

Integrated Healthcare and Social Work

Behavioral Health Workforce Education and Training Program

Edith M. Baker Integrated Healthcare Fellowship Orientation



Bridging the gaps between physical health, mental health, and health behavior.

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.

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INTEGRATED HEALTHCARE PRESENTER



James Mercuri, LCSW

Jim Mercuri has 15 years of experience as a clinical social worker in a variety of settings, including an inpatient hospital setting, community mental health clinic, and specialty clinics. He is currently Director of Behavioral Science at UPMC St. Margaret Family Medicine Residency Program. He previously served as Program Manager of the Integrated Behavioral Health Program at St. Margaret's. His expertise is in the efficient and effective treatment of chronically ill individuals in the community by assembling a multidisciplinary team. Clinical areas of interest are trauma treatment through EMDR and telemedicine format. Jim has served on the Employee Retention Committee, UPMC Corporate Care Management Social Work Forum, the Ethics Committee, the Collaborative Practice Counsel, as a Facilitator of the Alzheimer's Caregiver Support Group, and with the Community Hospital Needs Assessment. Jim received his MSW from the University of Pittsburgh School of Social Work and his BS from Lancaster Bible College.

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BHWET, EDITH M. BAKER INTEGRATED HEALTHCARE FELLOWSHIP

Valire Carr Copeland, PhD, MPH

Professor

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

Valire Carr Copeland is the Program Director of the Behavioral Health Workforce Education and Training Program (BHWET), the Associate Director of the Public Health Social Work Training Program, and tenured Professor at the University of Pittsburgh's School of Social Work, Department of Behavioral and Community Health Sciences, and Department of Graduate School of Public Health.

Dr. Copeland has expertise in the bio-psychosocial factors which contribute to racial and ethnic health disparities and social determinants of health with regards to health and mental health status outcomes for African American women, children, and youth. Her teaching, training, and research identify and build on developing evidenced-based engagement strategies for increasing access to and utilization of health services. Her work extends 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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Sinika Calloway, MSW, LSW

Program Manager

Sinika Calloway is the Program Manager for the Edith M. Baker Integrated Healthcare Fellowship Program at the University of Pittsburgh., For over fourteen years, Sinika has been committed to the profession of social work. She has worked to empower students and professionals to continue their social work education and to obtain licensure. Sinika received her BSW (2006) and MSW (2007) from historically Black Alabama Agricultural & Mechanical University in Huntsville, Alabama. Her social work experience ranges in child welfare, non-profit management, medical social work, workforce development, and clinical counseling.

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

The University of Pittsburgh's 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, bi-monthly 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



Jim Mercuri, LCSW

The Missing Aim



Adapted from graphic by Cardiac Interventions Today

FORCES THAT ARE CHANGING HEALTHCARE

1. Economic 2. Special Populations 3. Providers 4. Addictions and Trauma

COST OF HEALTHCARE IN U.S.

National Health Expenditures 2019

Spending increased 4.6 percent

\$3.8 trillion total

\$11,582 per person in 2019

The overall share of gross domestic product (GDP) related to health care spending was 17.7 percent in 2019

The insured share of the population was 90.3 percent in 2019, down slightly from 90.6 percent in 2018.

(CMS 2020 www.cms.gov/files/document/highlights.pdf)

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

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 provide
- 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

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-caremodels/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

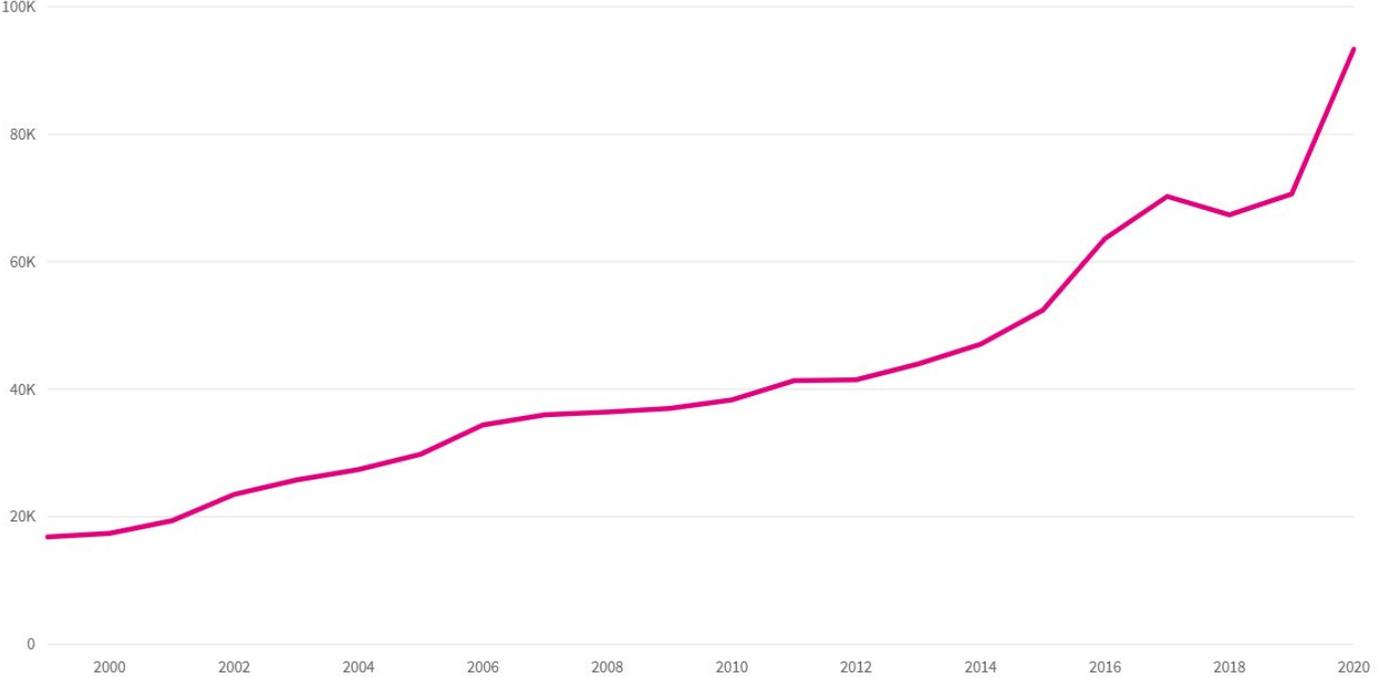
PRACTICAL COMPONENTS OF INTEGRATED MODEL

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.

2020 Reported 93K Deaths

Overdose deaths increased by 29% in 2020.

Drug overdose deaths per year
100K



ADVERSE CHILDHOOD EXPERIENCES

Probability of Outcomes		
Given 100 American Adults		
33 No ACEs	51 1-3 ACEs	16 4-8 ACEs
<u>WITH 0 ACEs</u>	<u>WITH 3 ACEs</u>	<u>WITH 7+ ACEs</u>
1 in 16 smokes	1 in 9 smokes	1 in 6 smokes
1 in 69 are alcoholic	1 in 9 are alcoholic	1 in 6 are alcoholic
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 use IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

SHIFTS FROM TRADITIONAL MENTAL HEALTH SERVICES

Brief, Time-limited Interventions

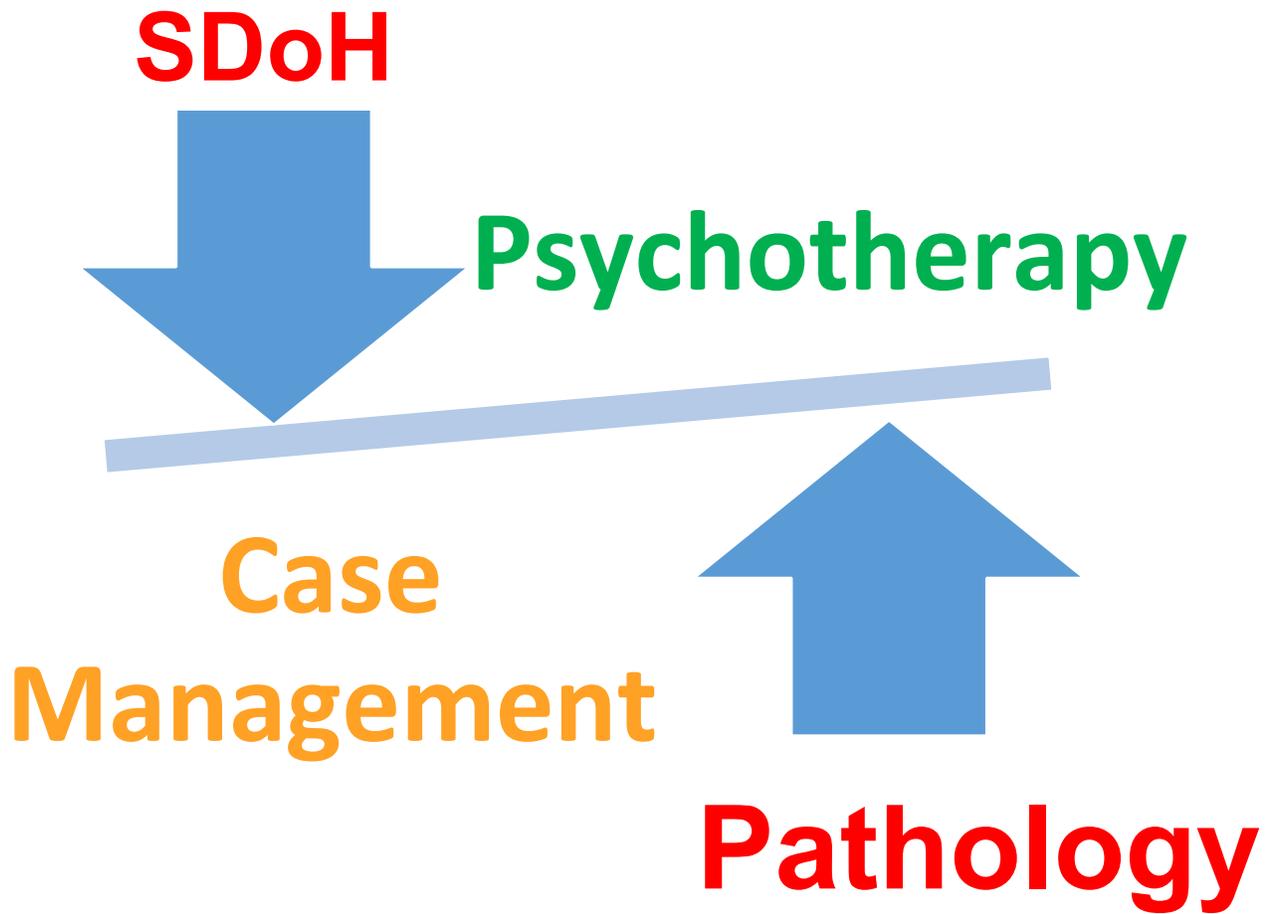
Flexibility

Working in the same space as medical providers

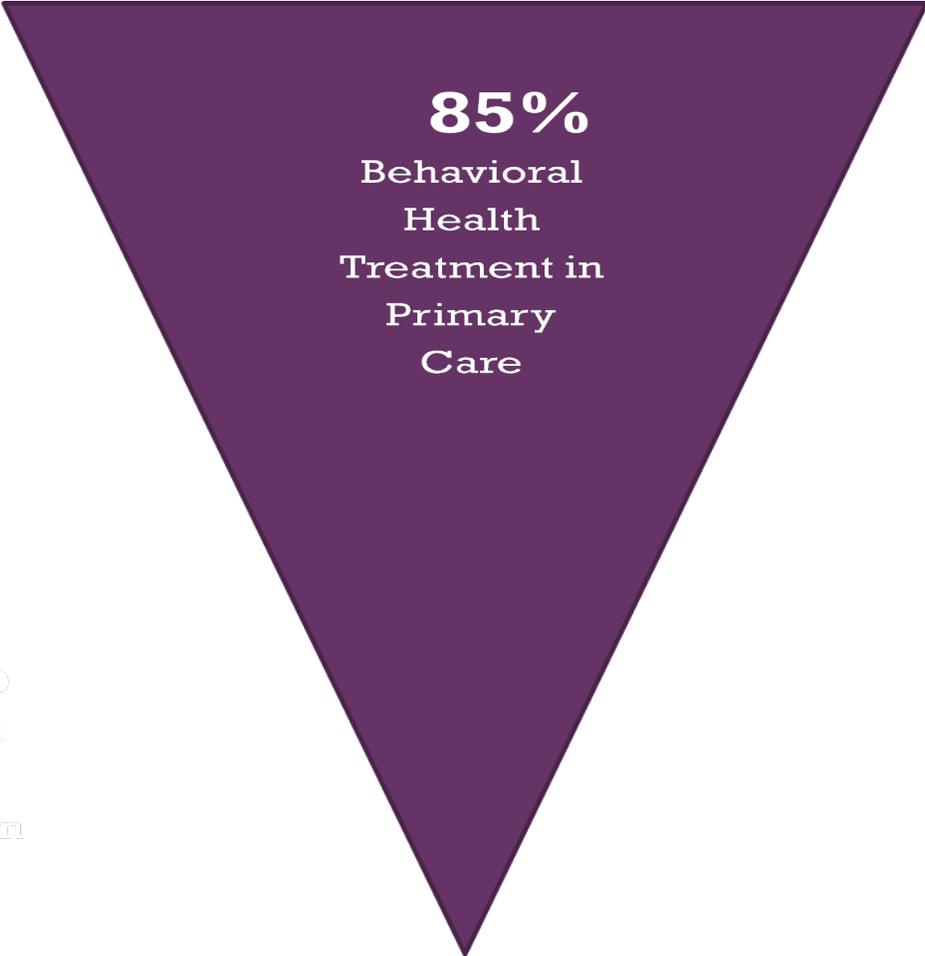
Providers are able to be interrupted at various points of patient care

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

BALANCE OF SOCIAL WORK



TREATMENT IN INTEGRATED PRIMARY CARE



85%
Behavioral
Health
Treatment in
Primary
Care

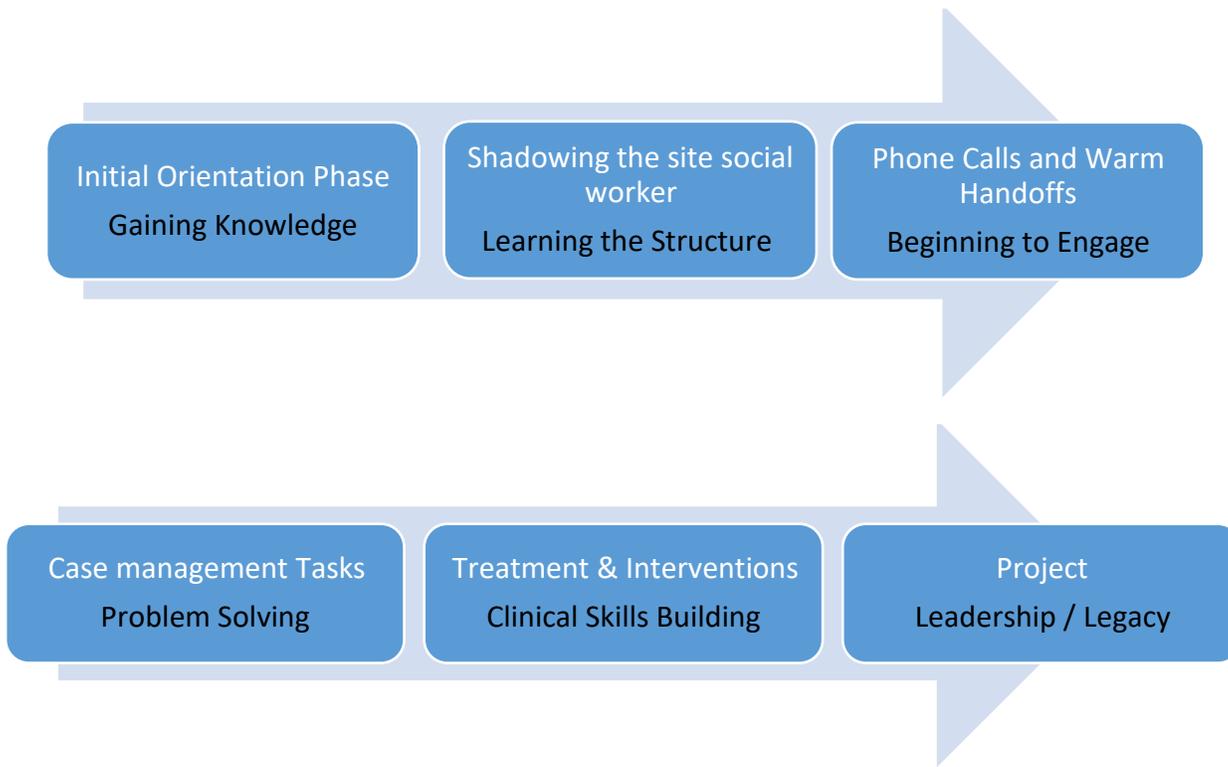
FOUR QUADRANT MODEL

TABLE 1: FOUR QUADRANTS OF CLINICAL INTEGRATION BASED ON PATIENT NEEDS

LOW ← BEHAVIORAL HEALTH RISK/COMPLEXITY → HIGH	QUADRANT II	QUADRANT IV
	Patients with high behavioral health and low physical health needs Served in primary care and specialty mental health settings (Example: patients with bipolar disorder and chronic pain) Note: when mental health needs are stable, often mental health care can be transitioned back to primary care.	Patients with high behavioral health and high physical health needs Served in primary care and specialty mental health settings (Example: patients with schizophrenia and metabolic syndrome or hepatitis C)
	QUADRANT I	QUADRANT III
	Patients with low behavioral health and low physical health needs Served in primary care setting (Example: patients with moderate alcohol abuse and fibromyalgia)	Patients with low behavioral health and high physical health needs Served in primary care setting (Example: patients with moderate depression and uncontrolled diabetes)
	LOW ←———— PHYSICAL HEALTH RISK/COMPLEXITY —————→ HIGH	

Source: Adapted from Mauer 2006.

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_Compencies_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, evidenced 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.	

**PART II: Edith M. Baker
Integrated Healthcare
Fellowship Materials**



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

Requirements

As a Baker Fellow, you will be required to:

- View a career development webinar from the Office of Academic Career Development Health Sciences library and submit a synopsis by April 20, 2022.
- Submit an e-portfolio. E-portfolios are due March 30, 2022.
- Participate in a regional summit (Date TBD).
- Attend the Interprofessional LEND Training Seminar on February 16, 2022 (12:30-4:30 pm – time subject to change).
- 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 26, 2021.
- 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 3:15-5:00pm. Two hours per seminar will count towards field training hours. As a part of your seminars, you will be required to develop and present a case study. **Fellows are expected to arrive no later than 3:15 pm to all sessions and send “Thank you” emails to all guest speakers**
- Complete a poster project, HRSA questionnaires, seminar assignments, evaluations, and program evaluations.
- Participate in a reflection session, April 20, 2022.
- Report employment attained after graduation to the Baker Fellowship Program Manager.



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

FOR: Baker Fellows and Friends of the Programs

DATE: Saturday, October 2, 2021

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: 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 Sinika Calloway at ssc43@pitt.edu with the item you plan to bring by September 15th.

***Please wear a mask when social distancing is not possible.



University of Pittsburgh



Behavioral Health Workforce Education and Training Regional Summit

West Virginia University

Regional Summit Purpose: Needs of rural communities

Date: TBD

Location: TBD

Time: TBD

Poster Presentation Abstract & Outline Example

The final project is to address a need at your site. Please discuss your project with your field supervisor.

Abstract Due: November 19, 2021

Author(s):

Title:

Site:

Issue/Research Question:

Competencies/ How they apply:

Methodology: Please consult with your research professor to develop your research design and methods section.

In the methodology section, indicate if IRB approval is needed and if approval has been granted for this project.

Remember to include: How many participants will you survey; when will you begin collecting your data, and completion date of your data collection.

Relevancy /Implications for Social Work Practice:

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

Guidelines 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 23, 2022 for feedback / comments. Final poster is due by March 16, 2022.

To view posters from 2019-2020 cohort:

https://www.socialwork.pitt.edu/sites/default/files/final_2019_20_student_research_projects_edith_baker_integrated_healthcare_fellowship_1.pdf

Case Study Exercise

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2021-2022 November 3 & November 10

A case study or caselet has great potential for building social work knowledge for methods in: (1) assessment, (2) intervention, and (3) treatment outcome. Caselets are shorter versions of 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 individual(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: Develop a 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 6 or more members in your group and are expected to email your case to the Program Manager prior to the seminar.** Your group will meet in person or via a Zoom breakout room.

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 5-10 minutes to discuss the case with the small group 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 by April 20, 2022.**

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 questions?
- The demands, conditions, or facts are complicated.

INSTRUCTIONS:

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 questions”)

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 to the presenting problem.

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?

Clinical Case Example 2:

(written by previous Baker Fellow for this assignment)

L.A. is a 77-year old African American female who lives alone in Pittsburgh. She has two adult children. Her son appears to have some cognitive issues and reports that he visits his mother once a month. Her daughter lives in Colorado and is patient's POA. The children's father lives in a nursing home in Pittsburgh.

The patient had not been seen in primary care for over a year and when she presented her PCP noted worsening dementia and uncontrolled diabetes. Patient reported that she takes insulin, but it had not been refilled for several months. She stated that she got a couple of hours of in-home care each week. At this initial visit her PCP placed a referral for home health care.

Over several months the patient presented to the ED multiple times with elevated blood glucose levels, but often did not follow-up with primary care as recommended. When patient does come to primary care appointments it is usually when her daughter is in town. Patient refuses to go to a SNF or to move to Colorado so that her daughter could take care of her. She states, "I was born in Pittsburgh and I'm going to die in Pittsburgh." Patient's daughter is also resistant to a nursing home because she believes that a nursing home was responsible for her father's worsening health.

Social work attempted to connect patient to community supports, including the Area Agency on Aging and the AHN Mobile Integrated Health program. However, patient does not follow-up with providers, even if she is agreeable to referrals while in the office. Patient gets meals from Mom's Meals, but her home health nurse noted that these meals are piling up in her freezer. Patient is also inconsistent in allowing people into her home and often refuses home health entry. Following reports from home health of expired medications in the home and continued dangerously elevated blood glucose levels, social work filed an APS report.

APS recommended that patient enroll in LIFE Pittsburgh. Patient is dual-eligible and would receive these services for free because she has MA. When this was discussed with patient, she was hesitant. Patient's daughter (POA) was also initially unsure, because this requires patient to transfer from her current PCP. However, in a family meeting both patient and patient's daughter agreed to try LIFE Pittsburgh. A LIFE Pittsburgh intake worker did an initial assessment with patient, but AAA needs to do an eligibility test to ensure she can enroll. AAA has been unable to contact patient and the referral has been closed several times because of this.

Questions for Discussion:

1. What should the next course of action be for the social worker?
2. Are there any techniques that could be used when communicating with the family to alleviate their concerns regarding transition to a higher level of care?
3. How does self-determination play into the patient's right to refuse care? Is this a situation where her self-determination should be limited?
4. Are there any other resources that the patient or her family should be connected to?

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

Baker Fellowship Case Study Groups

Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series 2021-2022 November 3 & November 10

GROUP 1:

Name	Case Study Presentation	Field Healthcare Site
Asher Warchal	11/3/2021 (A)	AHN Positive Health Clinic
Ashley Smith	11/3/2021 (A)	Magee Women's Hospital
Erin McGann	11/3/2021 (A)	CHP Adolescent and Young Adult Medicine
Malaysia Dorsett	11/10/2021 (B)	UPMC Children's Hospital of Pittsburgh
Helen Hunt	11/10/2021 (B)	UPMC Total Care IBD
Kevon Purdie	11/10/2021 (B)	Allegheny General Hospital
Naomi Lusk	3/23/2021 (C)	Southwood Psychiatric Hospital
Madison Eveland	3/23/2021 (C)	University of Pittsburgh at Greensburg Counseling Center
Scott Foor	3/23/2021 (C)	UPMC Children's Pine Center

GROUP 2:

Name	Case Study Presentation	Field Healthcare Site
Cheyenne Neuenschwander	11/3/2021 (A)	Magee Women's Hospital
Aubrey Snyder	11/3/2021 (A)	CHP Adolescent and Young Adult Medicine
Alyssa Quiray	11/3/2021 (A)	St. Margaret Bloomfield-Garfield, Lawrenceville, New Kensington

Shayla Preston	11/10/2021 (B)	UPMC Children's Hospital of Pittsburgh
Noelle Pool	11/10/2021 (B)	West Penn Hospital
Victoria Reich	11/10/2021 (B)	Greentree Medical Associates
Erin N. Sullivan	11/10/2021 (B)	Latterman FHC McKeesport
Kathryn Chestnut	3/23/2021 (C)	UPMC St. Margaret Hospital
Andy Goldberg	3/23/2021 (C)	The Charite Center
Taylor Ednie	3/23/2021 (C)	UPMC Western Psychiatric Hospital

GROUP 3:

Name	Case Study Presentation	Field Healthcare Site
Kelsey Reich	11/3/2021 (A)	Magee Women's Hospital
Daniel Patel	11/3/2021 (A)	St. Presbyterian Shadyside Hospital
Emily Lawrence	11/3/2021 (A)	St. Margaret Bloomfield-Garfield, Lawrenceville, New Kensington
Lauren Roberts	11/10/2021 (B)	UPMC Children's Hospital of Pittsburgh
Sophia Lucente	11/10/2021 (B)	Allegheny General Hospital
Caleigh Dunlevy	11/10/2021 (B)	UPMC Presbyterian Hospital
Helen Thurtle	3/23/2021 (C)	TBD
Julie Balewski	3/23/2021 (C)	UPMC Magee-Women's Hospital
Jessica McKelvey	3/23/2021 (C)	UPMC Western Psychiatric Hospital

Discussion Groups

2021-2022 Baker Fellowship Integrated Behavioral Healthcare Workshop & Seminar Series

Groups will meet from 3:15-3:30 pm via Zoom breakout rooms or in person prior to each seminar. Groups will begin meeting on September 8, 2021 and continue to meet before every seminar for the remainder of the fellowship. **Fellows must be present and ready to participate no later than 3:15 pm.**

Through field placements fellows will have the opportunity to experience the strengths of an interdisciplinary, integrated healthcare approach and the satisfaction of partnering with patients to make positive changes in their lives. However, fellows will also be exposed to challenges, drawbacks, and frustrations that will arise along the way. They may encounter death/loss, trauma, discrimination, systems that fail to serve patients appropriately, and other difficult situations as a result of their placements. While fellows are encouraged to discuss such issues during their weekly supervision period, we recognize that students can also serve as powerful resources for one another.

The purpose of the discussion groups is to provide a brief period of time during which fellows can meet in small groups to provide encouragement, support, and share resources with one another. Students may choose to come prepared to share a case from their field site and receive consultation from their peers or to speak more generally to their field experience. These discussion groups give fellows the opportunity to model team-based collaboration and problem-solving. They will also serve as a transition period to help fellows process through events of their field placement and prepare for participation in the day's workshop activities.

Objectives:

- Promote consistent peer collaboration and support among fellows
- Expose fellows to a wider range of the integrated healthcare field through discussion with group members from diverse field sites
- Serve as a vehicle for corporate processing when significant events occur in the world, country, and in local communities that impact fellows

Guidelines:

Fellows are expected to uphold a strict standard of **confidentiality** throughout their participation in discussion groups. This is an ethical requirement for social workers and all fellows are advised to be cognizant of the social work oath of confidentiality (*See NASW Code of Ethics, 1.07 Privacy and Confidentiality*). Discussion occurring within small groups should not leave the bounds of the group. Therefore, it should not be discussed with anyone else, including family, roommates, significant others, or other students. Please be aware that a fellow may choose to share something within a discussion group that they would not like to share with all Baker fellows. **Always obtain consent from the fellow(s) if you would like to share something discussed in your small group with the fellowship cohort as a whole.** If a fellow would like to bring a case from their field site, all personally identifying information for the patient and/or staff member should be disguised.

Fellows are also expected to maintain professionalism when participating in discussion groups by ensuring that the discussion adheres to topics which are reflective of the purposes of this activity. This time should not be used to discuss upcoming assignments or plans for the weekend. From 3:15-3:30 pm, fellows are expected to exclusively discuss patient cases, field placements, and relevant outside events that have an impact on field.

Be prepared to be honest, share feedback, and respect confidentiality.

The below questions can be used as a starting point for discussion:

- What ethical issues have arisen at your site?
- What challenges have emerged with working on an interdisciplinary team?
- What is an area where you are looking for more resources?
- Can you share about a challenging case that you are currently working with?
- Do you need help processing through anything that you have experienced at your site?

Group 1

Name	Field Placement Site
Asher Warchal	AHN Positive Health Clinic
Shayla Preston	UPMC Children's Hospital of Pittsburgh
Kelsey Reich	Magee Women's Hospital
Erin N. Sullivan	Latterman Family Health Center-McKeesport

Group 2

Name	Field Placement Site
Alyssa Quiray	St. Margaret Bloomfield-Garfield, Lawrenceville, New Kensington
Ashley Smith	Magee Women's Hospital
Lauren Roberts	UPMC Children's Hospital of Pittsburgh
Andy Goldberg	The Charte Center

Group 3

Name	Field Placement Site
Kevon Purdie	Allegheny General Hospital
Madison Eveland	University of Pittsburgh Counseling Center- Greensburg
Cheyenne Neuenschwander	Magee Women's Hospital
Kathryn Chestnut	UPMC St. Margaret Hospital

Group 4

Name	Field Placement Site
Noelle Pool	West Penn Hospital
Daniel Patel	Presbyterian Shadyside
Erin McGann	CHP Adolescent and Young Adult Medicine
Emily Lawrence	St. Margaret Bloomfield-Garfield, Lawrenceville, New Kensington

Group 5

Name	Field Placement Site
Malaysia Dorsett	UPMC Children's Hospital of Pittsburgh
Sophia Lucente	Allegheny General Hospital
Aubrey Snyder	CHP Adolescent and Young Adult Medicine
Scott Foor	UPMC Children's Pine Center

Group 6

Name	Field Placement Site
Victoria Reich	AHN Greentree Medical Associates
Caleigh Dunlevy	UPMC Presbyterian Hospital
Helen Hunt	UPMC Total Care IBD
Taylor Ednie	UPMC Western Psychiatric Hospital

Group 7

Helen Thurtle	TBD
Erin Sullivan	UPMC Latterman Family Health Center
Jessica McKelvey	UPMC Western Psychiatric Hospital
Julie Balewski	Magee Women's Hospital

Seminar Series
2021- 2022
Wednesdays 3:15-5:00pm

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 per month for the 2021-2022 academic year. Eleven 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. Two 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 no later than 3:15 pm to all seminar sessions. Attendance is absolutely mandatory.** Please see the Baker Fellow absence/tardy policy to learn the protocol for reporting absences or tardy occurrences.

Assignments

Each session, students will be given information to prepare for the next topic. Fellows will have one week 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 three to five integrated behavioral health care competencies.

Edith M. Baker Integrated Behavioral Healthcare Fellowship

Absence/Tardy Policy

Effective 10/30/2020

Pursuant to the letter of acceptance, all Baker Fellowship Seminars and Events are **mandatory, unless otherwise noted**, for fellows. Seminars and events are designed to supplement students' classroom learning and provide them with a well-rounded knowledge base in the field of integrated healthcare. In person (or virtual, when appropriate) participation is critical to allow students to practice skills and collaborate with one another. While in virtual mode, all fellows are required to actively participate. Fellows can do this by having their camera on or by communicating regularly using the chat feature.

If a student has an unavoidable conflict, they are required to let the **Baker Fellowship Program Director or Program Manager**, know in advance. The Program Manager and/or the Program Director will approve or disapprove the absence (seminar/event) on a case-by-case basis. If an emergency occurs, which will cause a student to be absent or tardy to a seminar/event, the student should call and/or text the Program Manager. If a student is sick, they are required to submit a doctor's excuse to the Program Manager.

One aspect of the Baker Fellowship training is professionalism, which includes being on time to obligations. Fellows are expected to be on time to seminars/events. If they are more than 10 minutes late to a seminar/event they will be marked as absent. Provided that the fellow has appropriately notified the Program Manager, the first absence can be made up through the completion of an assignment. This assignment will be determined by the Program Manager and is intended to provide the student an opportunity to make-up knowledge/skills that they missed. The fellow must turn in this assignment by the date set by the Program Manager.

If a fellow is absent for a second time, this will trigger a review meeting which may include the Program Director and Program Manager. The resolution of this meeting will be a Letter of Condition outlining steps the fellow must take to remain in the fellowship, termination of the fellowship, or any other action deemed appropriate by the members conducting the review.

All fellows are expected to abide by the procedures outlined in this policy. The Program Director and Program Manager reserve the right to make updates to the policy at any time, if needed.

Contact Information:

Program Director, Dr. Valire Copeland, sswvcc@pitt.edu

Program Manager, Sinika Calloway, ssc43@pitt.edu

**Edith M. Baker Integrated Healthcare Fellowship
2021-22 Calendar**

2021-22 Dates	Materials Due	Workshop & Seminar
September 1, 2021		Orientation
September 8, 2021		Conflict Resolution & Advocacy / Professionalism & Self-care
September 22, 2021		Introduction to Research
October 6, 2021		LSW Exam and Licensing
October 20, 2021		Race, Advocacy, & Spirituality
October 22, 2021		Interprofessional Forum
October 25-28, 2021		Interprofessional Geriatrics Week
November 3, 2021	Supervisor HRSA Field Site Survey	Case Studies Group A
November 10, 2021		Case Studies Group B
November 19, 2021	Poster abstract for feedback via email	
December 1, 2021		SDOH & Diverse Populations
January 12, 2022		Trauma Informed Care & Disenfranchised Grief
January 26, 2022		Crisis Intervention / Intimate Partner Violence
February 9, 2022		Telehealth
February 16, 2022		Intellectual and Developmental Disabilities
February 23, 2022	Poster drafts due for feedback via email	Workshop with LEND Program (12:30-4:30 pm)
March 16, 2022	Final posters due via email	Hospice & Palliative Care / Grief & Loss
March 23, 2022		TBD
March 30, 2022	E-portfolios due via email	Opioids in Primary Care / Journey to Recovery
April 13, 2022		Research Poster Exhibit (3-6 pm)

April 20, 2022	Career Synopsis & Case Study with takeaways due Final Evaluations Due (Self and Supervisor)	Reflection/Get-together
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Career Development & Individual E-Portfolios

CAREER DEVELOPMENT ACTIVITIES

Students should select a webinar to view that is archived through the Office of Academic Career Development Health Sciences video library. This webinar should be focused on an aspect of career development that is relevant to the student.

Examples of webinars available include:

- Virtual Networking: How to Find Collaborators, Mentors, and Career Contacts from Afar
- Ten Components of Career Exploration
- CV to Resume: What Employers Look For
- Interviewing: How to Succeed at Job Interviews

If you are unsure if a webinar is appropriate for this assignment, please reach out to the Baker Fellowship Program Manager for confirmation. You should view the webinar in its entirety and then write a synopsis. This synopsis (2 paragraphs) should review the most valuable ideas/concepts that you learned through the workshop. Also include the workshop name, the name of the presenter(s), and the date that you viewed it. **Synopsis is due via email by April 20, 2022.**

Video Library: <https://www.oacd.health.pitt.edu/video-library>

INDIVIDUAL E-PORTFOLIOS

Individual e-portfolios for each student must be completed. You can choose the web platform that you would like to use. However, LinkedIn is recommended as this is a popular networking platform across fields, including among social work professionals. If you choose LinkedIn for your portfolio, you may also want to add other Baker fellows as part of your LinkedIn Network - these will be professional colleagues and connections in the future!

Portfolios should include:

- **Photo**
- **Email Contact**
- **Background Information/Statement**
 - Include that you are an “Edith M. Baker Integrated Healthcare Fellow”
 - Your interests and goals

- **Professional Experience**
 - Attach downloadable resume
 - Professional activities, related experiences, conferences, special projects, internships
 - Must include MSW field placement/internship (including a description of tasks/responsibilities/projects)

- **Professional Information**
 - Letters of recommendation
 - Awards, certificates, publications
 - Formal evaluations

- **Education**
 - Current MSW student at the University of Pittsburgh
 - Integrated Healthcare Certificate
 - Relevant coursework

- **Student Writing Samples (optional)**
 - Capstone/Poster
 - Signature Assignments

If you need assistance with your resume or putting your e-portfolio together, please reach out to the Director of Career Services for the VanKirk Career Center within the School of Social Work, Bobby Simmons, at bobby@pitt.edu.

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.**

A link to your e-portfolio should be submitted via email by **March 30, 2022**.

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: teamwork, 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

RESOURCES:

The New Social Worker magazine: <https://www.socialworker.com/feature-articles/career-jobs/yourprofessional-portfolio-documenting-your-social-work-car/>

PowerPoint instructions by UNC for developing hard copy and web portfolios:

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

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

VanKirk Career Center

University of Pittsburgh School of Social Work

Bobby Simmons, Director of Career Services

412-624-6354 bobby@pitt.edu

Optional career development

events for Baker Fellows:

HRSA Virtual Job Fairs

HRSA virtual job fairs are free. They connect healthcare sites with job-seeking primary care trainees and practicing clinicians.

We invite medical, nursing, dental, and mental/behavioral health clinicians and trainees to attend and learn about hundreds of opportunities.

What should you do in advance?

Complete a clinician profile on the [Health Workforce Connector](#). Interested sites can follow-up with you after the event.

What happens during a Virtual Job Fair?

We give site representatives about 15 minutes to present inside a “virtual breakout room.” There, the participating sites discuss:

- their site,
- the community they serve, and
- their currently available positions.

Those seeking career opportunities are able to interact with up to 100 organizations during one event.

How can Virtual Job Fair attendees contact each other?

Before and after each event, we provide all attendees with ways to make contact:

- Event agenda- review the presenting sites’ contact information and current vacancies.
- Networking chat room – take part in virtual conversations after the Virtual Job Fair ends.
- Health Workforce Connector – set up a searchable clinician profile and/or search for additional vacancies.

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, 2021, the standard mileage rate is 0.56 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 online.

Please inform the Baker Program Manager (ssc43@pitt.edu), if you plan to receive mileage reimbursement. You will need to complete a training with our Research Grant Administrator on how to submit documentation.

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 2021-2022 (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. Each student will receive an individualized link for the Field Learning Plan and Field Evaluation respectively to their **Pitt Email Account**. The student is responsible for sharing this link with their Field Instructor.

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 2021 (TERM 2221)

August

- 16** MSW advanced standing student Orientation *12 Noon to 2:00 PM via Zoom*
Second Year Continuing MSW student Orientation *2:00 PM-3:00 PM via Zoom*
- 18** MSW advanced standing student Orientation *6:00 PM to 8:00 PM via Zoom*
Second Year Continuing MSW student Orientation *5:00 PM-6:00 PM via Zoom*
- 20** MSW advanced standing student Orientation *9:00 AM to 11:00 AM via Zoom*
Second Year Continuing MSW student Orientation *11:00 AM-12:00 Noon via Zoom*
- 27** Fall term classes continue in-person where appropriate All Campuses

Field placement begins for MSW Second Year and Advanced Standing students and all Continuing Students in Specialized Practice

Deadline for Interview Confirmation Form, Mandated Reporter Training Certificate and HIPPA Training Certificate for students starting field placement this date.

Field Seminar for Generalist MSW Students starts

September

- 1** Field Learning Plans sent to Specialized Practice student's Pitt e-mail address
- 10** Fall Term add/drop period ends (no extended drop period this semester) All Campuses
- 6** Monday Labor Day (University open, classes in session) All Campuses
- 27** Full time and Part-Time Generalist students begin field placement.

Deadline for Interview Confirmation Form, Mandated Reporter Training Certificate and HIPPA Training Certificate for first year Non-Advanced Standing students starting field placement this date.

October

- 11** Field Learning Plan sent to Generalist MSW Pitt e-mail address this date
- 15** Student Fall Break (no classes) 10/15/2021 All Campuses

Spring Term Request for Field Placement Forms Due.
- 18** Field Learning Plans for Specialized Practice students in new field placements are due
- 20** Specialized Practice Evaluations sent to student's Pitt e-mail address
- 26** Field Learning Plan due for Generalist MSW Students
- 27** Generalist Student Evaluations sent to student's Pitt e-mail address

November

16

MSW Generalist Field Evaluation Due

21 – 28 Thanksgiving Recess for students (no classes) All Campuses

December

4 MSW Specialized Practice Evaluations Due

Final examination period for classes, Remote Finals only Monday-Thursday Pittsburgh Campus

13

18 Last day of Fall term field placement for MSW students
Fall Term Ends All Campuses

19 - Jan 10 Winter Recess for all students



MSW FIELD EDUCATION SCHEDULE

Spring of 2022 (TERM 2224)

January

- 10** First day of spring term field placement for all students. All Campuses
- Week of 10th** Orientation to Field Placement for all Advanced Standing MSW students starting field placement
- 17** Dr. Martin Luther King's Birthday Observance University closed, no field.

February

- 14** Request for Summer Placement Begins
First Year Part-Time MSW Students register for Summer Generalist Integrative Field Seminar.
 - 21** Field Learning Plans are due for students in new field placements.
- Week of 21st** Students planning to start a new field placement summer term schedule individual meeting with field advisor.

March

- 1** Evaluations sent to student's Pitt e-mail address
- 6-13** Spring Recess for students (no classes); offices and buildings remain open, except on Friday, Spring Holiday 3/11/2022 All Campuses
- 15** Request for Fall Field Placement begins for continuing MSW students.
Field placement assignments made from April through August.
- 31** Last day for requesting MSW summer field placement.

April

- 15** Evaluations due for all MSW students in spring term field work.
- 30** Last day of field placement for Spring term for MSW students Spring Term
Last day for classes All Campuses.



Summer 2022 (Term 2227)

May

- 9 Field placement resumes for Part-Time- Second Year and Advanced Standing MSW students in field for the summer.

Summer Term enrollment period ends and classes begin All Campuses

- Week of May 9th** Generalist Integrative Field Seminar begins for First Year Part-Time Students. Seminar meets for 1 hour for 14 weeks.

Orientation to Field Placement for all Advanced Standing MSW students starting field placement

- 30 Memorial Day (University Closed). (NO FIELD)

June

- 13 MSW First Year Part-Time students begin field placement.

Deadline for Interview Confirmation Form, Mandated Reporter Training Certificate and HIPPA Training Certificate for first year Non-Advanced Standing students starting field placement this date.

- 20 Field Learning Plans are due for students starting new field placements.
Evaluations sent to Specialized Practice student's Pitt email address

- 30 Last day for MSW students to request fall field placement.
Field Learning Plan sent to Generalist MSW students.

July

- 4 Independence Day (University Closed). (NO FIELD)

August

- 6** Evaluations due for students who began field placement in May

Field Learning Plans/Time Sheets are due for Part-Time Students in placement since June 13th sent to student's e-mail on June 30th

- Week of Aug 6th** Last Foundation Field Seminar session for Part-Time Non-Advanced Standing Students in placement since June 13th

- 13** Last day of field placement for the Summer Term. Summer Term Ends: Final examinations scheduled during last class meeting 8/13/2022 Saturday All Campuses

Student Observance of Holidays

Each student is expected to follow the University calendar in observance of designated holidays. In agency situations where a student observance of a University holiday would pose a hardship or problem in the organization's program, the student may negotiate a compensatory time arrangement satisfactory to all parties: student, field instructor, administrative officer, and advisor. A statement of this change or agreement should be placed in the student's file. Students are not required to make up agency holidays that are not observed by the School. In any event, (inclement weather etc...) the minimum number of field hours for each credit registered for must be met.

Student's Satisfactory Completion of Field Requirements

Students must have a field learning plan/time sheet and an evaluation/time sheet on file to indicate they have satisfactorily completed field learning requirements. Students need to complete the required number of hours for each term in field placement.

Field Problem Solving Process

Academic and Professional Behavior Policy (#11:1) Passed 05/2020; Supersedes existing Policies 11:1 and 12:1 includes the Problem-Solving Process 240 M. During a field placement:

1. Fail to adhere to the field placement agency's policies and procedures. A student cannot decide on their own to reject or fail to adhere to a field placement agency's policies or procedures, even if the student questions their utility, appropriateness, or ethics. A student who questions the utility, appropriateness, or ethics of the field placement agency's policies or procedures should raise the concern with their field instructor and engage in a problem-solving process, which is more fully described in Section IV (below).
2. Fail to adhere to the field placement agency's documentation and record keeping requirements. A student cannot decide on their own to reject or fail to adhere to a field placement agency's documentation or record keeping requirements, even if the student questions their utility, appropriateness, or ethics. A student who questions the utility, appropriateness, or ethics of the field placement agency's documentation or record keeping requirements should raise the concern with their field instructor and engage in a problem-solving process, which is more fully described in Section IV (below).
3. Remove from the field placement setting property or proprietary materials belonging to the agency without proper authorization. 4. Remove from the field placement setting client/constituent information, including but not limited to physical or electronic notes, files, or records, without proper authorization.

Problem-Solving Guidelines: The School of Social Work at the University of Pittsburgh aspires to provide a quality social work education across all three degree programs. To this end, a commitment is made to students, faculty, field advisors, field liaisons, School of Social Work staff, field instructors, and field placement agencies to engage in a problem-solving process when the need for such a process is identified by any one of these parties or by the relevant Program Director, MSW Program Coordinator, Director of Field Education, Associate Dean for Student Success, or Associate Dean for Academic Affairs. The problem-solving process outlined here is to be considered a first-step to addressing academic integrity, student behavior, academic performance, or other issues related to students' academic or professional activities (for example, excessive absences or consistent tardiness) where a Mandatory Academic and Professional Behavior Review (Mandatory Review) is not required (see V.B., below). Problem-solving process steps should follow the commonly accepted model(s) that students are taught as a basic intervention method. These steps include, but are not limited to:

A. Problem identification.

B. Discussion of the problem, issue, or concern by those immediately involved with one of the following outcomes: 1. the issue is resolved, or 2. a plan to address the problem is agreed upon and implemented, or 3. those immediately involved cannot agree on a workable solution. 242 For problems, issues, or concerns arising in the classroom context, the immediately involved parties typically are the faculty member (defined as full-time and adjunct faculty as well as PhD student Teaching Assistants [TAs]) and

the student(s). For problems, issues, or concerns arising in the context of a student's field placement, the immediately involved parties typically are the field instructor and the student. If the student and the faculty member/field instructor accept a specific resolution, including a plan to address the matter, offered by either of them, the matter will be considered closed. The faculty member/field instructor will prepare a memo summarizing the agreement, copies of which shall be retained by both the faculty member/field instructor and the student. The faculty member will submit a copy of the memo for retention in the student's academic file. In the case of a field matter, the field instructor will send a copy of the memo to the student's field liaison, who will place it in the student's academic folder.

C. If a resolution is not reached in the discussion or if the agreement or plan to address the matter does not succeed in resolving the issue in the agreed-upon time frame, one or both parties can contact the academic advisor (if this is an academic issue) or the field liaison (if this is a field issue) and request that a meeting be scheduled. As appropriate, the academic advisor or field liaison will notify the appropriate program director (BASW, MSW, PhD) via email of this meeting.

D. The academic advisor or field liaison facilitates the meeting between the involved parties in order to further engage them in problem-solving with the hope of achieving a mutually agreed upon solution to the problem. If the student and the faculty member/field instructor accept a resolution, including a plan to resolve the issue, the matter will be considered closed. The academic advisor will prepare a memo summarizing the agreement, copies of which shall be distributed to the faculty member/field instructor and the student; a copy also shall be placed in the student's academic file.

E. The academic advisor/field liaison will notify the appropriate program director via email if a solution cannot be facilitated or if the agreement or plan does not succeed in resolving the issue within the specified time frame. The program director will convene a Mandatory Academic and Professional Behavior Review (Mandatory Review) with all of the involved parties. In the case of a field issue, the Field Director will be invited to participate in the Mandatory Review. The Mandatory Review is the first step of the Academic and Professional Behavior Review, and the process used as well as any actions taken will be guided by the points outlined in VI.C. (below).

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, the student 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, 2021 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, the student 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 their 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>

MSW students are expected to act in a manner that conforms to standards of professional and ethical conduct as specified by the NASW Code of Ethics (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>; also see the Academic and Student Conduct Policy (Policy 11:1) for more detailed information about expected student conduct).

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 – for MSW/MPH dual degree)	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	3 crs.
	OR	
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

University of Pittsburgh 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.** All in-person services are currently suspended due to COVID-19, however the UCC is offering virtual groups, workshops, and teletherapy. 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 Chaplaincies 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

Surveys and Evaluations

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

Please see dates below.

Fellow's Surveys and Evaluations

**Integrated Behavioral Health and
Primary Care Core Competencies
Student Self-Assessment Survey**

April 21, 2022

Evaluation of Field Instructor

April 21, 2022

Field Instructor's Surveys and Evaluations

HRSA Field Site Survey

October 31, 2021

**Integrated Behavioral Health and
Primary Care Core Competencies
Field Instructor Survey**

April 21, 2022

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 4 Baker Fellows 2021-2022



Helen Hunt

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

hoh22@pitt.edu

Helen graduated with a Bachelor of Science in Psychology from the University of Washington (UW) in 2012. In her first year at the UW, she was Chairman of the Hall Wellness committee where she facilitated events surrounding mental and physical well-being, most notably a sexually transmitted disease informational campaign, which put human sized caricatures of different diseases in the residence halls. In Helen's senior year, she had a 12-month internship at the Behavioral Research and Therapy Clinics (BRTC) at the UW. Helen was a research assistant on the treatment team for the Collaborative Adolescent Research on Emotion and Suicide (CARES) study, that compared the effectiveness of Dialectical Behavioral Therapy to Individual and Group Supportive Therapy (IGST) in reducing suicide in adolescents. Helen's experiences included coding group therapy sessions for both DBT and IGST groups, data cleaning, and tracking therapists' notes. Helen was diagnosed with Crohn's disease in 2012 and her experiences with the long process of diagnosis and the significant life changes which resulted, led her to an interest in chronic illnesses and the intersection of mental and physical health. Before moving to Pittsburgh, Helen spent a year and a half as a crisis line volunteer in King County, Washington, on one of the oldest crisis lines in the country. Helen is currently a family caregiver partner on the research team for the PHT2 (Preventing Hypoglycemia in Type 2 diabetes) study through the Kaiser Permanente Research Institute in Seattle, WA. Helen is pleased to have completed her generalist internship with Allegheny Health Network. Her internship provided her the opportunity to learn many new skills while working with the interdisciplinary teams in the integrated primary care offices of AGH Internal Medicine and West Penn Medical Associates. Helen's life experiences and her interest in helping others focused her desire to work with and support people with multiple chronic illnesses. She chose to pursue the Integrated Health Certificate at the University of Pittsburgh as her pathway to licensure as a clinical social worker. Helen is honored to have been chosen for the Edith M. Baker Integrated Healthcare Fellowship.

Helen's integrated healthcare field placement will be with UPMC Total Care.



Lauren Roberts

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

ler82@pitt.edu

Lauren Roberts graduated in 2011 with a Bachelor of Arts in Political Science from The Catholic University of America in Washington, D.C. During her time as an undergraduate, she volunteered serving the community with

Habitat for Humanity and joined homeless food runs. After graduation, Lauren worked in Southeastern Pennsylvania with children who had an Autism Spectrum diagnosis. In that role, she offered one on one support to children in a school environment and provided instructional and behavioral assistance. Following that position she transitioned to working in crisis intervention, where Lauren offered crisis counseling, conflict resolution, and connections to community resources. She helped individuals access mental health and drug and alcohol services. Lauren's field placement was with Wesley Family Services during her first year in the Master of Social Work program. There she worked in the Autism services department and broadened her knowledge around state regulations, assessments, treatment plans, and the implementation of social skills groups for children. Her interests include support to children and families, serving immigrant populations, combating systems of oppression, and integrated healthcare. Lauren is grateful to be a part of the Edith M. Baker Integrated Healthcare Fellowship and is excited about the experience and knowledge she will gain from this opportunity. **Lauren's integrated healthcare field placement will be with UPMC Children's Hospital of Pittsburgh.**



Malaysia Dorsett

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

mld149@pitt.edu

Malaysia Dorsett graduated from the Pennsylvania State University in 2019 with a Bachelor of Science in Human Development and Family Studies and a minor in Women Studies. She completed her undergraduate field placement at a foster care agency in Houston, Texas where she cared for minority children who were physically abused and neglected. Along with caring for the children, she collaborated with an interdisciplinary team to develop a child's plan of service and therapeutic regime. Also, as an undergraduate she was a paid research assistant. Her role in the research study was to collect data and interview participants to determine the quality of early childhood learning environments. In her first-year field placement as a graduate student, she interned at The Oasis Project Neighborhood school. At this site, she advocated for quality education for children in poverty experiencing the effects of COVID-19. She also interviewed students to understand their experiences with COVID-19 and provided them with psychosocial support. While in her first-year field placement, she also worked full-time as an Early Head Start Home Visitor. In this position, she promotes infant mental health by helping low-income parents build secure attachments with their infants and toddlers. She also completes developmental and nutritional assessments on the children. She collaborates with interpreters, a mental health therapist, a child developmental specialist, and nurses to meet the needs of the families. Malaysia has also volunteered for many programs that help serve vulnerable children. After receiving her MSW degree, Malaysia hopes to work with children and their families in a healthcare setting. Malaysia is grateful and excited to be a part of the Edith M. Baker Fellowship. **Malaysia's integrated healthcare field placement will be with UPMC Children's Hospital of Pittsburgh.**



Emily Lawrence

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

Eal83@pitt.edu

Emily graduated from Virginia Commonwealth University in 2021 with a Bachelor of Social Work degree. While completing undergraduate studies, Emily worked with Henrico County Mental Health and Developmental Services. She focused on drug prevention and community resources within disadvantaged communities. She then worked as an Intern at Richmond Autism Integration Network. There, Emily ran and facilitated programs for teens and young adults with autism. Programs focused on social skills such as bullying and peer pressure. Life skills taught included cooking, cleaning, and job interview preparation. During her senior field placement, she worked as a case manager for a recovery house owned by a behavioral awareness center, and helped her clients navigate through the many legal systems. She helped clients obtain a job, obtain their license, and, most importantly, maintain sobriety. Emily ran weekly group and individual sessions with her clients at the recovery house and learned how to support them. Emily is interested in integrated healthcare because of the team aspect and patient representation within the care. Emily wants to eventually work at a veteran's hospital and serve as a patient advocate and an LCSW. Emily is honored to be an Edith Baker Fellow and excited to work in a new city. **Emily's integrated healthcare field placement will be with UPMC St. Margaret Family Health Center in Bloomfield-Garfield.**



Erin McGann

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

emm242@pitt.edu

Erin McGann graduated from Grove City College with a Bachelor of Science in Business Management and a minor in Psychology. During their time as an undergraduate, they accepted a position working as a direct care professional for adults with intellectual disabilities. In this role, they were introduced to the necessity of integrated health care social work in order to provide complete spectrum care. Since graduation, they have worked at Hot Metal Bridge Faith Community in the Southside of Pittsburgh. The organization offers twice weekly free community meals and resources to people experiencing homelessness. They completed their first year of generalist field work with Pittsburgh's YWCA in the Youth Services Department where they taught after school STEM education in Pittsburgh Public Schools and the surrounding areas. During their time with the YWCA, Erin also created a healthy relationship toolkit curriculum to be implemented in the 2021-2022 school year. Erin is pursuing a full spectrum doula certification through Birth Advocacy Doula Training in conjunction with their Master of Social Work in order to provide holistic birth and post-partum support to pregnant people and new parents. Erin is especially interested

in working with queer and trans families and birthers and destigmatizing reproductive justice for the LGBTQIA+ community. Erin is so thankful for the Baker Fellowship and excited for the opportunity to be a part of this cohort. **Erin's integrated healthcare field placement will be with UPMC Adolescent and Young Adult Medicine.**



Kevon Purdie

Master of Social Work, direct practice, advanced standing, IHC (Candidate)

KJP72@pitt.edu

Kevon graduated with honors from Norfolk State University in 2017 with a Bachelor of Social Work degree. His career goals are to obtain his LPC, LCSW, and DSW to provide psychoeducation, therapy, and treatment to impoverished, disenfranchised populations, as well as supervision and mentorship to prospective clinicians. He also desires to serve as dean of a social work program, providing leadership from a clinical context. During his time in the Ethelyn R. Strong School of Social Work, Kevon was chosen among his peers to represent the school by participating in several trainings, conferences, and study abroad opportunities. These include: Champions for Children: Prevent Child Abuse Hampton Roads Training Program (2016), Alzheimer's Dementia Conference (2015), Initiatives of Change Summit (2017), the Community Trust-building Fellowship (2017), and the American Institute of Indian Studies (2013). During the 2016 Alzheimer's Dementia Conference, Kevon was afforded the opportunity to present to over 100 conference attendees on the topic of, "Meditation and Self Care for the Caregiver". With this opportunity came a partnership with one of Norfolk, Virginia's luxury assisted living residences, The Talbot on Grandy, where he partnered with one of his professors in providing support and assistance with programming for the residents of the facility. After graduation, Kevon started his career as a clinical care coordinator/community health worker for two major managed care organizations/health insurance companies, Optima Health Community Care and UnitedHealth Care (Optum). During his time with these two organizations, Kevon provided support and advocacy for over 600 Medicaid recipients throughout the Hampton Roads area and served as a liaison between each client and the interdisciplinary health care team assigned to them. During his tenure in these roles, Kevon developed a longing to want to provide urban children, youth, and young adults social-emotional/psychoeducation from a clinical lens, so he completed a Master of Arts in Urban Education (K12 School Counseling-Clinical Concentration) in May 2021. Currently, Kevon serves as an Intimate Partner Violence Educator and Specialist for Women's Center and Shelter of Greater Pittsburgh. Kevon's commitment to a humanitarian philosophy, his commitment to the NASW's Code of Ethics, and his passion for reaching both pediatric and geriatric populations that experience physical, emotional, and sexual trauma have prompted him to seek to learn more about how the healthcare system impacts the lives of the individuals that they service. Kevon is excited to be a part of the Edith M. Baker Integrated Healthcare Fellowship, and he looks forward to all the shared experiences that he and colleagues will develop. **Kevon's integrated healthcare field placement will be Allegheny General Hospital.**



Alyssa Quiray, "Q"

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

anq10@pitt.edu

Q graduated magna cum laude from Berea College in Kentucky with a Bachelor of Arts in Biology in 2014. During her undergraduate career, she had the opportunity to intern at the Mayo Clinic and also the Refugee Resettlement and Immigration Services of Atlanta. After graduating, she returned to her home state of New Jersey and worked as a medical scribe and supervisor in an urban ambulatory emergency department. While working at the emergency department and also volunteering at a women's shelter, she was able to witness the important work done by social workers and was also reminded of her time interning at a refugee resettlement office. She then took an opportunity to serve a year with Compass AmeriCorps in Pittsburgh in 2016 and was part of the Care Navigation team at Squirrel Hill Health Center assisting refugee and immigrant patients. After her AmeriCorps year, she took a full-time position at Squirrel Hill Health Center helping patients and community members with accessing financial assistance and public health insurance. She continues to work there part-time while pursuing her Master of Social Work degree. Her first-year internship was with the Southwestern PA COVID-19 Contact Tracing Consortium with the Jewish Health Foundation, assisting this group with assessing and addressing the needs of nearby communities as they pertain to COVID-19, contact tracing, and vaccination. She is excited to continue her education as a second year MSW student with the Baker Fellowship and is looking forward to her next internship. **Q's integrated healthcare field placement will be with UPMC St. Margaret Family Health Center in Lawrenceville.**



Sophia Lucente

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

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Sophia Lucente is a 2015 graduate of the University of North Carolina at Greensboro, where she earned her Bachelor of Arts in Media Studies and minors in Music and French. As an undergraduate, she engaged in a variety of extracurricular academic programs, serving as editor of the Carolinian school newspaper's Arts & Entertainment section, a weekly radio DJ, a member of the French honor society, a member of various choirs and other musical ensembles, and as a piano instructor for students of all ages from the surrounding Greensboro community. Upon graduation, she took up work as a pharmacy technician, where subsequent licensure and employment within a specialty pharmacy's HIV/AIDS unit led her to discover a passion for patient advocacy and case management within the medical field. Her desire to establish a life outside the state of North Carolina

coincided with her discovery of the University of Pittsburgh and its esteemed School of Social Work, and in 2020 she relocated to the city. Currently, Sophia is working toward a Master of Social Work degree and has kept busy and engaged with the greater Pittsburgh community through her work at the pharmacy on the COVID-19 vaccine rollout. In part, through the opportunities afforded by the Edith M. Baker Integrated Healthcare Fellowship, she hopes to enhance her abilities to work in interdisciplinary medical settings, and to help society as a whole progress toward better equity in health and fairer representation of underserved populations in consideration of their healthcare needs. **Sophia's integrated healthcare specialization field placement will be with Allegheny General Hospital.**



Victoria L. Reich

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

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Victoria Reich earned her Bachelor of Arts in Psychology from Pennsylvania State University in December 2018. Prior to her time at Penn State, she had taken a six-year break from formal education, during which she spent a significant amount of time working with a non-profit in community development, internationally. This included work in China, Hong Kong, Liberia, and Colombia. This experience in combination with her background in psychology and her desire to work in a helping profession led her to pursue a Master of Social Work degree. Victoria is currently a second-year student in the School of Social Work at the University of Pittsburgh. She completed her first year generalized field placement with Staunton Farm Foundation, as a grant program intern. Staunton Farm is a family foundation that grants to non-profit organizations with the mission of enhancing behavioral health services in our region. This experience expanded her knowledge of macro level practices, program development, policy, funding, and the systems of social services. During the internship, Victoria also became a Certified Instructor of Youth Mental Health First Aid through the National Council for Behavioral Health, which will contribute to her goals of working with a primarily adolescent and young adult population. Victoria is honored to have been accepted as an Edith M. Baker fellow and is thankful for the experience that will contribute to her future as a professional social worker. **Victoria's integrated healthcare field placement will be with Allegheny Health Network Greentree.**



Dan Patel

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

dap198@pitt.edu

Originally growing up in New Jersey, Dan Patel graduated Summa Cum Laude from the University of California - Los Angeles (UCLA) in 2018. He received his Bachelor of Science in Environmental Science with a minor in Environmental Systems and Society. While at UCLA, Dan spent three years as a volunteer and coordinator for Camp Kesem, a non-profit summer camp for children affected by a parent's cancer. His experiences there included holding space for pain, leading empowering conversations, and feeling the transformative power of groups that set him on the path to social work. Shortly after graduating, Dan moved to India, where he spent five months living with and helping care for his grandmother. While abroad he also spent time teaching math and English to Indian schoolchildren, trekking in the Himalayas of Nepal, and living at a forest monastery in Thailand. He moved to Pittsburgh after returning to the United States and began working part-time as a bread baker while also working full-time as a direct support professional for Pressley Ridge Home Places, a long-term residential treatment facility for youth with intellectual and developmental disabilities. Dan has most enjoyed the opportunities to develop meaningful relationships with the youth at Home Places, to see them grow and learn new skills. After getting his degree, Dan hopes to pursue his clinical licensure and work in end-of-life care and bereavement counseling. He also aspires to play a role in creating organizational change to better support society's helping professionals in doing their work while caring for themselves. Dan is honored to be an Edith M. Baker Fellow and looks forward to helping society move towards compassionate, person-centered health care. **Dan's integrated healthcare specialization field placement will be with UPMC Presbyterian-Shadyside Hospital.**



Asher Warchal (She/They)

Master of Social Work/Master of Public Health, direct practice concentration, advanced standing, IHC (Candidate)

tjw99@pitt.edu

Asher graduated magna cum laude from The Ohio State University in the spring of 2020. They received their Bachelor of Science in Social Work with Honors Research Distinction. During their undergraduate career, they completed an honors research thesis titled "Pronoun Usage in the College of Social Work." The mixed-methods survey focused on how pronouns were being used in the College of Social Work at Ohio State. It examined rates

of misgendering of students and included student self-reported data on pronouns within the college. The thesis received the *Outstanding Honors Thesis Award*, and training for students, faculty, and staff was proposed based on the results of the study. Asher also served as the Co-President of Out In Social Work, the LGBTQ+ student organization for the college, as well as the student representative for the college's LGBTQ+ Ad Hoc Committee. They have a passion for service, and during their time at Ohio State, they attended 10 alternative break service trips through Buck-I-SERV of which they were a board member. Upon graduation, they wanted to pursue this passion and elected to do a year of service with AmeriCorps City Year in San Jose, CA. During this year, they worked in person to provide tutoring and mentoring to elementary-age students. Asher plans to pursue a Ph.D. and clinical licensure to work within the LGBTQ+ and HIV/AIDS communities after graduation. They hope to work for better health outcomes for members of these communities through community-based programs and research. **Asher's integrated healthcare specialization field placement will be with Allegheny Health Network Positive Health Clinic.**



Kelsey Reich

Master of Social Work, direct practicing with advanced standing, IHC (Candidate)

Ker111@pitt.edu

Kelsey Reich is a 2020 graduate from the University of Pittsburgh, where she earned her Bachelor of Social Work. She is a member of Phi Sigma Pi: National Honors Fraternity and was a member of the Social Work Club. During Kelsey's undergraduate year she was part of the Hartford Program. This program works specifically on Aging Education, to help enhance leadership skills in gerontology. It is a development of specific geriatric competencies across service sectors with the diverse older adult population. She was placed at UPMC Canterbury Place, a nursing facility for long term care, dementia care, rehabilitation as well as hospice care. Her role at UPMC Canterbury Place as a social work intern entailed admitting clients, screenings and working with residents and family members upon discharge. Kelsey worked with a variety of residents who suffered from an amputation and then needed rehabilitation before returning home, to residents who had heart problems and needed to go home with special equipment. Kelsey has interest in working with hospice patients and being that shoulder for people to lean on. She has working experience with all different age ranges and wishes to continue this in her working profession. Kelsey cannot wait to see what the Edith M. Baker Fellowship for Integrated Behavioral Health Care brings her and gives her more experiences to use out in the work field. **Kelsey's integrated healthcare specialization field placement will be with UPMC Magee-Women's Hospital.**



Aubrey Snyder

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

ais550@pitt.edu

Aubrey Snyder graduated from Millersville University of Pennsylvania in 2021, where she earned her Bachelor of Arts in Social Work (BASW) and minored in Sociology. She is an inducted member of the Phi Alpha Social Work Honors Society. During her undergraduate year, she volunteered at the Boys and Girls Club of Lancaster, Domestic Violence Services of Lancaster County, and The Factory Ministries. At the Boys and Girls Club, she assisted students with academic assignments and mentored younger cohorts toward positive psychological and emotional growth. While volunteering at Domestic Violence Services, she assisted in initial setup for incoming families. This included cleaning apartments, setting up furniture, and organizing living spaces. At the Factory Ministries, she assisted in preparing a meal for the participants, assisted in community outreach efforts, and engaged participants in conversation about the barriers they face, their daily lives, and goals they wanted to accomplish. Aubrey's undergraduate field placement was at Lancaster General Health, Roseville Pediatrics Outpatient Care. Her role at Roseville Pediatrics included having contact with local mental health providers, making follow-up calls and referrals to patients, and observing different types of therapy. Aubrey worked with ages 1-18 years old in an integrated healthcare setting. The time spent at Roseville Pediatrics, where she learned more about integrated healthcare is what sparked her interest in the field. Aubrey is excited and honored to be a part of the Edith M. Baker Integrated Healthcare Fellowship and looks forward to learning more about integrated healthcare. **Aubrey's integrated healthcare specialization field placement will be with UPMC Adolescent and Young Adult Medicine.**



Cheyenne Neuenschwander

Master of Social Work, Direct Practice, Second Year, IHC (Candidate)

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Cheyenne graduated from the University of Pittsburgh in 2019 with a Bachelor of Arts in Communication, a minor in Theatre Arts, and a certificate in Community Corporate Relations. During her undergraduate years, she was a varsity athlete and volunteered in multiple service projects around the city. Upon graduation, she moved out to Los Angeles, California as an AmeriCorps service member. She worked at the Downtown Women's Center on

Skid Row assisting women experiencing homelessness, where she found her passion for social work. During her first year in the MSW program, Cheyanne interned at the Alle-Kiski Area Hope Center working with victims of Domestic Violence. She was hired on full-time and continues to work as an advocate in their emergency shelter. Cheyanne finds passion in working with vulnerable populations. She is excited and honored to be part of the Edith M. Baker Integrated Fellowship and looks forward to what the future holds. **Cheyenne's integrated healthcare specialization field placement will be with UPMC Magee-Women's Hospital.**



Ashley Smith

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

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Ashley earned her Bachelor of Science in Psychology with a secondary emphasis in Biology at Juniata College in 2017. During her undergraduate education, she assisted in the Political Psychology research lab and completed a poster presentation on predicting prejudice at the Eastern Psychological Conference. As an intern, she gained experience working with women and children at a domestic violence shelter in rural Huntingdon, Pennsylvania. Ashley completed the certification for domestic violence education, responded to hotline crisis calls, met individually with women for counseling, and accompanied women to medical appointments and court hearings. Upon graduation, she was employed in Philadelphia, Pennsylvania as a supported living counselor at Step by Step, Inc. in the Behavioral Health Program. She supported adults with mental health diagnoses to maintain their independent living in the community. During this role she met with individuals weekly and assisted them with health management, housing, finances, and mental health crises. After two years, Ashley was promoted to Assistant Service Director of the Behavioral Health Program. In this role she supervised the counselors, completed intake assessments with new clients, interviewed and trained new staff, completed reports with Philadelphia County, and maintained her own caseload. Ashley moved back to her hometown of Pittsburgh to pursue a Master of Social Work degree at the University of Pittsburgh. At her first-year field placement, she worked with adults in drug and alcohol treatment at Gateway Rehab where she utilized Twelve-Step Facilitation therapy, led intensive outpatient groups, and conducted individual counseling sessions. Her goals are to pursue her interests in women's health and mental health with plans to obtain her clinical license in the future. **Ashley's integrated healthcare specialization field placement will be with UPMC Magee-Women's Hospital.**



Shayla Preston

Master of Social Work/Master of Public Health, direct practice, second year, IHC (Candidate)

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Shayla graduated magna cum laude from the University of Pittsburgh in 2020 with a Bachelor of Science in Psychology and Sociology and a minor in Creative Writing. During her undergraduate career, she participated in Jumpstart, providing assistance in under resourced classrooms. During her junior year of undergrad, she joined the Motivation and Development Research lab as a research assistant. This position led her to construct her own independent research project, where she examined how the perception of negative academic stereotypes affect African American students in middle school and high school. Her well-rounded interests in mental health led her to pursue the joint MSW/MPH program, hoping to serve African American children within the realm of mental health, as well as expand mental health access for minority youth. As a first year MSW student, she completed her field placement at FAME – The Fund for the Advancement of Minorities through Education. There, she helped implement student programming that helped African American students learn more about potential careers and post-secondary education. Shayla also works part-time at UPMC Western Psychiatric Hospital, using her clinical experience to help patients within the hospital build coping skills. Shayla is very excited to enter the Edith M. Baker Integrated Healthcare Fellowship. **Shayla’s integrated healthcare specialization field placement will be with UPMC Children’s Hospital of Pittsburgh.**



Noelle Pool

Master of Social Work direct practice, advanced standing, IHC (Candidate)

nkp15@pitt.edu

Noelle Pool is originally from Wyoming, Ohio. She earned her Bachelor of Social Work from the University of Cincinnati in 2021. She chose social work, as Noelle has always enjoyed talking to people and helping them. During her senior year of undergraduate work, Noelle was an intern at Valley Interfaith Community Resource Center connecting clients to other organizations, helping to facilitate a women’s empowerment group, translating for Hispanic clients, and checking in on the clients. During her undergraduate studies, she worked on a case study highlighting each role in helping with the aftermath of an accident that led to hospitalization. This event created interest for Noelle in doing interdisciplinary work

through the integrated health care fellowship. While in undergrad, Noelle participated in a service organization devoted to raising money for breast cancer research and outreach. She served as an executive member of the organization, Cupcake Club. Her undergraduate research focuses on how the social determinants of health affect the risk of COVID-19 in African American and Latino communities. For the past two years, Noelle worked at UC's Early Learning Center as a student worker. At the Early Learning Center, she took care of children of all levels, interacted with parents and care team members for the children, and fostered learning for infants and preschoolers. Noelle decided to relocate for her MSW at the University of Pittsburgh. At the University of Pittsburgh, she will be a Baker Fellow for Integrated Health Care. She will begin her placement in August 2021. **Noelle's integrated healthcare specialization field placement will be with Allegheny Health Network West Penn Hospital.**



Caleigh Dunlevy
Master of Social Work direct practice, advanced standing, IHC (Candidate)
cad243@pitt.edu

Caleigh Dunlevy graduated from West Virginia University with a Bachelor of Social Work and a minor in Women and Gender Studies in 2021. While attending WVU, Caleigh assisted with managing a bar full time and worked with a variety of nonprofit organizations but spent the most time with Libera. Libera worked with women across the state of West Virginia to provide empowerment and meaningful connections for women facing difficult life transitions. Libera is hosted out of a refurbished bus that can travel all throughout the state. Caleigh assisted with cleaning the bus and ensuring it was in working conditions for Libera sessions. Caleigh also acted as a listener to these women during sessions; listening to their stories free of judgement and providing feedback when asked. During her gap year, Caleigh volunteered as an AmeriCorps VISTA. She assisted with the startup of the Addiction Studies Minor at WVU, working with fellow faculty members to research courses that could be implemented to fight the opioid battle West Virginia has been facing. She attended tabling events to promote the minor of Addiction Studies and helped recruit the first Addiction Studies Minor cohort. The other aspect of her VISTA program involved working with organizations in the community to bridge the gap between the community of Morgantown and the university. Caleigh interned with West Virginia Women Work for her generalist placement in spring 2021. This organization assists women looking for a career change whether that be due to domestic violence, relocation, or financial reasons. West Virginia Women Work, trains these women in trade programs, giving them the proper tools to enter a typically male dominated workforce. Caleigh led workshops, provided resources, and offered advice when asked, during her placement. Caleigh looks forward to the possibilities and opportunities she will be given as an Edith Baker Integrated Healthcare Fellow and cannot wait to take this experience into her future career. **Caleigh's integrated healthcare specialization field placement will be with UPMC Presbyterian Hospital.**



Erin Sullivan

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

ens53@pitt.edu

Erin Sullivan graduated from Seton Hill University in 2021, where she earned her Bachelor of Social Work with a specialization in medical social work. She is an inducted member of the Phi Alpha Honors Society of social work. Erin is a proud first-generation college student. Her undergraduate field placement took place at the Westmoreland County Children's Bureau in Greensburg, Pennsylvania. This facility strives to protect children from abuse and neglect, sustain families whenever possible and to confirm that every child under the bureau's guidance has a safe, secure and stable home in which to develop and grow. As a social work intern, she attended several 30-day Review Home & School Visits independently, she collaborated with caseworkers and discussed case outcomes and she also attended and observed court proceedings for multiple cases. While at Seton Hill, Erin researched and composed a policy for Westmoreland County Behavioral Health focusing on developing best practices for complex cases. She researched best practices at Allegheny County Human Services behavioral health office and Westmoreland County Case Management and Supports, Inc. Her policy brief provided the County with the direction to strengthen their systems and practices. She also designed and completed an independent senior research project that studied the rise or decline of CPS cases during quarantine with COVID, which was the first-ever study in the region related to the impact of the pandemic on child abuse and neglect. Erin had worked with medically fragile infants and adolescences for four years at a medical daycare facility while obtaining her undergraduate degree. As she worked alongside nurses every day and helped assist the children with their medical needs, she had a newfound love for medical social work. She has worked with children for over eight years and has always enjoyed working with the younger generation. She is positive that her undergraduate experience and social work studies have given her the appropriate groundwork to continue her education and be a successful integrated healthcare social worker. Erin is honored to be considered for the Edith M. Baker Integrated Healthcare Fellowship and cannot wait to gain more experience and knowledge to be able to progress in the field. **Erin's integrated healthcare specialization placement will be with UPMC Latterman Family Health Center in McKeesport, Pennsylvania.**



Julie Balewski

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

Jrb279@pitt.edu

Julie graduated from Clarion University in 2020 with a degree in Geography and Sustainable Planning with a minor in social work. During her undergraduate career she interned at Project Point of Light in Shipperville, PA assisting in sex offender group treatment, which utilizes CBT. Julie was a ropes course leader during undergrad, in this position she coached college students and outside groups like sororities, fraternities, and residence hall groups through teamwork and leadership exercises. Julie was also a Resident Assistant (RA) for two years at Clarion University working with college students and helping in conflict resolution. Julie has had multiple experiences working with children and adults with disabilities at BCRC as a job coach, a home health aide for McGuire Memorial, and interned for Comprehensive Children and Family. She really enjoyed her time as a TSS working in schools and homes with children with Autism and their families. After receiving her MSW degree, Julie hopes to work with children, families, and women in a healthcare setting. Julie also hopes to acquire her LCSW in the future. Julie is excited to be a part of the Edith M. Baker Fellowship.



Madison Eveland

Master of Social Work, direct practice concentration, advanced standing, MHC (Candidate)

MEE70@pitt.edu

Madison Eveland graduated with her BSW from Boise, Idaho at Boise State University in 2019. During her bachelor's field placement, she provided emergency financial assistance to families in the community as a case manager at the Idaho Department of Health and Welfare in the Navigation Program. She also volunteered during school and summers at a clinic called Allies Linked for the Prevention of HIV and Aids (ALPHA) that gave medical services and a food pantry for those with HIV and/or Aids. Madison was elected as the financial officer in the Organization of Student of Social Workers (OSSW) at Boise State University. Upon graduation, Madison worked as a court advocate accompanying victims of domestic abuse and/or sexual assault through the civil justice system at an agency called the Women's and Children's Alliance. This past year, Madison moved from Boise to Pittsburgh to pursue further education in her family's hometown to learn and practice clinical social

work. Madison's professional interests include trauma-informed care, working with victims of sex crimes, advocacy for the LGBTQ+ population, and wellness. She is excited to be a part of the Baker Fellowship, and to learn and be an advocate for holistic mental health care. **Madison will begin her integrated healthcare field placement at the University of Pittsburgh at Greensburg's Counseling Center.**



Naomi Lusk

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

tml78@pitt.edu

Naomi graduated from Indiana University Bloomington in 2020 with a Bachelor of Science in Psychology, minor in Counseling, and a Clinical Psychological Science Certificate. Alongside her undergraduate studies, Naomi assisted as a research assistant on a study regarding the influence of alcohol on perceptions of women and was involved in the data collection and test administration processes. She also participated in the H.O.P.E. Mentoring program as a mentor who would travel to juvenile correctional facilities to prepare inmates for successful reintegration into society upon their release. After completing her degree, Naomi moved to Pittsburgh to pursue a Master's degree in social work and her goal of becoming a counselor or therapist involved in the treatment of mental health disorders. In her first year of graduate school, Naomi found employment at the Expect Respect Fellowship as a group facilitator, leading weekly group sessions for middle school students that provided them with opportunities to develop healthy relationships and social skills. As part of her internship, she was also involved in contacting students and families alike across Allegheny County to perform wellness checks, assess for needs, and link people to community resources during the COVID-19 pandemic. Naomi is excited to develop proficiency in navigating and providing integrated healthcare to those in need and is honored to be a part of the Edith M. Baker Fellowship. **Naomi will begin her integrated healthcare field placement in the fall of 2021 with Southwood Psychiatric Hospital.**



Andy Goldberg

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

aig161@pitt.edu

Andy Goldberg graduated in December 2017 from The Pennsylvania State University with a Bachelor of Science degree in Rehabilitation and Human Services and a minor in Women's Studies. During their undergraduate years,

they participated in various projects with *Iota Iota Iota*, the Women's Studies Honor Society and Planned Parenthood Generation Action, where they served as treasurer and vice president. Notably, they were the director of the Vagina Monologues in February 2016. They remember standing before the audience at the end of the performance asking members to stand if they were survivors of gender based intimate partner violence, and if they vowed to dedicate their lives to ending intimate partner violence. The entire audience stood in applause. That same year, they completed an internship at Women's Rights Initiative (WORI) while living locally in Jinja, Uganda, supporting the opening of the first women's shelter in eastern Uganda. During their senior year, they were elected president of 3rd Way Collective, a multi-religious organization on Penn State's campus, where they organized events promoting peace and justice on campus. As a culmination of the Rehabilitation and Human Services major, they completed an internship at Wesley Family Services NorthCo, where they were introduced to the Intellectual and Developmental Disabilities population. They held a paid position as a program specialist with Community Living and Support Services, where they taught classes for people with various physical, intellectual, and developmental disabilities. Classes that were provided included math, reading, cooking, mind building, computers, gardening, and art. After that, they assumed a position as a residential program specialist at TCV Community Services, where they managed eight group homes and 26 clients with disabilities. During their first year as a MSW student, they completed a field placement with Goodwill of Southwestern Pennsylvania in their Career Services department creating job preparation and technical training curriculum for people with disabilities and transition-aged youths. They are participating in a death doula-training program that they hope will help clients dealing with grief and loss. **Currently they are completing their second-year mental health field placement at the CHARTE Center**, learning therapy techniques for people with disabilities and Autism Spectrum Disorder. They are excited to join The Edith M. Baker Integrated Healthcare Fellowship to gain experience in the medical field of disabilities.



Kathryn Chestnut

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

kgc9@pitt.edu

Kathryn graduated from the University of Pittsburgh with a Bachelor of Science in Psychology and minored in Political Science. After graduating, she accepted an AmeriCorps VISTA position at the Community College of Allegheny County (CCAC) where she served as the program coordinator for an afterschool program at Pittsburgh King elementary school. The program connected CCAC students with elementary students to increase the latter's literacy levels. Kathryn remained in Pittsburgh after completing her term of service to pursue her Master of Social Work degree at the University of Pittsburgh. She completed her first-year internship at East End Cooperative Ministries where she worked with clients in recovery from drug abuse to assist them in finding employment while concurrently working on recovery maintenance strategies. Kathryn is currently pursuing her Mental Health certificate within MSW program and is honored to be part of the Edith M Baker Fellowship and is looking forward to the opportunities that the fellowship will provide. **Kathryn will begin her integrated healthcare placement in the fall of 2021 at UPMC St. Margaret Hospital in Aspinwall.**



Helen Thurtle

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

hktt5@pitt.edu

Helen Thurtle graduated magna cum laude and with a University Honors distinction from Florida State University in 2020 with a Bachelor of Criminology and a minor in Social Welfare. While a student in the University Honors program, Helen completed honors coursework and completed over 150 hours of community service. Her interest in criminology and desire to become more involved on campus led her to become a member of Lambda Alpha Epsilon, a professional criminal justice organization. During Helen's senior year, she volunteered with at-risk girls in an alternative school and mentored at-risk youth through a diversion program that focused on non-violent communication. She has also worked for two summers with Florida Sheriff's Youth Ranches as a group leader in their residential and mobile summer camp programs. Helen's first-year field placement was through Foundation of HOPE, a non-profit organization that serves incarcerated and released individuals, in their Chaplaincy and Aftercare programs. She has continued her passion of working with vulnerable and discriminated populations through her part-time employment at a homeless shelter in downtown Pittsburgh. Helen is honored and excited to be a part of the Edith M. Baker Fellowship. **Helen's mental health specialization field placement will be with Turtle Creek Valley Community Services in their Adult Mental Health Outpatient program.**



Scott T. Foor

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

Stf40@pitt.edu

Scott Foor graduated from The University of Virginia's College at Wise (UVa-Wise) with a Bachelor of Science in Psychology and Sociology in May of 2020. While at UVa-Wise, Scott served as vice president of the Psychology Honor Society, Psi Chi, for two years and was a member of the Darden Honor Society. Furthermore, Scott had the opportunity to conduct research with Dr. Christa Moore on the topic of burnout in the human service professions and presented the findings at the 2019 Association of Applied and Clinical Sociology (AACCS)

conference. Additionally, he was worked with a research team led by Dr. Kristina Feeser to examine retention rate and mindfulness with at UVa-Wise. Along with these accomplishments, Scott interned at Lonesome Pine Office on Youth and Independence House in Big Stone Gap, Virginia. At these locations, he worked with at-risk children with mental health disorders and co-led group meetings, respectively. While at the University of Pittsburgh (Pitt), Scott had the opportunity to serve as a counselor intern for adolescents with mental health disorders at Southwood Psychiatric Hospital. During this first field placement, he has conducted check-ins and initial evaluations, planned and organized groups for patients on the units, observed treatment team, and shadowed each member of the treatment team. During his second years at Pitt, Scott plans to complete a certificate in mental health and is honored and excited to be a member of the Edith M. Baker Fellowship. **Scott will begin his integrated health care field placement in the fall of 2021 with UPMC Children's Pine Center.**



Jess McKelvey

**Master of Social Work, direct practice concentration, second year, mental health certificate (Candidate)
JCM164@pitt.edu**

Jess McKelvey graduated from Slippery Rock University with a Bachelor of Science in Liberal Arts with minors in Cognitive science, Philosophy, and Leadership. Before, during, and after her completing her bachelor's degree, Jess has spent over 15 years coaching age group and high school swimming, and it was here she realized her greatest joy in coaching was the ability to serve and mentor others. Wanting to do more than coaching could allow, she returned to school to pursue an MSW at the University of Pittsburgh. Jess completed her first year of generalist field work with Open Field, a sport-based programming for youth in poverty using soccer to create a safe space for athletes to learn social emotional skills, how to respect others, challenge themselves, and be role models to peers on and off the field. At Open Field she developed a trauma-informed coaches and mentors training and created SEL curriculum and used her coaching background and social work education to be a peer support to other coaches. During the first year of her MSW at Pitt and previous independent study, she became interested in psychiatric social work, trauma, and the intersections of healthcare and mental health. Jess is humbled and honored to be accepted as an Edith M. Baker Fellow. She is beyond thankful for the learning opportunities it will provide as well as the experience she will gain that will greatly contribute to her path in social work. **Jess's mental health specialized field placement is with UPMC Western Psychiatric Hospital.**



Taylor A. Ednie (She/Her)

**Master of Social Work, Direct Practice Concentration, Advanced Standing, Mental Health Certificate
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Taylor is from Blairsville, Pennsylvania and graduated with a Bachelor of Social Work and Minor in Psychology from Seton Hill University in May of 2021. During her undergraduate years, Taylor served as Vice President for Seton Hill's social work club, Project H.O.P.E. and Seton Hill's chapter of the Phi Alpha Honor's Society. While at Seton Hill, Taylor served as group leader for a community project to serve the city of New Kensington in her third-year course, Generalist Practice III: Communities. Taylor also created a policy for Westmoreland Community Action's staff to connect veterans with needed resources. This policy was shared with the Homelessness Coalition, where it was spread to a twenty-county area. During her senior year, Taylor completed her field placement at The Union Mission. The Union Mission, while commonly known for its men's homeless shelter, also provides an integrated system of services for individuals experiencing homelessness and provides resources leading to safe, affordable, and sustainable housing. Taylor was able to obtain a paid position at The Union Mission working in multiple programs, including shelter case management, Rapid Rehousing, and H4G (Home 4 Good). Taylor correlated her senior research project to housing, conducting a meta-analysis study of affordable housing developments and how it affects social determinants of health, specifically crime, education, property value, health, and wealth/earnings. Taylor finds passion in the profession of social work and working with vulnerable populations, as she believes it is her true vocational calling. Through her own experiences in the healthcare system, Taylor sees the value in integrated healthcare, and its importance in the community. Taylor's goals for her future in the social work field include advocating for systemic changes, working with victims of sex crimes and sex trafficking, and to become an executive director of a non-profit organization. Taylor is honored, grateful, and excited to be a part of the Edith M. Baker Fellowship and is looking forward to the experience, knowledge, and opportunities that this Fellowship will provide. **Taylor began her integrated healthcare field placement in September 2021 with UPMC Western Psychiatric Hospital.**

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