMENTS

As a Baker Fellow, you will be required to:

- Attend a reception for newly accepted fellows at the home of the Dr Copeland, Associate Dean of Academic Affairs in the fall term, **Saturday, November 9, 2019**. Invitations will be sent to you via email.
- Schedule a meeting with the Director of Career Services and Alumni Affairs during the fall term to discuss your resume, self-assessments, career exploration activities, potential job opportunities, and an E-portfolio. E-portfolios are due February 26, 2020.
- Attend 1 workshop offered by the SSW Office of Career Services and Alumni Affairs. Synopsis is due by April 15, 2020
- Participate in a regional summit on March 4, 2020.
- Attend the Interprofessional LEND Training Seminar on February 26, 2020.
- Maintaining high levels of achievement, complete the IHC certification coursework.
- Complete your field internship within an approved integrated healthcare setting, with respect to the Baker Fellowship requirements, including health and well-being of local subpopulations.
- Complete a Field Learning Plan with your field instructor by October 31, 2019.
- Meet with your assigned field instructor a minimum of one hour per week for supervision.
- Attend mandatory, twice a month Baker Fellowship Workshop and Seminar Series on Wednesdays from 3:30-5:00pm. Two hours per seminar will count towards field training hours. As a part of you seminars, you will be required to develop and present a case study. **Fellows are expected to arrive at 3:20 pm to all sessions.**
- Complete a poster project (April 1, 2020), HRSA questionnaires, seminar assignments, evaluations, and program evaluations.
- Participate in a reflection session, April 15, 2020.
- Report employment attained after graduation to the Baker Fellowship program manager.

Please Join Dr. Valire Copeland at Her Home
For a Reception of the Baker Fellows

FOR: Baker Fellows, Guests, Faculty, Staff, and Friends of the
Program

DATE: Saturday, November 9, 2019

TIME: 2:00 p.m. – 6:00 p.m.

PLACE: 5801 Wayne Road, Pittsburgh, PA 15206
Tel: 412-441-1208
Highland Park (15 minutes from campus)
71 B Highland Park bus route (free with Pitt ID)
off street parking

DETAILS: You are welcome to bring a guest or family member, including children. Pot luck – please bring a favorite wine, side dish, or salad to share. Main courses (meat and vegetarian), soft drinks, and dessert will be provided.

RSVP: To Misha Zorich at maz49@pitt.edu with your number of guests by October 20th.



**Behavioral Health Workforce Education and Training
Regional Summit**

March 4, 2020
University of Pittsburgh

Regional Summit Purpose: Needs of rural communities

Date: March 27, 2019

Number Participants: 91 + invited community guests (10:00am to noon)

Pitt: 28 students + 5 faculty/ staff

Cal. U: 30 students + 5 faculty/staff

WVU: 20 students + 3 faculty/ staff

Time: 10:00 am to 3:30pm

POSTER PRESENTATION ABSTRACT/OUTLINE EXAMPLE

Due November 20, 2019

Author(s): Brianna Johnson

Title: Assessing Social Determinants of Health through a Trauma-Informed Approach

Site: Health Center

Issue/Research Question: Traumatic childhood events have negative impacts on health outcomes. Individuals who experience such events are more likely to endure worse mental and physical health outcomes. Although there has been an array of studies done to survey these Adverse Childhood Experiences (ACEs), there have been only a few models in which ACE scores are used in adult populations. The AAFP has recently launched an initiative called the EveryONE Project which aims to incorporate screenings for social determinants of health in routine clinical encounters. To continue work to better assist the individuals in the McKeesport community, understanding the types of trauma community members have experienced can help with planning services that need implemented within the community.

Competencies/ How they apply: Screening & Assessment, Collaboration & Teamwork, Practice-based Learning & Quality Improvement

Methodology: While patients are waiting for their appointment they will be asked if they would be interested in participating in a survey that will allow us to better understand the impact of childhood trauma on current social needs. The survey will allow us to better understand our patients, their needs and potential contribute to developing a way to provide better care. Surveys will be aimed to collect information about ACEs, social needs, and demographics. Results from this project will be used to help inform future efforts at the health clinic to become a trauma-informed clinic. Gaining a better understanding of patient's needs could lead to routine screening tools being implemented into the practice. (IRB approval has been granted for this project.)

Relevancy /Implications for Social Work Practice: This project is relevant to the social work profession because as social workers our goal is to help our patients/clients to the best of our ability. Being able to screen for ACEs gives us a better understanding of the population that we are serving and allows us to take into considerations of past trauma and the best way to move forward when planning for interventions and treatments. Knowing the services and resources your clients/patient's needs is a large part of what we do as professionals and compiling more information on their backgrounds can only help with assisting them in the future.

With this project our hope is to be able to implement regulator screening of ACEs to better understand the population we are serving and the community where they are living.

Additional History/Background (optional):

Components of the Final Poster

- Title of Project & Author(s) (May have a group from a single site)
- School of Social Work & Placement Site (logo)
- Issue/Research Question(s)
- Research Design/ Methodology
- Findings
- Implications for Social Work Practice
- How 3-5 IHC Competencies Apply (pages 12-13 of manual)
- References (minimal role in poster)
- Acknowledgements (HRSA statement) & Pitt Logo

Acknowledgement Statement and School of Social Work Logo

- **Acknowledgement:**

This fellowship is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, M01HP31376, Behavioral Health Workforce Education and Training (BHWET) Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

- **Official School of Social Work Logo:**



University of Pittsburgh

School of Social Work

Guideline for the Presentation

- Invite guests (Task Supervisor and Field Instructor) to view your project
- The poster should tell what, when, where, why, and how. You should prepare a couple of sentences which answer each of these questions
- Connect your explanations to the elements of the poster
- Offer more detail when requested
- Provide a handout
- Practice prior to the poster session

Electric Poster draft is due by February 26, 2020 for feedback / comments. Final poster is due by March 23, 2020.

CASE STUDY EXERCISE

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2019- 2020

February 5, February 19, and March 18

A case study or caselet has great potential for building social work knowledge for methods in: (1) assessment, (2) intervention, and (3) treatment outcome. A caselets are shorter versions case studies, generally two to three paragraphs to a few pages in length. They are like case studies in that they either describe a sequence of events or put forth an issue or problem that requires decision making.

For our seminar series, the basic objective of using caselets is to have fellows discuss ideas and insights from theory to the application of real-life issues and challenges experienced in their field placement sites. This facilitates a deeper understanding of the relevant factors in a problem-solving situation, as well as gain insights into the finer nuances of a topic. **Case studies do not always have "right" and "wrong" answers--they are dilemmas and complex situations. There may be multiple factors to consider.**

Case discussions serve two functions. First, they promote fellow participation, encouraging discussion and the opportunity to listen to one another; second, they offer opportunities for fellows to apply and extend what they have learned in the classroom to a specific problem area. In addition, case studies provide an opportunity for team-based learning.

*Confidentiality is an ethical issue we will not want to violate in the seminar. The discussions occurring within the seminar should stay within the bounds of the seminar. Fellows are advised to maintain their social work oath of confidentiality. Therefore, we should not discuss any information pertaining to another fellow's case with anyone --including family, roommates, significant others, or any other individuals (s) who are not in the Baker Fellowship program. The School of Social Work and the Pittsburgh community is very small (See *NASW Code of Ethics, 1.07 Privacy and Confidentiality*).

ASSIGNMENT: Developing an Effective Case Study/ Caselet

In a few paragraphs, describe a challenging situation you have recently faced or are currently facing in your field placement. **You will have 9 to 10 members in your group and are expected to bring copies of your case for your members and one to be handed-in. (If you submit your case via email to maz49@pitt.edu at least 3 days prior to your presentation, copies will be made for you).**

If you would like to distribute your case in advance of the seminar to allow your group to reflect on your case, please do. This is highly recommended.

Seminar: Please allow ample time for your group to read your case and questions. Each presenter will have approximately 20 minutes to discuss the case with the small group, **one** case and takeaways from each group will be shared with the entire group at the end of the seminar. **After the seminar and group discussion, add your take-away points/findings to your case and submit it via email before the last session in the spring term.**

The case may focus on a client, supervisor, co-worker, policy, etc. It might involve an individual or a group. There are several reasons why the situation may be challenging:

- The case is unusual.
- You have questions as to how to handle the case--New situation? New population? Ethical Qs?
- The demands, conditions, or facts are complicated.

1. **Choose an interesting situation**
2. **Treat delicate matters likewise**
3. **Do not use names or identifiers**
4. **Have specific questions for your readers/ colleagues to discuss.** (Remember these questions are to help you discuss why the case is challenging for you with your colleagues. **They are not to be questions to which you already know the answers or “quiz questions”.**)

A non-clinical case should:

1. Identify the people involved: may use job titles (no names) and describe each person’s age, gender, years in current position, and/or any other relevant characteristics, while maintaining anonymity.
2. Describe the nature of the situation.
3. Identify the dilemma
4. Ask clear and focused questions (How can your colleagues assist you? Not “quiz question”)

A clinical case should:

1. Identify demographics (Demographics may include the client’s age, gender, relationship status, ethnicity, occupation, length of employment, age, and gender of any children. **Please maintain the anonymity of the client. See *NASW Code of Ethics, 1.07 Privacy and Confidentiality***).
2. Present the psychosocial history
3. List prescribed medications/street substances
4. Detail family history (if available)
5. Clarify presenting problem (The presenting problem is the reason why the person is receiving services. The presenting problem can also be called the client’s chief complaint.)
6. Explain treatment goals and objectives
7. Mention exams, if any.
8. Specify other relevant details. (Is/Was the client in crisis? Are there any issues that are difficult for you to remain objective and focused on the client’s concerns?)
9. Ask clear and focused questions related the presenting problem.
Remember, you do not collect information you cannot use.

Non-Clinical Case Example³:

I am interning with families and children in an outpatient setting. Yesterday at the Agency, a 40-year-old Latina woman, Ms. J applied for a job as a social worker. Four years earlier, when I was in the BASW program, I had seen Ms J as a client while interning for an emergency service agency providing mental health treatment to adults.

My contact with Ms J was brief. She was admitted to the in-patient service unit as her condition was deteriorating. Ms J told me she was a social worker with an MSW and had been in and out of mental health treatment for many years. I located her chart, noted that she was previously diagnosed with chronic depression I completed the basic paperwork for admission, consulted with the admitting psychiatrist, and took her to the in-patient ward. The admission process simple and routine; Now, Ms J has come for a job interview at the

Agency. I am not involved in personnel nor employment decisions. My supervisor, who is the Director of Social Services the attending psychiatrist, and the Executive Director make employment decisions.

What should I do with the knowledge I have about Ms. J? Obviously, the *Code of Ethics* should be a guide in such decisions. Yet, I am faced with an uncomfortable dilemma--an ethical dilemma for which I do not see any clear answer.

Questions for Discussion:

1. Is it appropriate to discuss the issues with my co-workers? If yes, under what circumstances should such issues be discussed, formally or informally?
2. Should I discuss this with my supervisor? In this instance, my supervisor is also the person in charge of hiring.

Clinical Case Example 1⁴:

Ms. L and her son came to my field placement site. Ms. L is an 83-year-old, African American woman who now lives alone with her small dog and her two cats. Her husband died two years ago after a painful experience with lung cancer. She had cared for him in the home where they lived for 48 years. She and her husband were very close and had a deep and joyful relationship. Caring for him as he died was very difficult for her, both emotionally and physically. Her grief was severe, and she continues to have episodes of great sadness and tears. Her family has tried to keep her busy and engaged. Her pets are great company for her and have been a motivating factor for getting through some of her most difficult days.

Ms. L has a few health problems that she has been managing well. She suffers from arthritis of the hip and back and has some circulation problems associated with late onset diabetes. She takes several medications to manage these health issues. She cooks and cleans and goes out with neighbors or one of her family members to shop and run errands.

Some of the neighbors have noticed that Ms. L has been out walking without her dog, which is very unusual. They have called Ms. L's children to let them know, on several occasions, they have seen her wandering around in the neighborhood after dark and have helped her home.

When her son came to see her, Ms. L seemed to take an especially long time to come to door. She was reluctant to let him in the house, not recognizing him. She was tearful and distraught. She seemed overwrought with worry, agitation and distraction. Ms. L was not making sense when she did speak and seemed confused. When she went to get a drink to serve her son, she was uncertain about where she kept her glasses. Her son noticed that his mom, who is normally organized about her medications, had several bottles open on the kitchen table. He realized that she was perspiring and flushed.

Questions for Discussion

1. What signs and symptoms should I be identifying?
2. How should I go about conducting a full assessment of Ms. L? (Identify assessment instruments and provide a rationale for their use.)
3. What racial, ethnic, or gender issues should I consider in my assessment and treatment plan?

Brief Intervention Referral to Treatment (RT) Case 1⁵:

Person/employment: 45-year-old, Caucasian, male cab driver who initially presents with alcohol abuse and then becomes dependent by week 3.

Setting: First visit with clinician

Reason for visit: Spouse insisted. "It's been ages since I had a checkup." "I just don't like going to the doctor."

Health concerns: Heartburn

Past medical history: "A few broken bones from working and playing hard, that's all"; "I was told I have borderline high blood pressure"

Review of systems: Difficulty sleeping; "My memory isn't very good anymore."

Medical record review: Three ED visits in the past 3 years for traumatic injuries including a motor vehicle crash with multiple facial lacerations and rib fractures and a left shoulder dislocation attributed to "I've always being injury prone"

Medications/drugs: Over-the-counter antacids. Cigarettes: 1-2 cigarettes per day, more when out drinking with friends. Drugs: Marijuana use as a teen. Alcohol: "I'm a social drinker"

Social: Married with 2 children (ages 12 and 15); Spouse complains patient spends too much time out with friends; Drives a cab in the city, but states, "The boss is an ass. I'm looking for other work."

Exercises: 3-4 times per week

Exam: Normal except for mildly elevated blood pressure

Questions for Discussion:

1. What assessment instruments should I use?
2. What are the patient's risks?
3. What should be my referral for treatment?

References

¹ Gilgun, Jane F. "A Case for Case Studies in Social Work Research." *Social Work*, vol. 39, no. 4, 1994, pp. 371–380.

² Reproduced from *50 Case Studies for Management and Supervisory Training*, by Alan Clardy, Ph.D., Amherst, MA: HRD. Press, 1994, 2008.

³ *THE NEW SOCIAL WORKER*, Winter 2001, Vol. 8, No. 1.

⁴ Treatment Team Case Assignment, California State University, Sacramento, Division of Social Work. https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cswe.org%2Fgetattachment%2FCenters-Initiatives%2FCSWE-Gero-Ed-Center%2FTeaching-Tools%2FGero-Competencies%2FPractice-Guides%2FAssignments-Measurments%2FTreatmentTeamCase_CaliforniaStateUSacramento_CaseStudy.doc.aspx

⁵Case study retrieved from <https://www.ihs.gov/california/tasks/sites/default/assets/File/BP2015-CaseStudies.pdf> (ESBIRT Session, May, 2015).

BAKER FELLOWSHIP CASE STUDY GROUPS

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2019- 2020

February 5, February 19, and March 18

GROUP 1

Name	Case Study Presentation	Field Health Care Site
Cassandra Stoyanoff	2/5/2020 (A)	St. Margaret Bloomfield-Garfield Family Health Center
Emma Hosack	2/19/2020 (B)	AGH Internal Medicine
Grace Ogunyemi	2/5/2020(A)	UPMC McKeesport Addiction Medicine
Haley Martin	2/19/2020(B)	UPMC Magee Women's Hospital
Hayley Sweitzer	3/18/2020 (C)	UPMC Presby-Shady Hospital
Jessica Ruble	2/5/2020(A)	Children's Hospital of Pittsburgh of UPMC
Jessi Smirga	3/18/2020(C)	Forbes Regional Hospital
Kyle Terril	3/18/2020(C)	UPMC St. Margaret Hospital
Renee Kirsch	3/18/2020(C)	UPMC Adolescent and Young Adult Medicine
Ryan Young	2/19/2020(B)	UPMC Total Care IBD Program

GROUP 2

Name	Case Study Presentation	Field Health Care Site
Alexandria Gariepy	3/18/2020(C)	UPMC Adolescent and Young Adult Medicine
Amanda Harris	2/19/2020(B)	UPMC Presby-Shady Hospital
Audrey Wrobel	2/5/2020(A)	UPMC Magee Women's Hospital
C. Bailey Nichols	2/19/2020(B)	UPMC St. Margaret Geriatric Care Center
Delia O'Leary	2/19/2020(B)	Children's Hospital of Pittsburgh of UPMC
Ke'Amber Moses	3/18/2020(C)	Allegheny General Hospital
Megan Van Doren	2/5/2020(A)	UPMC Presby-Shady Hospital
Sherry Gunn	2/5/2020(A)	Children's Hospital of Pittsburgh of UPMC
Megan Berringer	3/18/2020(C)	UPMC Latterman Health Clinic
Hannah Fiore Gallagher	3/18/2020(C)	St. Margaret Bloomfield-Garfield Family Health Center

GROUP 3

Name	Case Study Presentation	Field Health Care Site
Allison Carton	2/5/2020(A)	West Penn Hospital
Ashle Hall	3/18/2020(C)	Children's Hospital of Pittsburgh of UPMC Adolescent and Young Adult Medicine
Courtney Laughlin	3/18/2020(C)	UPMC Neurological Department
Courtney Watsula	2/5/2020(A)	UPMC Matilda Theiss Health Center
Gabriel Becker	3/18/2020(C)	Center of Excellence for Addiction Meds
Jordan Pollard	2/5/2020(A)	St. Margaret Bloomfield-Garfield Family Health Center
Kyla Christensen	2/19/2020(B)	UPMC McKeesport Addiction Medicine
Melanie Di Bello	2/19/2020(B)	UPMC Presby-Shady Hospital
Roberto Cruz	2/19/2020(B)	UPMC Adolescent and Young Adult Medicine

**BAKER FELLOWSHIP INTEGRATED BEHAVIORAL HEALTHCARE
WORKSHOP & SEMINAR SERIES
2019- 2020
Wednesdays 3:30-5:00pm
Room 2017 Cathedral of Learning**

The purpose of the Baker Fellowship Workshop & Seminar Series is to familiarize students with essential skills for working in the field of integrated health care. The seminar series integrates direct practice health care skills and knowledge to be applied to the students' field learning experiences. Two hours per seminar will count toward field training hours. In regard to format, we ask all speakers to utilize application/training methods during their presentations, for example, interactive learning (case studies, small groups, role-playing, think/pair/share recall learning, pre/post questions, or demonstrations), lecture and Q&A . In addition, we ask that all speakers make a concerted effort to incorporate a broad scope of diversity throughout their presentations.

Objectives

The objectives of the Baker Fellowship Workshop & Seminar Series are as follows:

- To bring together faculty/field instructors and students with leaders in behavioral health care in the region to further develop interdisciplinary/inter-professional learning in team-base care
- To integrate the curriculum between class learning and field practice
- To expose students to presentations on regional behavioral health care issues, initiatives, and communities/populations of need
- To reflect on field experiences through case studies

Format

The sessions will meet twice a month for the 2019-2020 academic year. Ten sessions will include guest speakers--professionals from the field. Speakers will present on an applied behavioral health care area and facilitate a related discussion amongst the students. Three sessions will consist of fellows developing and discussing case studies from field placement experiences. The case studies should be at least two paragraphs and no longer than 6 paragraphs. They will be distributed to the fellows and discussed in small groups during the seminar session. At the end of each semester, a reflection session will allow students to thoughtfully consider the impact of the seminar material on their field education experiences. Fellows are expected to arrive at 3:20 pm to all seminar sessions. Attendance is absolutely mandatory.

Assignments

Each session, students will be given information to prepare for the next topic. Fellows will have two weeks to read the speaker's bio and any materials, complete any assignments, and **compose thoughtful questions. We also ask that fellows send each speaker an email after the presentation thanking her/him.**

Following each session and at the end of each term, the fellows will complete a survey to assess the session. The findings will be used towards continual program enhancement efforts. **At the end of each term**, the students will complete questionnaires and participate in an assessment and reflection session.

At the end of the spring term, fellows will participate in a poster presentation for students, field instructors, and faculty. The presentation will detail an important issue at the fellow's field placement site, while highlighting 3 to 5 integrated behavioral health care competencies.

2019-20 Workshop & Seminar Dates:	Topics
August 28, 2019	IHC Overview and Orientation
September 11, 2019 (2017 is not available) 2232CL: Group 1; 2248CL: Group 2; 2217E CL: Group 3	Alumni Seminar (3 groups/ rotation)
September 25, 2019	Career Development
October 9, 2019	Bias/ Professionalism (2/ 45min)
October 23, 2019	Adolescent Consent, Confidentiality, and Mandatory Reporting
November 6, 2019	Grief, Loss, and Spirituality
November 20, 2019	DiSC Theory
December 4, 2019	Crisis Intervention/ Motivational Interviewing (2/45min)
December 11, 2019	Ethics & Laws/ Check-In & Poster Review (2/45min)
January 8, 2020	Opioids in Primary Care/ Journey to Recovery (2/45min)
January 22, 2020	Social Determinants of Health & Diverse Populations
February 5, 2020	Case Studies Group A
February 19, 2020	Case Studies Group B
February 26, 2020	Workshop with LEND Program 12:00 to 4:00pm Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Workshop This workshop will count toward 4 Field Training hours.
March 4, 2020	Regional Summit 10:00 am to 3:30pm This event will count toward 9 Field Training hours.
March 18, 2020	Case Studies Group C
April 1, 2010	Posters/ Student Exhibit
April 15, 2020	Reflection/ Get-together to Follow

ADDITIONAL EDUCATIONAL AND PROFESSIONAL DEVELOPMENT

- **Mandatory Career Development Activities:**
 1. In the fall term, schedule a meeting with the Director of the Office of Career Services and Alumni Affairs to discuss self-assessments, career exploration activities, potential job opportunities, career plans, resume development, and create a LinkedIn group. **Please bring a recent copy of your resume to the meeting.**
 2. Individual e-portfolios for each student must be completed. **See pages 44-48 for e-portfolio details and examples. E-portfolios are due by March 4, 2020.**
 3. During the fall or spring term, you must attend a workshop offered by the School of Social Work's Office of Career Services (Field hours). Write a synopsis (2 paragraphs) of the most valuable ideas/ concepts, etc. that you learned at the workshop (**include workshop name, date, and location**). **Synopsis is due April 15, 2019.**
- **Interprofessional Forum, University of Pittsburgh Schools of the Health Sciences (fall term: Friday, October 4, 2019, 1:00-3:00 p.m. in Scaife Auditorium 5/6 and spring term: TBA). Not mandatory.** If attended, this seminar will count toward 2 Field Training hours.
- **Interprofessional Course in the School of Medicine. (MED 5779) October 21-25, 2019.** Week-long experiential interprofessional (IP) learning course at the School of Medicine. Disciplines include SW, MD, CRNP, PA, PT, OT, SLP, Dental Medicine, pharmacy, and nutrition **NOT mandatory.** If attended, this seminar will count toward 8 Field Training hours per day.
- ***Trauma in Rural and Medically Underserved Communities* October 25, 2019 9:00am- 4:00pm. California University of Pennsylvania Convocation Center.** Registration information will be sent via email **Not mandatory.** If attended, this seminar will count toward 8 Field Training hours.
- **Browne Leadership Fellows Program Recognition Poster Session. TBA. 2017CL.** **Not mandatory.**
- **Complete online Conference Reimbursement Through SEC . Not mandatory**
- **Register Through SEC to Receive Business Cards. Not mandatory**
- **Conference Reimbursement for Fellows: \$280.00 per fellow for conference registration, travel, and per diem for impactful conferences for fellows. Not mandatory**

**EDITH BAKER INTEGRATED HEALTHCARE FELLOWSHIP CONFERENCE
REIMBURSEMENT FORM**

Please complete sections A and C and submit to the program manager for approval prior to attending the conference. If approved, please submit original receipts, W9 form, credit card statements, and this form (Sections A-C) to the project manger following the conference.

Personal Information (A)

Full Name: _____
Last *First* *M.I.*

PeopleSoft Number: _____

Home Address: _____
Street *Apartment #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birth Date: _____

Reimbursement Information (B)

Total Lodging Cost: \$ _____ Total Number of Receipts Enclosed: _____

Total Flight Cost: \$ _____ Total Number of Receipts Enclosed: _____

Total Ground Travel Cost: \$ _____ Total Number of Receipts Enclosed: _____

Conference Fee: \$ _____ Total Number of Receipts Enclosed: _____

Total Number of credit card statements enclosed: _____

EDITH BAKER INTEGRATED HEALTHCARE FELLOWSHIP FIELD PLACEMENT MILEAGE REIMBURSEMENT

Baker Fellows may be reimbursed by the fellowship for mileage if driving 20 miles round-trip or further to and from the University and their field placement sites. Beginning Jan. 1, 2019, the standard mileage rate is .58 cents for every mile.

One completed W9 is to be entered into the Concur system per academic year. Students are responsible for submitting their own miles into the Concur system, monthly. You must submit a signed form with each monthly concur report.

Fellows interested in being reimbursed for mileage to and from the University to field site can obtain travel reimbursement materials at orientation or online.

MSW FIELD EDUCATION

<https://www.socialwork.pitt.edu/academics/msw/field-education>

- The field experience for MSW students constitutes 1080 hours over four terms (18 credit hours) for full-time MSW students.
- Advanced standing students complete 720 hours (12 credit hours) typically distributed over two terms (full-time students) to four terms (part-time students).
- The structure for the MSW Program depends on a student's status as either Full Time or Part Time as well as First Year or Second Year standing. Note: For Field Office purposes, Advanced Standing students are considered to have Second Year standing.
- First Year students complete a **Generalist Field Placement**. Standard Second Year students and those granted full Advanced Standing status complete a **Specialized Practice Area Field Placement**.

Further details about the structure of field placements for each term can be found on the website (PDF Download).

Frequently Asked Questions

Read the FAQs about MSW Field Placement (Word Document Download)

Field Education Schedule

MSW Field Education Schedule 2019-2020 (Word Document Download)

Field Education Handbook

MSW Field Education Handbook (Word Document Download)

Online Field Directory

View Online Field Directory

Internship/Field Placement Descriptions

Sample of Current Internship/Field Placement Descriptions

MSW Field Placement Request and Confirmation Forms

Information about and access to MSW Field Placement Process and Interview Confirmation Forms

Field Learning Plans and Evaluation/Timesheet Documents

The Office of Field Education will be providing each student a unique link to their electronic Learning Plans (beginning of the term) and Evaluation plus the Time Sheet documents (about 7 weeks before the end of the term) for all students for all terms starting Summer Semester 2017. Each student will receive an individualized link for the Field Learning Plan and Field Evaluation respectively to their **Pitt Email Account** (to see an example of this email click here). The student is responsible for sharing this link with their Field Instructor (please see outline of guidelines at this link here).

As you work on these documents, your progress will be automatically saved, however it is important that you **save the link** that was sent to you in order to return to your Field Learning Plan or Evaluation plus the Time Sheet.

All documents will be signed electronically within the forms and submitted electronically. The signature of your field liaison will be secured by the Field Office **after** you submit the document to the Office of Field Education.

Please contact your field coordinator (the person who matched you to a field site) in the Office of Field Education or the Administrative Assistant for the Office of Field Education Ms. Riley A. Riley at riley.riley@pitt.edu with any questions regarding this process and/or these forms.

Example Field Learning Plans

These documents are meant to be used by Field Instructors and their students to brainstorm applicable tasks and activities by providing good examples from previous successful Field Learning Plans.

Generalist Example

Direct Practice Mental Health Example

Direct Practice Home and School Visitor Example

Direct Practice Gerontology Example

Direct Practice Integrated Health Care Example

COSA Concentration Example

Example Field Evaluations

These documents are meant to be used by Field Instructors and their students to show constructive evaluations as good examples from past successful students.

Direct Practice Mental Health Example

COSA Concentration Example

MSW Certificate Field Requirements

Mental Health

Integrated Healthcare

Gerontology

Home and School Visitor/School Social Worker

Children Youth and Families

Human Services Management

**MSW FIELD EDUCATION SCHEDULE
Fall of 2019 (TERM 2201)**

August

- 26 Classes begin.**
Generalist Field Integrative Seminar begins for first year Non-Advanced Standing Students.

September

- 5** Orientation for Field Instructors, 2017 Cathedral of Learning, 9:00-4:00 pm
- 2** Labor Day (University closed).
- 3** **Field placement begins for MSW Second Year and Advanced Standing students and for all Continuing Students who started field work over the summer.**
- 10,11,12** **Required Orientation Seminar**: MSW Advanced Standing Students starting a placement must attend

October

- 11** **Spring Term Request for Field Placement Forms Due.-**
Full time Non-Advanced Standing students begin field placement.
Deadline for Student Interview and Field Instructor Interview Confirmation Forms for first year Non-Advanced Standing students starting field placement this date.
Fall Break (no classes)
- 31** **Field Learning Plans for students in new field placements that started September 6th are due.**
Field Learning Plans – a link will be sent to all students to their PITT e-mail address

November

- 24 – Dec 1** **Thanksgiving Recess for students (no classes or field).**

December

- 5** **Evaluations/Time Sheets are due for Advanced Standing, Part-Time, and Second Year Students in placement for the entire fall term.**
- Week of Dec 9th** Last Generalist Field Seminar session for full time first year Non-Advanced Standing Students.

Field Learning Plan/Time Sheets due for full time First Year Non-Advanced Standing Students in placement since October 8th
- 14** **Last day of Fall term field placement for MSW students.**
15 - Jan 5 **Winter Recess for all students.**

**MSW FIELD EDUCATION SCHEDULE
Spring of 2020 (TERM 2204)**

January

- 6** First day of field placement for all students.
- Week of 6th** **Required attendance at one of the following:** Orientation to Field Placement Seminars for all Advanced Standing MSW students starting field placement- (individuals meetings with Field Advisor)
- 20** **Dr. Martin Luther King's Birthday Observance (University closed). (NO FIELD)**

February

- 14 - Mar 15** Summer Term Request for Field Placement Forms Due.
First Year Part-Time MSW Students register for Generalist Integrative Field Seminar.
- 28** **Field Learning Plans are due for students in new field placements.**
- Week of 17th** **Required Planning Seminar: Students planning to start a new field placement summer term** (individual meetings with Field Advisor).

March

- 8-15** **Spring Recess**
- 15 – 31** Continuing MSW Students submit request for Fall field placement.
Field placement assignments will be made from April through August.
- 15** Last day for requesting MSW summer field placement.

April

- 15** **Evaluations are due for all MSW students.**
- 25** **Last day of field placement for Spring term for MSW students.**

PROFESSIONAL PERFORMANCE

PROFESSIONAL BEHAVIOR

Upon entrance into the program and into field education, the student is expected to commit to learning what is required for professional behavior which includes but is not limited to:

- 1) Honoring duties and responsibilities
- 2) Respecting clients/community members, research participants, other professionals, faculty, colleagues, and fellow students and being able to work effectively with others regardless of level of authority.
- 3) Being on-time and dependable, prioritizing responsibilities, attending field seminar sessions, field orientations, and completing assignments on time in school and in the field placement and seminars.
- 4) Understanding and maintaining confidentiality with regard to clients/community members, s/he is expected to demonstrate professional behavior in all aspects of social work practice.
- 5) Maintaining high levels of achievement in both: (1) academic performance in courses and in field placement, and (2) professional comportment in relationships with faculty, staff, peers, clients and field practicum personnel.
- 6) Evaluations of students' academic performance in courses and in the field are based on criteria stated in course syllabi, the field learning plans and evaluations, and in the *Student Field Education Handbook*.
- 7) Adhering to the SSW Academic Integrity Code. Academic dishonesty is regarded as serious ethical misconduct that may affect the student's continuation in field education and in the program. Students may not present the work of anyone else as their own achievement. Students may not submit a written assignment prepared for one course as original work for another course.
- 8) Work prepared for one course must be clearly cited if included in an assignment for another course.
- 9) Social work students are expected to conduct themselves according to the National Association of Social Workers (NASW, 2008 Revised) *Code of Ethics (Appendix A)*

Violations of this code may also be reason for disciplinary action and possible dismissal from the School under the SSW Academic Integrity Guidelines or other designated process, such as the University's Student Code of Conduct. Some further examples of violations include but are not limited to:

- a) Behavior judged to be in violation of the current NASW Code of Ethics,
- b) Commission of a criminal act as determined by a judicial body, the School, or by the University's Student Judicial System, that is contrary to professional practice, occurring during the course of study or occurring prior to admission to the School of Social Work and becoming known after admission (See student agreement form).
- c) Consistent pattern of unprofessional behavior.

- d) Failure to meet any of the Standards for Social Work Education: School of Social Work Criteria for Evaluation of Academic Performance (See MSW and BASW Student Handbooks).
- e) Conduct that is potentially dangerous to current or future clients...
- f) Unprofessional behaviors as covered by the NASW Code of Ethics.
- g) Sexual harassment see Student Field Handbook Section 1.12 University of Pittsburgh Policies Relating to Field Education.
- h) Sexual interaction with clients see Student Field Handbook Section 1.12 University of Pittsburgh Policies Relating to Field Education.
- i) Physical threats and actions directed at clients, students, faculty or staff. Acceptance of gifts or money from clients that are not standard payment for services received.
- j) Use of computer hardware, software, network access, information and data provided for personal or non-agency business related purposes.

Social work students are expected to act in accordance with professional social work ethics and values. Students should demonstrate tolerance and respect for human diversity. Social work students are also expected to strive to attain the NASW Standards outlined in *Cultural Competence in Social Work Practice*.

PROFESSIONAL COMMITMENT

Upon entrance into the program and field education, the student is expected to be committed to learning about the values and ethics of the social work profession. As the student progresses in the program, s/he is expected to demonstrate a strong commitment to the goals of social work and to the ethical standards of the profession. The student must be committed to the essential values and ethics of social work which include respect for the dignity and worth of every individual and his/her right to a just share in society's resources (see NASW Code of Ethics)

In addition to a commitment to the values and ethics of the profession, the student must also exhibit:

- a) The ability to deal with current life stressors through the use of appropriate coping mechanisms. Handles stress effectively by using appropriate self-care and developing supportive relationships with colleagues, peers, and others. Uses sound judgment. Seeks and effectively uses help for medical or emotional problems that interfere with scholastic and professional performance. Engages in counseling or seeks out support and help if personal problems, psychosocial distress, substance abuse, or mental health difficulties do any of the following:
 - negatively impact academic and other performance,
 - interfere with professional judgment and behavior, or
 - jeopardize the best interests of those to whom the social work student has a professional responsibility to serving.
- b) The knowledge of how one's values, attitudes, beliefs, emotions and past experiences affect thinking, behavior and relationships.

- c) Exhibits abilities to attend and participate in class and field placement, with or without accommodations.
- d) The ability to accurately assess one's own strengths, limitations, and suitability for professional practice. Shows awareness of self and how one is perceived by others. Reflects on one's own limitations as they relate to professional capacities. Is willing to examine and change behavior when it interferes in working with clients and other professionals.

OFFICE OF DISABILITY RESOURCES AND SERVICES

The Office of Disability Resources and Services (DRS) provides a broad range of support services and resources base to assist students with disabilities such as visual impairment, auditory impairment, mobility impairment and hidden disabilities (learning disabilities, ADHD, psychological disabilities). Services include, but are not limited to: tape recorded textbooks, sign language interpreters, adaptive computer technology, Braille copy, non-standard exam arrangements and personal counseling. DRS can also assist students with accessible on campus housing and transportation. Students interested in registering for services should contact DRS to schedule an appointment with the Coordinator and be prepared, if requested, to provide appropriate documentation of their disability. The office is located in 216 William Pitt Union. For more information, call (412) 648-7890 or check out their website: www.drs.pitt.edu.

No otherwise qualified student shall, on the basis of disability, be subjected to discrimination or excluded from participation in the School of Social Work. A student with a disability may be protected by the Americans with Disabilities Act (ADA) and be eligible for a reasonable accommodation that will provide an equal opportunity to meet the academic criteria related to professional behavior and scholastic performance.

Any otherwise qualified student with a protected disability who requests a reasonable accommodation must notify the Office of Disability Services and provide documentation as needed. The Office of Disability Services makes recommendations for accommodations. The School of Social Work will review academic performance criteria in light of individual student circumstances to explore issues of appropriateness and accommodation. An initial assessment, subsequent plan, use of outside experts (including the Office of Disability Services), and periodic checks between the School of Social Work and the student are appropriate.

If required, reasonable accommodation will be determined by the office of Disability Services (See section on *Office of Disability Resources and Services in the Student Handbook* for clarification.)

SOCIAL NETWORKING

As technology advances, the School will continually update internal guidelines and policies with regard to the professional use of technology in practice. While social networking tools obviously present many useful and fun opportunities, the features that enable these benefits also present potentially serious challenges. The guideline presented below attempt to address these challenges. While we are reviewing these policies please remember it is crucial to maintain professional behavior, ethical standards, confidentiality and clinical boundaries with regard to your field placement agency and clients.

A few guidelines to remember:

1. Review and follow any agency guidelines and policies regarding the use of technology in practice. It would be useful to initiate a conversation with your field instructor about the potential impact of social networking on agency clients and the work of the agency.
2. Do not refer to an agency, client or client situation on any Facebook, My Space, Twitter, Blog or other internet site no matter how many security settings you have invoked.
3. If field communication will be required as part of the internship experience, agencies are strongly encouraged to provide a cell phone to the student. Students should not be expected to give a current or former client their personal contact information including email and personal cell phone number.
4. Do not ask or accept a current or former client as a friend on Facebook, Twitter or any other social networking site.
5. Remember that social networking sites are public domains and your information can be accessed by anyone, including clients, and never goes away.

Please address any questions to your field advisor. For further information please consult the University's Code of Conduct at:

<http://catalog.proemags.com/publication/8537e2fd#/8537e2fd/1>

. Academic Performance is further addressed in the MSW STUDENT HANDBOOK pages 69-87.

You may also view these on-line as they have been added to the Handbooks-

BASW <http://www.socialwork.pitt.edu/downloads/BASWFieldEducationHandbook.pdf>

MSW <http://www.socialwork.pitt.edu/downloads/MSW%20FIELD%20HANDBOOK.pdf>

INTEGRATED HEALTHCARE CERTIFICATE REQUIRED COURSES

The sequence of courses required in this specialization provides the advanced knowledge and skills needed by social workers to help individuals and families maintain good health, prevent negative health status outcomes, and manage the psychosocial components of health and well-being. Students must complete all concentration requirements as well as those of the IHC Program. Therefore, in addition to taking Models of Intervention (SWINT 2082); a second-level research course; electives and an advanced practice course in:

Cognitive-behavioral (SWINT 2031)
Social systems (SWINT 2032), or
Psychodynamics (SWINT 2033) approaches;

students seeking to declare the Integrated Healthcare Certificate must take the following courses:

SWBEH 2066	HB: Health/Mental Health (HBSE II) (offered in Spring Term only)	3 crs.
SWWEL 2056	Health Care & Public Policy (Policy II) (offered in Fall Term only)	3 crs.
SWINT 2025	Advanced Social Work Practice in Integrated Health Care (offered in Fall Term only)	3 crs.
SWINT 2073	Integrated Healthcare and Pharmacology OR	3 crs.
SWINT 2007	Introduction to Psychopharmacology in SW Practice (offered in Fall and Spring Term)	3 crs.

Additional recommendations for general elective credit substitution that augment the IHC:

SWINT 2004	Grief and Loss
SWINT 2074	Spirituality & Social Work (concurrent: See Prof. Elizabeth Mulvaney)
SWINT 2011	Social Work Practice with Families
SWINT 2018	Clinical Skills and Psychopathology
SWINT 2030	Direct Practice with the Elderly
SWINT 2042	SW Practice with Drug & Alcohol Abuse
SWINT 2046	Short Term Treatment
SWINT 2049	Direct Practice with Children and Adolescents
SWINT 2053	Social Work Practice with Groups
SWINT 2072	Social Work and Traumatic Stress
SWINT 2031	Advanced Direct Practice: Cognitive-Behavioral- in addition to required ADP course
SWINT 2032	Advanced Direct Practice: Social Systems- in addition to required ADP course
SWINT 2033	Advanced Direct Practice: Psychodynamic- in addition to required ADP course

*NOTE: In addition to the required classes, students are required to attend IHC seminars.

**NOTE: The second level HBSE course, SWBEH 2066HB: Health/Mental Health will not be accepted for fulfilling the second level HBSE course requirement for the MSW/MPH joint degree. The content of SWBEH 2066HB significantly overlaps with the course content of BCHS 2520: Theories in the Graduate School of Public Health.

Required Field Work

The second, concentration placement (12 credits) is completed in a program, unit, or agency that has a primary focus on direct practice related to health care.

Approved Integrated Healthcare Certificate Field Sites
Required Integrated Healthcare Certificate Field Competencies

CAREER DEVELOPMENT & INDIVIDUAL E-PORTFOLIOS

Career Development Activities: Early in the fall, schedule a meeting with the Director of the Office of Career Services and Alumni Affairs to discuss self-assessments, career exploration activities, potential job opportunities, career plans, resume development, and create a LinkedIn group. Individual e-portfolios for each student must be completed. During the fall or spring term, you must attend a workshop offered by the School of Social Work's Office of Career Services (Field hours). Write a synopsis (2 paragraphs) of the most valuable ideas/ concepts, etc. that you learned at the workshop (**include workshop name, date, and location**). **Synopsis is due via email by April 15, 2019**

The School of Social Work , Director of Career Services and Alumni Affairs and/or the Director of Public Health Career Services will work with Fellows on the following activities:

- Career Exploration Activities
- Potential Job Opportunities
- Career Plans
- Resume Development
- Fall and Spring Term Workshops

INDIVIDUAL E-PORTFOLIOS (web platform of your choosing)

Examples that were presented last year.

<https://www.linkedin.com/in/haley-lipton-821b54176/>

<https://crprutting.wixsite.com/website>

<https://www.linkedin.com/in/rhondastrozier/>

Portfolios should include:

Photo(s)

Email Contact Information

Background Information (statement)

- background information
- philosophy and goals

Student Writing Samples

- Capstone / Poster
- Signature Assignments

Professional Information (Attach downloadable resume)

- professional activities, related experiences, conferences, special projects, internships/ placements
- letters of recommendation
- certificates, awards, publications
- formal evaluations

Be sure to illustrate self-reflection and growth in your chosen pieces.

Content “proves” your talent and skills to an employer/audience.

A career portfolio is organized evidence of your work background, readiness for the job and specific job skills that make you qualified for the job for which you are applying. **Remember this is supporting evidence of why you are the best candidate for the job.**

General Portfolio Suggestions

Skills Using Knowledge in your Field:

• Special projects • Innovative class projects • Display of performance materials, formal and technical documents • Photographs highlighting your skills: team work, teaching, on the job, presentations

General Work Performance:

• Artifacts of your work • Job descriptions • Records of your performance • Letters of reference • Commendations, honors and awards for accomplishment • Scholarships and fellowships

Communication Skills:

• Evidence of planning, employee training packets, interview sheets • Evidence of interpersonal and leadership experiences • Writing samples • Extra-curricular activities • Community involvement record • Newsletters you have created • Press releases

Formal and Informal Education and Training:

• Diplomas • Certificates • Academic work samples: your best report, lab, research abstracts • Internship documentation • Professional development training such as conferences • Courses • Second language evidence (include sign language) • Brochures describing training events, retreats, workshops clinics or lecture series • Continuing education certificates/courses

Skills Using Technology, Tools and Equipment:

• Multi-media presentations, photos in action and actual items that you can handle. • Multi-media samples • Technology demonstration - copy of a WWW Homepage presentation

Other suggested items for your portfolio:

• A table of contents • Networking card • Grant writing samples • Military service documentation • Public mention in the media • Transcript • Letters of reference • Licensure papers

Web E-Portfolios: An example of an e-portfolio that an Evans Fellow presented last year can be found below and on the Evans Fellowship webpage. <https://jrplatt0928.wixsite.com/julieplattportfolio>

Google search, “[web portfolios for social workers](#)”

Web portfolio example: <http://jenniewhitley.yolasite.com/>

Power point instructions by UNC for developing hard copy and web portfolios:

http://ssw.unc.edu/files/web/Creating_Portfolio.pdf

The New Social Worker magazine: http://www.socialworker.com/feature-articles/career-jobs/CAREER_TALK--Keeping_Track_of_It_All%3A_Building_Your_Social_Work_Portfolio/

Oakwood University's guide to developing a portfolio: <http://www.oakwood.edu/zPublic/social-work/publications/Senior-Portfolio.pdf>

University of Georgia's B.S.W. Field Education Portfolio:
http://ssw.uga.edu/academics/bsw/bsw_portfolio.html

CAREER TALK--Keeping Track of It All: Building Your Social Work Portfolio

By Reginia Trudy Praetorius, PhD, LCSW, and Laura Lawson, MSW, GSW

Well, we have been writing this career column since 2003 and we hope it has been a valuable contribution to your professional development. Over the years, we have written on marketing your degree, creating your résumé and other professional correspondence, interviewing, professionalism, professional development, areas of practice, career transitions, and transferable skills. However, in sharing these various aspects of “career talk” with you, we have left one thing practically untouched: keeping track of your professional development.

This issue is an especially appropriate venue for this important topic as this will be our last Career Talk column. We have enjoyed our time as voluntary career columnists with *The New Social Worker* but are moving on to pursue other interests. We wish you the best of luck in your future endeavors and hope you will share all you know with future social workers as we have attempted to do with you.

Why a Portfolio?

You might be asking yourself why a résumé isn't enough. A résumé may be enough. We're not saying it isn't. However, a portfolio can serve you in two ways: 1) documenting what you've done and evaluating your professional growth and 2) giving you an extra edge with employers. When employers first receive your résumé and cover letter, your goal is to entice them into a more in-depth evaluation of you and what you have to offer as a candidate. As many of you know, the social work market is saturated in many geographical areas and/or in many practice areas and settings. Unfortunately, many of us will look “similar” on a résumé. But, for example, if you have an Internet-based portfolio on your résumé and cover letter, an employer is able to quickly visit the page and get a clearer and more detailed picture of you. This may land you an interview before others who may appear to have more to offer than you. Additionally, once you are in your “dream job,” the portfolio will be useful in performance evaluations and in promotion evaluations. Often, those making these types of decisions (e.g., an executive director or board) are far-removed from your daily performance and will be relying on the reports of others. The portfolio is your way of filling in gaps that may not be addressed readily. For example, if you have been volunteering on a crisis hotline while working as a case manager at a state agency, those evaluating you for promotion may be unaware that you have a wealth of counseling and crisis intervention skills to share. Now that we've hopefully convinced you to build a portfolio, let's get talking about how to give yourself this edge.

Getting Started

After one or two years of professional practice, chronicling how your job duties have changed and how your skills set has grown through practice and continuing education is daunting. Taking care of our daily duties at work and home are enough to send us into memory overload. Keeping folders with altered job descriptions, old résumés, and documentation of various trainings (whether in-services or continuing education) will be life savers. This type of “paper trail” (though many of us may have a “digital trail” at this point) is the foundation of your portfolio.

Begin with your field experiences and document your work, volunteer activities, and continuing education experiences. You may also want to include examples of your work. For instance, if you have written a grant, you may want to include a copy of the application. We would include copies of all of our Career Talk columns. You may want to create a mock case plan or intervention plan based on a typical case plan or intervention plan you use with your clients. Descriptions of programs you have developed or enhanced are also useful.

Include anything that you think might be attractive to a future employer. (By now, you have a very good idea of what those items might be!) After a few years of practice in the field, these may seem irrelevant, but many employers are intrigued to see how time has shaped you. Since the portfolio is an extension of your résumé, it should be as detailed as possible. Regardless of whether you create a paper-based, CD, or Internet-based portfolio, an employer will be able to focus in on the areas of interest rather than having to scour through the entire chronicle of your professional life.

Paper, CD, or Internet-Based Format?

For the most part, the answer to this question will vary. However, we strongly suggest that you have a paper copy of your portfolio for your own records. This should be an extended copy including documentation of each of your entries in the “official” portfolio. For example, certificates documenting your participation in a continuing education program would be in your “official” portfolio, whereas the handouts and notes for the program would be in your personal copy as a refresher for you when you address such inquiries in an interview.

Aside from your personal paper copy, the format should depend upon two very important issues: what you are most comfortable with (now is not the time to learn to build a Web site unless you are not in immediate need of the portfolio) and what would be easiest for employers. Some employers, such as some small nonprofits, might prefer a paper copy for a variety of reasons, including out-of-date technology (e.g. slower processors, dialup Internet access). However, the drawback is that providing each potential employer with a paper copy of your portfolio can become an expensive endeavor. One option for saving a few dollars and meeting the needs

of the employers is to disseminate the digital portfolio (whether CD or Internet-based) and offer a paper copy upon request.

We wish you the best in your career endeavors and encourage you especially to do this extremely important activity for your future career goals. It may seem time-consuming at first, but once it is constructed, updating it will be simple (and should be done often!).

What Do I Put In It? The Basics

Your portfolio should include a greeting or cover letter, table of contents, résumé, and the following five sections:

- Expanded descriptions of employment (job descriptions, case plans, intervention plans, newsletters, other samples of your work)
 - Awards and certifications (documents such as certificates can be scanned into a computer file to be included on your CD or Web site)
 - Continuing education (copies of certificates or other proof of attendance)
 - Publications and/or presentations (PowerPoint slides, posters, programs listing you as a presenter)
 - Other documents (such as newspaper articles about your work)
-

Portfolio Resources

The Social Work Portfolio (Book), B.R. Cournoyer and M.J. Stanley, ISBN 0-534-34305-8

Documenting Success and Achievement: Presentation and Working Portfolios for Counselors (Journal article), S.H. James & B.C. Greenwalt, Journal of Counseling and Development, Spring 2001, Vol. 79, p. 161-165

Reginia Trudy Praetorius, PhD, LCSW, received her Master of Science in Social Work from the University of Texas at Austin, and her PhD from Louisiana State University. She is an Assistant Professor at the University of Texas at Arlington School of Social Work. She served as a career counselor in the past. Laura Lawson, MSW, GSW, is a graduate of Louisiana State University in Baton Rouge, where she received her Master of Social Work and served as a career counselor. She is currently employed as a school social worker in southern Louisiana.

This article appeared in the fall 2006 issue of THE NEW SOCIAL WORKER.

SURVEYS AND EVALUATIONS

The Baker Fellow is responsible for returning all surveys and evaluations by their due dates.

Please see attached calendar.

Fellow's Surveys and Evaluations

HRSA Biographical Survey	Completed
Integrated Behavioral Health and Primary Care Core Competencies Student Self-Assessment Survey	April 15, 2020
Evaluation of Field Instructor	April 15, 2020

Field Instructor's Surveys and Evaluations

HRSA Field Site Survey (copy in manila envelope)	November 6, 2019
Integrated Behavioral Health and Primary Care Core Competencies Field Instructor Survey	April 15, 2020

**University of Pittsburgh
Wellness Center
Counseling Center**

The ever-increasing complexity of our society is reflected in the changing needs of the students who attend college today. Every year, the staff at the University Counseling & Wellness Center sees students seeking help with concerns such as depression, anxiety, relationship problems, family issues, sexual misconduct, and academic difficulties. **Please do not hesitate to contact the Counseling & Wellness Center if you are in need of services.** Other campus and community resources are listed below.

University of Pittsburgh
Wellness Center
Counseling Center
275 Nordenberg Hall
119 University Place
Pittsburgh, PA 15260
412-648-7930

Campus Resources:

University of Pittsburgh Police Department 412-624-2121
On-Campus Emergency Number 811
University Counseling Center 412-648-7930
Sexual Harassment and Assault Response and Prevention (SHARE) 412-648-7856....24hours a day, 7 days a week
Student Health Service 412-383-1800
Office of Residence Life 412-648-1200
Disability Resources and Services 412-648-7890
Association of Chaplancies 412-383-7270
Title IX Coordinator 412-648-7860
Office of Student Conduct 412-648-7910

Community Resources:

RE:SOLVE crisis network (a crisis network providing referrals, crisis counseling, and mobile crisis teams for on-site emergency psychiatric evaluations anywhere in Allegheny County)
1-888-796-8226
Off-Campus Emergency Number
911
Western Psychiatric Institute and Clinic Diagnostic and Evaluation Center (WPIC-DEC)
412-624-2000
Center for Victims of Violence and Crime
412-392-8582 (Hotline)
Persad Center :LGBTQ-informed counseling. They accept most insurance including Medicaid.
<https://persadcenter.org/pages/counseling-mental-health> 412-441-9786
Pittsburgh Action Against Rape (PAAR)
412-431-5665
Magee-Women's Hospital of UPMC (ER)
412-641-4933
UPMC Presbyterian (Emergency Room)
412-647-3333

WHAT IS EXPECTED OF FELLOWS IN FIELD PLACEMENT?

Discussion with Dr Copeland and Fellows

Maximize Your Field Placement Experience

- Complete a Concentration Field Learning Plan **with** your Field Supervisor.
- Maintain a Field Placement Journal for supervisory meetings.
- Be aware of important “due dates”: Field Office paperwork, Advisor/Liaison field visits, and assessments.
- Maintain a professional and respectful demeanor with field instructors, staff, and clients.
- Meet with your assigned Field Instructor a minimum of one hour per week for supervision.

Making Field Placement As Productive As Possible

Opportunities to Develop Leadership Skills in Field Placement

Turning Your Liabilities into Assets

Cohort 2 Baker Fellows 2019-2020



Gabriel Becker

**Master of Social Work, direct practice concentration with advance standing, IHC (Candidate)
gbb10@pitt.edu**

Gabriel Becker is a 2019 summa cum laude graduate of the University of North Florida, where he earned his Bachelor of Social Work. He is an inducted member of the Phi Kappa Phi honor society, Phi Alpha honor society of social work, and Sigma Alpha Pi: National Society of Leadership and Success. Gabriel's undergraduate generalist field placement was at St. Vincent's Medical Center Clay, located in Middleburg, Florida. His role as a case management intern at St. Vincent's Medical Center Clay primarily consisted of working with rural and suburban patient populations. In this role, he assisted in accomplishing the screening, planning, and referring of community and hospital services, participated in successful discharge planning for hospital patients with complex and chronic illnesses, such as congestive heart failure, chronic obstructive pulmonary disease, and dementia, and connected vulnerable populations, such as uninsured homeless patients, to outpatient healthcare resources. Initially, he worked with patients in the emergency department but as he progressed in his role, he facilitated case management needs for inpatients, observation patients, intensive care unit patients, and labor and delivery patients. His interest in working with an urban patient population for his graduate placement was the most compelling factor in his decision to commit to the University of Pittsburgh School of Social Work. He is confident that the amalgamation of his rural/ suburban placement experience as an undergraduate and his urban field placement experience as a graduate student will make him a more comprehensive and competent integrated behavioral health social worker. Gabriel is a first generation colligate scholar and a veteran of the United States Navy. **Gabriel will begin his integrated health care field placement in the fall, 2019 with Center of Excellence, Western Psychiatric Hospital Addiction Medicine Services.**



Megan Berringer

**Master of Social Work, direct practice concentration, second year, IHC (Candidate)
meb265@pitt.edu**

Megan graduated summa cum laude from Point Park University in 2015 with a B.A. in Behavioral Sciences and a minor in Business Administration. In undergraduate, she participated in Confluence Psychology Alliance, a special interest student group of the APA Division 32 Society for Humanistic Psychology, where she facilitated and attended community outreach events that engaged models of

phenomenology and radical empathy. Eager to explore work with vulnerable populations, she started as a therapeutic staff support for Wesley Family Services, providing behavioral support to children and their families. Transitioning into a role as a service coordinator for Western Psychiatric Hospital, she linked consumers diagnosed with Serious and Persistent Mental Illness to housing, benefits and healthcare. She also volunteered with Crisis Center North as a domestic violence advocate for crisis hotline callers. In her first year internship as an MSW candidate, she worked with Pittsburgh Mercy's Operation Safety Net Wellspring drop-in center as a case manager for clients experiencing homelessness. She currently volunteers with Trans Buddy PGH, an advocacy program that seeks to improve healthcare outcomes for transgender and nonbinary patients. She continues to attend trainings to incorporate gender-affirming practices in behavioral health and primary care settings. In her current role as a team lead clinician in admissions at Western Psychiatric Hospital, she collaborates with physicians, social workers, and nurses to appropriately place psychiatric patients. Megan is passionate about engaging trauma-informed, holistic approaches to mental health service provision for marginalized populations through an integrated healthcare lens. She is excited for the Baker Fellowship opportunity, and plans to pursue clinical licensure to practice in healthcare after graduation. **Megan will begin her integrated healthcare field placement in the fall of 2019 with UPMC Latterman Family Health Center in McKeesport.**



Allison Carton

Master of Social Work, direct practice concentration, advanced standing, IHC (Candidate aac98@pitt.edu)

Allison graduated summa cum laude with a Bachelor of Social Work from the University of Georgia in Athens, Georgia. During her time at UGA, Allison received both the Presidential Award of Excellence in 2018 and the Heather C. Wright Memorial Scholarship in 2017. Allison then relocated to Pennsylvania to receive her Master of Social Work from the University of Pittsburgh. Prior to the relocation, Allison was employed with the Georgia Division of Family and Children Services as a foster care case manager and as a child protective services intern. Allison has worked with at-risk youth in both the state setting and the non-profit sector. Her work within the non-profit focused on endorsing a holistic, team approach to the promotion of long-term success for children who had experienced more than six of the ten Adverse Childhood Experiences as defined by the Centers for Disease Control. Using the knowledge and experience she gains from the Edith M. Baker Fellowship, Allison plans to research the effects of an integrated health care team on children experiencing ACEs, while implementing evidence-based health care approaches to improve outcomes for these children into adulthood. **She will be conducting her Baker Integrated Healthcare Fellowship field placement at West Penn Hospital.**



Kyla Christensen

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

krc113@pitt.edu

Before coming to the University of Pittsburgh, Kyla Christensen graduated cum laude from Black Hills State University in Spearfish, South Dakota in 2018 where she obtained her Bachelor of Science in Human Services and Theatre. While at Black Hills State University, Kyla participated in several campus organizations and was a member of the executive councils for the Resident Hall Board and Theatre Society. Kyla also worked to create awareness around mental health and helped establish advocacy programs for mental health and suicide prevention. In addition, she invested a great deal of her time to the youth and aging populations in the community. Kyla worked at a youth program, volunteered at one of the local retirement homes, and was able to start an intergenerational program where the youth would visit the residents at the retirement homes bi-weekly. Kyla's passions vary; at the top of the list is people, mental health advocacy and theatre. Kyla's primary goal is to make a difference and to be happy. She has worked with children in some capacity for the last ten years and hopes to continue doing so in her future career. Kyla believes everyone can overcome any challenge they face if they receive support and compassion. Kyla is honored and thrilled to be a part of the Edith M. Baker Fellowship for Integrated Behavioral Health Care. **Kyla will begin her integrated health care field placement in the fall, 2019 with UPMC McKeesport Addiction Medicine.**



Roberto Cruz

Master of Social Work, direct practice concentration with advanced standing, IHC (candidate)

roc83@pitt.edu

Roberto Cruz graduated summa cum laude from the University of the District of Columbia with a Bachelor of Social Work (BSW) in May of 2019. He completed his generalist practice field placement in the behavioral health department at Family and Medical Counseling Services in Washington DC where he worked with clients battling addiction. Roberto volunteered as a peer counselor at Whitman Walker Health, providing support services to newly diagnosed HIV positive clients. Before pursuing an education in social work, Roberto spent many years working in the retail and hospitality industries. Roberto is an Advanced Standing Master of Social Work candidate at the University of Pittsburgh focusing on direct practice and integrated health. Upon graduation, Roberto hopes to work in the area of trauma with adolescents and young adults. Roberto is honored to be an Edith Baker Fellow. **Roberto's concentration integrated health care field placement will be with CHP Adolescent and Young Adult Medicine.**



Melanie Di Bello

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

mjd151@pitt.edu

Melanie Di Bello earned her Bachelor of Science in Psychology and Sociology with a minor in Administration of Justice from the University of Pittsburgh in 2013. While earning her B.S., Melanie collaborated with professors on various research and was an active member of Psi Chi, the International Honor Society in Psychology. She is continuing her education at the University of Pittsburgh pursuing a Master of Social Work. During her first year in the MSW program, she interned at the Allegheny County Public Defender's Office where she acted as a member of a holistic defense team. Melanie worked with, and advocated for, individuals at various stages of the legal system. She has worked at TCV Community Services, a Pittsburgh non-profit community mental health agency, since 2013. Melanie supervised a group home for individuals with severe and persistent mental illness. Her and her staff provided a therapeutic environment for these individuals to manage their symptoms and work towards independence. Melanie later supervised the Diversion and Acute Stabilization unit where individuals in acute mental health crisis found respite through partial hospitalization and a supportive residential setting. During her years working in the mental health field, she has gained valuable insights in working with diverse and at-risk individuals. Melanie is a certified Comprehensive Crisis Management Instructor, UPMC and a certified Narcan Administration Instructor. She enjoys teaching others and often volunteers to hold Narcan administration trainings within her school and community. Melanie most enjoys working in acute settings and has a passion for crisis intervention. Melanie's experience has shown her the immense impact a dedicated and compassionate interdisciplinary treatment team can have for the individuals in their care. She hopes to bring her experience, cultural humility, the values and ethics of the social work profession, and a holistic perspective to the medical field. Upon graduation, Melanie hopes to work in an acute healthcare setting and plans to seek clinical licensure. Melanie anticipates spending her career compassionately empowering individuals, families, and communities while advocating for social justice and inclusion for the most vulnerable members of society. **Melanie will be conducting her Baker Integrated Healthcare Fellowship field placement in the fall, 2019 with UPMC McKeesport Addiction Medicine.**



Hannah Fiore Gallagher

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

h.fiore@pitt.edu

Hannah Fiore graduated from Denison University in 2016 with a Bachelor of Arts in Psychology and a minor in Spanish. During her undergraduate career, she worked and volunteered with children with special needs in a variety of settings. She also interned at The Family Institute, an affiliate of Northwestern University that combines therapeutic practice and research. It was there that she first met practicing social workers and her interest in the field began to develop. Upon graduation, she worked as a Project Coordinator in the Department of Psychology in Education at the University of Pittsburgh, conducting research on the effects of mindfulness and social media on adolescent mental health and academic performance. Her first internship with the MSW program was in Child Development and Family Support at the Urban League of Greater Pittsburgh, where she worked with low income parents and witnessed firsthand the need for accessible, affordable integrated healthcare. Hannah's **integrated health care field placement will be with UPMC St Margaret Hospital FHC.**



Alexandria Gariepy

Mater of Social Work, direct practice concentration, advance standing, IHC (Candidate)

alg260@pitt.edu

Prior to attending the University of Pittsburgh, Alexandria Gariepy graduated with honors from the California University of Pennsylvania (CAL U) in 2019 with her BSW. During her time at CAL U, Alexandria facilitated discussions on interpersonal violence and healthy relationships with multiple organizations on campus, tirelessly advocating for survivors of sexual assault. She conducted research entitled "Social Work Approach to Understanding Adolescent Post Traumatic Stress Disorder" and presented her findings at different events including CAL U's Strike a Spark and Millersville's 5th annual STEM conference. Alexandria also interned with Gwen's Girls of Allegheny County. While with Gwen's Girls, Alexandria implemented gender specific programming for at risk youth (ages 8-14) through after school programming, introducing an art curriculum into the girl's daily routines, and developing programs to help fuel both life skill growth and empowerment. As a military child, Alexandria is culturally competent and thrives in the face of both diversity and adversity. She enjoys empowering others and hopes to one day work with at risk urban youth who are experiencing post-traumatic stress disorder and survivors of sexual assault. She would like to

incorporate her love of art into her social work practice as well. Alexandria is both honored and humbled to be part of the Edith M. Baker Fellowship for Integrated Behavioral Healthcare. **She will begin her concentration health care field placement in the fall, 2019 with CHP Adolescent and Young Adult Medicine.**



Sherry Gunn

Mater of Social Work, direct practice concentration, second year, IHC (Candidate)

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Sherry Gunn graduated from Brigham Young University with a BSW in 1990. She continued graduate work there and transitioned to Special Education. She taught in the public-school systems in both Utah and Minnesota with a focus on children with behavioral challenges. Sherry spent the next 25 years focused on raising her own 5 children and volunteering extensively in her community. For two years, she administered a regional home visitation program for over 100 women in the local area, managed a commodities distribution program and provided one-on-one short- and long-term psycho-emotional support to women with mental, behavioral and physical health conditions. Sherry spent 8 years as an administrator in a regional youth program, organizing monthly activities, an annual week-long summer camp for young women aged 12-18 and an annual 3-day conference for both young women and men. A highlight of this experience was organizing a multi-state youth conference in Pittsburgh for over 1000 youth from Pennsylvania, New York, Ohio and West Virginia. As her first foray into healthcare, Sherry participated as a member of a multidisciplinary team to administer an adaptation of the American Academy of Pediatrics Neonatal Resuscitation Program® for midwives and birth attendants in Uganda, the Marshall Islands and Micronesia during two short-term service missions. What Sherry loves most is spending time with her family. She especially loves traveling with her family and exposing her children to different cultures and climates. They have traveled together to 6 of the 7 continents, met incredible people, seen amazing sites and explored cuisines all over the world. Of her 5 children, 4 have entered the healthcare field. Team Gunn consists of a critical care physician, a future nurse midwife, nurse practitioner, physical therapist, and an occupational therapist. Sherry plans to round out the family interdisciplinary healthcare team by adding social work. **Sherry will begin her Edith M. Baker Fellowship field placement in the fall, 2019 with UPMC Children's Hospital of Pittsburgh.**



Ashle' Hall

**Master of Social Work, direct practice concentration with advanced standing (Candidate)
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Ashle' Hall graduated from the University of Pittsburgh with a Bachelor of Arts in Social Work. During her time as an undergraduate, she was accepted into the Child Welfare Education for Baccalaureates (CWEB) program. She completed her internship at Allegheny County Children, Youth and Family Services (CYF) as a caseworker. Following graduation, Ashle' spent a year employed as a caseworker II at Allegheny CYF. It was then that she saw a need for a solution to helping non-Black parents of Black foster children care for their child's natural hair. She started her own business, Ashle' Taylor's Collection, which provides foster parents with natural hair products, tips on maintaining healthy hair, and even a video series that provides parents with a visual demonstration of how to care for their child's natural hair. With a passion and soft spot for children, Ashle' hopes to further her career employed as an Oncology Social Worker, and dedicate her time to helping patients, families, and caregivers deal with the experience of facing cancer. **Ashle' will be conducting her Baker Integrated Healthcare Fellowship field placement at UPMC Children's Hospital of Pittsburgh.**



Amanda Harris

**Master of Social Work, direct practice concentration, second year, IHC (Candidate)
ARH130@pitt.edu**

Amanda Harris graduated from the University of Arizona with a Bachelor of Arts in Psychology and a minor in communications in May 2012. She is currently pursuing her Master of Social Work degree with a concentration in direct practice and a certificate in integrated healthcare from the University of Pittsburgh. Prior to entering the Master of Social Work program, Amanda worked as a Family-Based clinician, which involved structural family therapy and CBT/DBT interventions with children and families diagnosed with physical or mental health disorders. In addition, Amanda has experience in working with special needs and vulnerable populations through service coordination at a nonprofit organization and research through the University of Washington. During her first year in the MSW program, Amanda interned at the Children's Institute and UPMC: Heritage Place, a transitional rehabilitation unit that meets the needs of the geriatric population being discharged from the hospital or acute care setting. After finishing her MSW degree, Amanda wishes to become certified as a licensed clinical social worker in an acute healthcare setting that focuses on trauma-informed care for

the underserved and vulnerable populations. **Amanda will begin her Edith M. Baker Fellowship field placement in the fall, 2019 with UPMC Presbyterian Shadyside hospital.**



Emma Hosack

**Master of Social Work/Master of Public Health, direct practice, second year, IHC (Candidate)
emh146@pitt.edu**

Emma Hosack graduated from Grove City College in 2018 with a Bachelor of Science in Psychology and a Bachelor of Arts in Spanish. While earning her degree, she had the opportunity to study abroad in Cusco, Peru where she completed coursework in Spanish grammar, literature, and cultural studies. She also partnered with an after-school program in rural Cusco for elementary school students to assist with homework, literacy skills, and enrichment activities. Prior to beginning her studies at the University of Pittsburgh, Emma worked as an Identification and Recruitment Associate for Mano en Mano, a nonprofit that serves farm workers in rural Maine. Her role was to recruit in work camps during the wild blueberry season to identify children that were eligible for the federal Migrant Education Program. This helped stir her passion for working with migrant and immigrant families and expand her knowledge of the unique needs of these populations. Emma chose to pursue the joint MSW/MPH program because of her desire to better understand and reduce health disparities among specific populations in the United States. Her first-year field placement was working with the Immigrant Services and Connections (ISAC) program at the Latino Family Center. There she helped to connect Spanish-speaking immigrant and refugee clients to resources in Pittsburgh. She also partnered with clients to achieve goals through service coordination and sought to address cultural and linguistic barriers to access. She is excited about the opportunity to participate in this fellowship and learn more about ways to implement holistic, comprehensive patient care. **Emma's integrated health care field placement will be with AGH Internal Medicine in Primary Care.**



Renee Kirsch

**Master of Social Work, direct practice concentration, second year, IHC (Candidate)
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Renee Kirsch earned her Bachelor of Science degree in Human Development and Family Studies from the Pennsylvania State University. While pursuing her undergraduate degree, she completed an internship with UPMC Western Psychiatric Hospital at the Conroy-Merck Intensive Treatment

Program. The treatment program is a collaboration between UPMC Western Psychiatric Hospital and Pittsburgh Public Schools. Renee accepted an opportunity for a temporary position as a Mental Health Worker at the Merck Summer Intensive Treatment Program. Renee obtained employment for nearly four-years at the Barber National Institute as a Therapeutic Staff Support. During this time, Renee obtained a position at UPMC Western Psychiatric Hospital, spent over two-years as a Service Coordinator, and completed a Children's Behavioral Health: Service Coordinator Certificate Course offered through the University of Pittsburgh, School of Social Work and acquired a certificate. Renee continued on her journey and advanced to a Family Based Clinician I position at UPMC Western Psychiatric Hospital. She spent three-years attending a training program that consisted of a monthly lecture and clinical through The Office of Education Resources and Planning at UPMC Western Psychiatric Hospital to receive a Family Based Clinician certificate after passing a video competency and written exam. Renee was promoted to her current position as a Family Based Clinician II at UPMC Western Psychiatric Hospital and has spent these past three-years as a team-leader delivering services to children, adolescents, and families in the community. Renee began pursuing her Master of Social Work at the University of Pittsburgh and completed the Generalist Field Placement at UPMC Children's Community Pediatrics. Renee is honored to have the opportunity to be a part of the Edith M. Baker Integrated Behavioral Healthcare Fellowship. **Renee's integrated health care field placement will be with CHP Adolescent and Young Adult Medicine.**



Courtney Laughlin

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

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Courtney Laughlin earned her Bachelor of Science in Therapeutic Recreation with a minor in History from Temple University in May 2016. While earning her B.S. she completed internships at Temple Episcopal Hospital's Acute Care Behavioral Health Unit and Princeton House Behavioral Health Facility where she implemented therapeutic group interventions, completed bio-psychosocial assessments and treatment plans, and was an active voice on Princeton House's multidisciplinary treatment teams. From 2016 – 2018, Courtney worked in Princeton, New Jersey as a Mental Health Associate for Penn Medicine working in their Behavioral Health Emergency Room Unit. Courtney is currently in the MSW program, with a concentration in direct practice focused on integrated behavioral health care. In her first year in the MSW program, she interned with older adults in long term care, memory care and the behavioral health units at Kane Community Living Center of Glen Hazel. Courtney is motivated by working with individual's receiving memory care services as well as their families. In the future she seeks to focus further on improving support networks for families and caregivers of loved ones with Dementia. **Courtney's concentration Baker Fellowship field placement for the 2019-2020 academic year will be with UPMC Presbyterian Hospital Department of Neurological Surgery.**



Haley Martin

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

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Haley Martin graduated from Saint Vincent College in May 2018 with a Bachelor of Science degree in Psychology and minors in Children's Studies and Addiction Specialist Certification. While earning her bachelor's degree, Haley completed a six-week study abroad program at Universal: Centro de Lengua y Comunicacion Social in Mexico. Through this program, she studied Spanish and volunteered for organizations that serve underprivileged youth. Haley completed her undergraduate internship in a learning center, where she worked with children who had various behavioral health diagnoses. Haley is currently pursuing a Master of Social Work degree with a focus on direct practice and integrated health care at the University of Pittsburgh. Haley completed her first-year field placement at Catholic Charities, where she worked in both the Pregnancy and Parenting program and St. Joseph's House of Hospitality. As an intern with the Pregnancy and Parenting program, she provided emotional support, education, and assistance to expectant and new mothers. At St. Joseph's House of Hospitality, Haley worked with residents to support their physical health, mental health, and spiritual well-being. Upon graduation, Haley plans to seek employment in an integrated healthcare setting and begin working towards becoming a licensed clinical social worker. **Haley will begin her integrated health care field placement in the fall, 2019 with UPMC Magee-Women's Hospital.**



Ke'Amber Moses

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

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Ke'Amber Moses graduated from Georgia State University in 2017 with her Bachelor of Interdisciplinary Studies in educational psychology and counseling. While attending Georgia State University, Ke'Amber worked diligently to grow in leadership and expand in knowledge. During her undergraduate years, Ke'Amber worked as a Resident Assistant within University Housing, served in AmeriCorps teaching literacy in less fortunate communities, volunteered at Children's Hospital of Atlanta briefly, worked as a research assistant with the South Fulton County Police Department, and served on a worldwide campus ministry. In addition, Ke'Amber self-orchestrated community service opportunities and operated her tutoring business part-time. Prior to attending the University of Pittsburgh, Ke'Amber was awarded the Outstanding B.I.S. in Human Learning and Development Student Award for the College of Education & Human Development and was also recognized as the

Distinguished Young Woman of Sumter County for the Class of 2013. Ke'Amber has worked in various educational settings and has experience in business leadership, community organizing, teaching, mentoring, and program development. Since moving to Pittsburgh, Ke'Amber has interned at Homewood Children's Village where she worked with elementary age students on conflict resolution, safety, interpersonal skills, intrapersonal skills, and middle school transition. Simultaneously, Ke'Amber also worked in Pittsburgh Mercy's Child Diversion & Acute Stabilization Program where she provided therapeutic support services to youth ages 7-14 experiencing mental and behavioral health problems. Ke'Amber currently still holds her position at Pittsburgh Mercy. In fall 2019, Ke'Amber entered her second year in the Master of Social Work program, direct practice with a certification in integrated health care and interest in pursuing a joint degree in public health. Upon graduation, Ke'Amber desires to work in integrated health and education fields that prioritize holistic development and provide inclusive health services to diverse communities. Long term, Ke'Amber plans to open a school that is dedicated to providing holistic learning, building healthy families, and sharing the wisdom of integrated communities. **Ke'Amber will begin her concentration Baker Fellowship field placement in the fall, 2019 with Allegheny General Hospital.**



C. Bailey Nichols

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

cbn9@pitt.edu

Bailey Nichols graduated in 2013 with her Bachelor of Science in Biology and minors in psychology and dietetics from Ouachita Baptist University, located in Arkadelphia, Arkansas. Upon graduation, Bailey worked for four years with the non-profit UrbanPromise Ministries in Wilmington, Delaware. Bailey is continually grateful for the rich relationships she built and practical social work experience she gained while working with children and families at UrbanPromise. Her duties included implementing scientific enrichment programs for elementary students, teaching in the after-school programs and summer camps, writing program curriculum, planning events and trips for students, home visiting, and establishing a support group for mothers. Experiences in Delaware helped Bailey identify unmet emotional and psychological needs that inner city families face, which influenced her decision to pursue her Master of Social Work degree at the University of Pittsburgh. In addition to her academic studies, Bailey enjoys working as an associate house manager for Family House, a Pittsburgh non-profit that provides a "home away from home" for patients and their families who travel for medical visits. Bailey is thankful to be an Edith M. Baker Fellow as she pursues certification in integrated healthcare. She hopes to provide counseling services for clients who have comorbid mental and physical health diagnoses. She believes that practicing therapy in an integrated health setting will most effectively combine her passions of biology and research with her desire to serve individuals and families. **Bailey's Edith M. Baker Integrated Behavioral Healthcare field placement during the 2019-20 academic year will be with UPMC St Margaret Geriatric Care.**



Grace Ogunyemi

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

goo7@pitt.edu

Grace Ogunyemi earned her Bachelor of Arts in International Affairs from the University of Georgia. She earned a master's degree in Public Policy and Management from Carnegie Mellon University in 2012. There she proposed a Systems Synthesis in which her peers voted to work on in lieu of a master's thesis.

In this, she was also the project manager where she led her colleagues towards recommendations for the Youth Advocate programs to operate more effectively to combat youth truancy in cooperation with Children Youth and Families, CYF. Prior to pursuing her degree at Carnegie Mellon, Grace was a Teach for America 9th grade high school teacher in Atlanta, Georgia. There she helped youth achieve significant academic gains despite being from under-resourced areas. During her first year in the MSW program, Grace was given the opportunity to continue working in her passion for helping marginalized populations through her work with Pittsburgh Mercy as a social work intern. There she was able to witness and carry out integrated healthcare with compassion and competence, as she learned from an interdisciplinary team. Upon graduation, Grace hopes to use her MSW to cater to clients dealing with substance abuse and or bipolar depression in a hospital setting. Grace is grateful for the opportunity the Edith M. Baker Fellowship provides her to learn and grow, cultivating her with the skills to be a more effective and competent professional and leader in her field. **Her Edith M. Baker Integrated Behavioral Healthcare field placement during the 2019-20 academic year will be with UPMC McKeesport Hospital AMS.**



Delia O'Leary

Master of Social Work, direct practice concentration, second year (Candidate)

DMO35@pitt.edu

Delia O'Leary graduated from California University of Pennsylvania in 2018 with her Bachelor of Arts in Psychology and a minor in women's studies. She moved back to Pittsburgh to pursue her Master of Social Work at the University of Pittsburgh. During her time at Cal U, Delia was heavily involved in campus outreach and working at the University. Delia belonged to Alpha Sigma Tau sorority where she served as Vice President for a year, as well as other positions that focused on philanthropy work at the Ronald McDonald House of Pittsburgh and the Women's Wellness Initiative. Delia worked on campus as an internship ambassador where she assisted students in

securing internship opportunities and scholarships through Cal U. Delia also competed with Cal U's cheerleading squad, winning an NCA title with her squad as a freshman. She has worked as a gymnastics and cheer coach for many years, enjoying working with both children affected by learning or behavioral health issues, and able-bodied athletes. Delia's interest in working with children and families began when she started volunteering at UPMC Children's Hospital when she was 14 years old, continuing during the summer's over the next three years. Initially interested in Childlife Services, Delia initially pursued a degree in psychology before committing to a career in social work with a primary interest in working in the hospital setting. Delia has been employed by Family Behavioral Resources since April 2018, as a therapeutic support staff and working with children affected by autism and their families. Delia completed her first-year externship with A Child's Place, child advocacy center where she worked with children and families that were affected by issues of abuse. At A Child's Place, she worked with a multidisciplinary team of doctors, nurses, law enforcement, and child protective services to create a safe space for all multidisciplinary members to work together and best benefit the children and families. Delia is passionate about working with children and families in a healthcare setting, and helping families navigate the difficulties of chronic illness and trauma. **Delia will begin her integrated health care field placement in the fall, 2019 with UPMC Children's Hospital of Pittsburgh.**



Jordan Pollard

**Mater of Social Work, direct practice concentration, advance standing, IHC (Candidate)
jfp28@pitt.edu**

Jordan Pollard is from Dallas, Texas. He earned a Bachelor of Social Work degree from Brigham Young University-Idaho in 2018. Jordan's passion for social work originated at a young age when he was evicted along with his siblings and mother. He continued to experience the effects of poverty as he watched his mother struggle with drugs and his father go in and out of prison. Jordan saw these experiences as motivations to make a difference in his future. At Brigham Young University-Idaho he completed a 550-

hour internship at a local probation office working with a variety of youth who came from diverse backgrounds. Along with his internships, he completed two certificates one in trauma, anxiety, and emotional dysregulation and another in youth mental health first aid. Jordan is eager and exuberant to participate in the Edith Baker Fellowship and to complete the integrated behavioral healthcare certificate in order to inspire growth, create collaboration with all health professionals, and to establish a higher way to service and treatment. **Jordan's Edith M. Baker Fellowship field placement will be with UPMC St Margaret Hospital.**



Jessica Ruble

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

jfr29@pitt.edu

Jessica Ruble graduated from Pennsylvania State University in 2017 with degrees in Spanish and International Politics with a minor in Latin American Studies. During her time as an undergraduate student, she was a member of the Schreyer Honors College and Paterno Fellows Program and studied abroad for one semester in Santiago, Chile. Jessica was also involved in Cru, a Christian ministry for college students, and stood for 46 hours to raise money for pediatric cancer for THON, the largest student-run philanthropy in the world. After graduating, Jessica was awarded a position as a Blue Ridge Fellow, a 9-month Christian program that promotes the growth and flourishing of recent college graduates through master's level seminary classes, professional seminars, volunteerism, mentoring focused on personal and professional development, and a paid internship at a nonprofit organization. During the year, she worked at Street Ransom, a nonprofit that serves juvenile survivors of sex trafficking, and was motivated to go to graduate school to receive her MSW. Within social work, she was drawn to the healthcare field because of her experience working with various marginalized and vulnerable populations who were all underserved in the healthcare system. During the Baker Fellowship, Jessica hopes to learn about various physical and mental health diagnoses while serving those who have been marginalized and underserved in healthcare. **Jessica's integrated health care field placement will be with UPMC Children's Hospital of Pittsburgh.**



Jessi Smirga

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

JLS341@pitt.edu

Jessi Smirga earned her Bachelor of Arts (B.A.) in Anthropology and Sociology and certificates in Latin American Studies and Conceptional Foundations of Medicine from the University of Pittsburgh in April 2017. She is currently pursuing her Master of Social Work degree with a concentration in direct practice and a certificate in integrated healthcare from the University of Pittsburgh. While she was pursuing her bachelor's degree, Jessi was able to study abroad twice, once in Italy to study cross-cultural psychology and once in Bolivia to study global public health. Prior to pursuing her Master of Social Work, Jessi volunteered with Prevention Point Pittsburgh, a harm-reduction needle exchange program based out of Pittsburgh, for 2 years. Here, she had direct practice experience through serving as the gateway to

services such as HIV and Hepatitis C testing, overdose prevention training and naloxone prescriptions, case management, and referral to drug treatment and other social services. During her first year in the MSW program, Jessi interned at Wesley Family Services in their behavioral health program. Jessi was able to attain therapeutic experience with children diagnosed on the autism spectrum and with other mental health conditions. After finishing her MSW degree, Jessi wishes to become certified as a licensed clinical social worker in a hospital setting. Jessi is grateful to be accepted as Baker Fellow and hopes to learn and grow with the program throughout the year in order to gain a better understanding of integrated healthcare. **Jessi's integrated healthcare field placement will be with Forbes Regional Hospital.**



Cassandra Stoyanoff

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

ClS234@pitt.edu

Cassandra Stoyanoff earned her Bachelor of Arts in Psychology (BA) from LaRoche University in May 2011. Cassandra has always had a passion for helping others. In high school she volunteered at a women's shelter, helping to improve literacy among the children who lived there. After college Cassandra spent time exploring how to become the best version of herself. She managed a health and wellness facility, where she became very interested in the connection between mind and body. She went back to volunteering but this time with women who have substance abuse issues. For the last 5 years she has spent time weekly at a women's facility helping to provide support. After years of focusing on health and wellness, volunteering, and soul searching she decided to further her education. She is currently at the University of Pittsburgh pursuing her Master of Social Work degree and following the path of integrated healthcare. **Cassandra's Edith M. Baker Integrated Behavioral Healthcare field placement during the 2019-20 academic year will be with UPMC St Margaret Hospital-Bloomfield.**



Hayley Sweitzer

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

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Hayley graduated from the University of Phoenix with a Bachelor of Science in psychology in June of 2018. During her last semester of her degree, she became increasingly interested in the holistic aspect of care, and believed she wanted her practice to incorporate the person-in-environment

approach. While working on her undergraduate degree, Hayley was a youth group coordinator at a nonprofit that served unprivileged adolescents with substance abuse disorder. She received the opportunity to work with teens and their families during their journey of recovery from chemical dependency. Hayley also had summer experience, at South Western Human services, as a therapeutic staff support working with children who have developmental disabilities, and as a camp counselor at the Summer Program for the Education of Autistic Kids (SPEAK). After earning her bachelor's degree in psychology, Hayley wanted to broaden her education and experience. Thus, leading her to the School of Social Work at the University of Pittsburgh. In August of 2018, Hayley started her Master of Social Work as a direct practice student, interested in the integrated health care track. Within the first year, Hayley started her generalist internship at Mercy Behavioral Health on the Community Treatment team working with adults who have severe mental health diagnoses. Hayley got the opportunity to work in collaboration with psychiatrists, nurses, forensic specialists, dual diagnosis specialists, and other clinicians as part of a multidisciplinary team. This experience confirmed Hayley's decision to declare the integrated health care certification. Hayley hopes to use her knowledge from the integrated health care fellowship to practice competency providing a holistic continuum of care for underprivileged populations in the medical setting. **Hayley will begin her integrated health care field placement in the fall, 2019 with UPMC Presbyterian Shadyside hospital.**



Kyle Terrill

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

kpt7@pitt.edu

Kyle Terrill completed his Bachelor of Science in Biology from Geneva College in Beaver Falls, PA in May 2016. Upon graduation, Kyle accepted a research position with UPMC Western Psychiatric Hospital and the Translational Neuroscience Program, under the supervision of David A. Lewis, MD. He served as a liaison between UPMC and the Allegheny County Medical Examiner's Office (ACMEO) to recover and process human brain tissue for the purpose of mental health research. Kyle's interest in social work was established through his work with ACMEO, where he observed various barriers to health that exist in the Pittsburgh community, including the opioid epidemic, suicide and the stigma of mental illness, and limited access to appropriate health care. He enrolled in the University of Pittsburgh Master of Social Program in the fall of 2018 to make a positive impact on the future of healthcare delivery in the city that he was born and raised in. Kyle completed his first-year generalist internship at the Foundation of HOPE Aftercare Program, a non-profit, faith-based organization that assists individuals who have been previously incarcerated obtain necessary resources in the Pittsburgh area, including affordable and emergency housing, employment, transportation, clothing, and food. In this internship, Kyle learned more about the criminal justice field and the obstacles that individuals with a criminal background face once they are released. Kyle is honored to be an Edith M. Baker Fellow and looks forward to the clinical experiences that the fellowship has to offer in the field of integrated health care. **Kyle's Edith M. Baker Integrated**

Behavioral Healthcare field placement during the 2018-19 academic year will be with UPMC St. Margaret Hospital.



Megan Lynn Van Doren

Master of Social Work, direct practice concentration, second year (Candidate)

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Megan graduated from Bloomsburg University of Pennsylvania in 2016 with a Bachelor of Arts in Psychology and a minor in Professional Writing. She is currently a Master of Social Work student at the University of Pittsburgh focusing on direct practice and integrated healthcare. Megan has years of experience working with diverse and vulnerable populations. She has gained experience working as a case manager for a rural partial hospitalization program serving children and adolescents. Additionally, she worked as a crisis intervention specialist and county delegate serving multiple hospital systems in Eastern Pennsylvania. She currently works for UPMC at two comprehensive mental health facilities serving the adult and geriatric populations who have SPMI and physical health complications. Through these experiences, Megan has developed a strong passion for suicide prevention, healthcare social work, oncology, advocating to reduce the mental health stigma, and working with children. Her motivation originates from having family members who were diagnosed with different mental disorders and friends who have lost their lives to cancer and suicide. Megan's goal is to work as a licensed clinical social worker within a palliative care hospital setting serving the pediatric population. Recognizing the need for integrated healthcare and the social worker's vital role as part of an interdisciplinary team, Megan applied to the Edith M. Baker Fellowship. Megan is truly excited to be given the opportunity to contribute her clinical skills and experiences to this reputable field. **Megan will be conducting her Baker Integrated Healthcare Fellowship field placement at UPMC Presbyterian Shadyside Hospital.**



Courtney Watsula

Master of Social Work, direct practice concentration with advanced standing, IHC (candidate)

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Courtney Watsula completed her Bachelor of Arts in Social Work (BASW) with a concentration in Psychology at the University of Pittsburgh in April of 2019. For the last three years, Courtney has worked in Clairton PA as a Youth Development Specialist with Gwen's Girls. Throughout her time

with Gwen's Girls, she has received a plethora of professional development training. Courtney is certified in CPR/First Aid, Crisis Prevention and Intervention (CPI), and Youth Mental Health First Aid. During her senior year at the University of Pittsburgh, she worked at the Family Resources Therapeutic Preschool as a social/emotional support intern. While earning her degree, she also used her time to volunteer for a variety of agencies such as the Greater Pittsburgh Food Bank, Light of Life Rescue Mission, and the Humane Society of Western Pennsylvania. In addition, Courtney also worked with the Pittsburgh City Council as a policy intern and canvassed for two political campaigns. Throughout her professional, volunteer, and internship experiences she has had the opportunity to observe and engage in micro, mezzo, and macro social work practice. All of the experiences Courtney has had to date motivate her as she continues her education as an advanced standing MSW student at the University of Pittsburgh. When she is not working Courtney enjoys spending time with her family, friends, and Rottweiler, Jack. **Courtney will begin her integrated health care field placement in the fall, 2019 with UPMC Matilda Theiss.**



Audrey Wrobel

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

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Audrey Wrobel received her Bachelor of Arts in Psychology from Temple University in May 2018. She also completed a summer study abroad experience at Temple's Rome Campus in Italy. While earning her undergraduate degree, Audrey worked in two developmental psychology labs and at Temple's Center for Obesity Research and Education. She had the privilege of presenting a poster at the Eastern Psychological Association conference in 2017. Audrey's interest in the field was influenced through her work with Big Brothers Big Sisters, where she volunteered as a big sister for 4 years. In her first year of the MSW program, Audrey interned at UPMC Community Care Behavioral Health Organization, where she gained valuable clinical skills and became oriented to the abundance of community mental health resources in Allegheny County. As a second-year student, Audrey is pursuing a certificate in Integrated Healthcare, and hopes to use the knowledge she will gain from the Baker Fellowship to promote integrated and holistic models of care in healthcare settings. **Audrey's Edith M. Baker Integrated Behavioral Healthcare field placement during the 2019-20 academic year will be with UPMC Magee Womens Hospital.**



Ryan Young

Master of Social Work, direct practice concentration, second year, IHC (Candidate)

ryanyoung@pitt.edu

Ryan Young graduated from the University of Pittsburgh with his Bachelor of Science in psychology and religious studies and a minor in applied statistics in 2016. Ryan has experience working with families, young adults, adolescents, and children. He has worked in intensive outpatient programs and extended school year programs with individuals with Obsessive Compulsive Disorder (OCD) and Autism Spectrum Disorder (ASD). Ryan also has experience working in homes and in the community with families at the Family Based Mental Health Services Program (FBMHS) at Western Psychiatric of UPMC. He provided comprehensive services, including on-call crisis intervention, Cognitive Behavioral Therapy (CBT), Ecosystemic Structural Family Therapy, interagency collaboration, and case management. Seeing the positive change in families who received structural and systemic interventions at FBMHS led him to enter the Master of Social Work program at the University of Pittsburgh. Ryan's first field placement in the program was at the Federal Public Defender's Office for the Western District of Pennsylvania. While there, he was trained to complete biopsychosocial interviews with clients who were defendants in criminal cases in jails, prisons, and in the community. Learning from the field supervisor, attorneys, investigators, and clients was invaluable for his understanding of power and privilege in society. Additionally, Ryan has worked in the Clinical Epidemiology Program at UPMC, during which he conducted interviews for multiple studies related to organ transplantation. He also gained experience as a Life Coach at ACHIEVA supporting young adults with disabilities who were working toward increasing their independence. Ryan is looking forward to the professional development opportunities that the Edith M. Baker Integrated Behavioral Healthcare Fellowship will provide. **Ryan will begin his integrated health care field placement in the fall, 2019 with UPMC Presbyterian Total Care IBD Program.**

Notes