

Professional Development and Practice Competencies in Clinical Social Work

A Position Statement of the American Board of Examiners in Clinical Social Work
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Abstract

Introduction

This paper's purpose is to describe standards for the competent practice of clinical social work. Clinical social workers provide more mental-emotional healthcare than any other professional group in the United States.

The American Board of Examiners in Clinical Social Work (ABE), which first published a version of this paper in 1995, published this second edition (in March, 2002), updated and reorganized, with a bibliography and greater emphasis on clinical practice rather than generic social work. The drafts of the paper were enriched by the comments of 67 distinguished clinical social work practitioners, educators, clinical supervisors, program administrators, and leaders of professional organizations.

Objectives

The paper addresses large issues such as the nature of clinical social work and the ways in which clinical social workers improve their skills; and it has the following main objectives:

- to identify the practice components of clinical social work
- to relate professional development to practice competency
- to identify the indicators by which clinical social workers may be recognized as having achieved certain levels of proficiency.

Proficiency at Three Levels of Practice

In this paper, three levels of professional development are examined in terms of expectations about practice competency:

- (1) post-graduate or entry level: the period (usually two years) after obtaining the master's degree, in which clinical supervision is mandatory under state clinical-license laws;
- (2) autonomous or intermediate level: a period (usually three years) in which the clinician broadens the range and raises the skill level of his/her practice, and seeks improvement through clinical supervision or consultation;
- (3) advanced level: the period (generally beginning at about five years post-master's) in which clinical social workers develop proficiency in certain practice specialties to the point that they are practicing as experts.

In order to show which activities are indicative of competence at each of these three developmental levels, major clinical skills (assessment, treatment planning, intervention,

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outcome evaluation) are described in relation to each of five dimensions (values, knowledge, identity and use of self, disciplined approach, and practice skills). Thus the reader is given a well-rounded portrait of the competent clinical social worker at each phase of his/her professional development.

Other Issues

The paper addresses other state-of-the-profession issues, as follows:

- The evolving practice environment
- Opportunities for generalist practice preparation
- Defining specialized areas in clinical social work practice
- Clinical content in graduate education
- Re-establishing standards for clinical supervision
- Practice research as an aspect of clinical social work practice
- Professional standards and legal regulation of practice.

Relevance and Usefulness

ABE used this paper as the conceptual model for developing professional standards for certification, and incorporated those standards into its current evaluation-based process for examining candidates for national board-certification in clinical social work.

In addition to serving as the touchstone for the development of professional standards, and as the framework by which clinical social workers may be reviewed for competency at each level of their development, this paper is useful to:

clients and other users of services seeking information about what makes a clinician competent;

administrators and program planners seeking greater clarity in what they can expect from the clinical social workers they employ;

licensing and regulatory agencies to assist in defining scope of practice, examination criteria and adjudicating complaints;

clinical social workers seeking to set career milestones and improve their professional development;

social work educators and curriculum planners seeking to assure that what is being taught is relevant to the demands and needs of clinical practice;

clinical supervisors seeking a context for guiding and evaluating the practice of their supervisees;

the social work profession for the purpose of clarifying the mission of clinical social work and the practice of clinical social workers.

PROFESSIONAL DEVELOPMENT AND PRACTICE COMPETENCIES IN CLINICAL SOCIAL WORK

Adopted February 24, 2001

BACKGROUND

The American Board of Examiners in Clinical Social Work (ABE) presents this paper as a next step in an ongoing process of professional self-study and definition. Its initial publication took place in September 1995. Extensive commentary on this initial publication, while containing constructive criticism, has been overwhelmingly positive. The current revision of the paper incorporates this commentary and addresses changes that have occurred in clinical social work practice since 1995. It remains evident that the content of this paper must be revisited periodically, as clinical social work practice and its milieu continue to evolve.

The major objectives of this work are:

- to increase clarification of what clinical social work is and/or is becoming
- to identify the specific practice components of clinical social work
- to relate professional development of clinical social workers to their practice competencies
- to determine reasonable practice expectations for clinical social workers at different levels of professional development.

ABE views the ultimate accomplishment of these objectives as an important proactive step toward having clinical social work practice defined by clinical social workers.

The need for ongoing self-study and definition continues to be evident as ABE has pursued its mission as a professional standard-setting and credentialing organization. Our efforts to define the parameters of advanced-level clinical social work practice led us to the conclusion that such definition and redefinition will be an ongoing process (Cohen, 1980; Goldstein, 1996). This paper provides an updated conceptual model that describes and differentiates levels of professional development.

This conceptual model is presented with the hope that it will stimulate much-needed dialogue and study as the profession is challenged to define itself in the practice environment. In an effort to make this work as relevant and practical as possible, ABE has continued to seek consultation from a large group of respondents that reflects the diversity of clinical social workers at all levels of practice, including clinical supervisors and consultants, administrators and educators. We remain open to further commentary and input from any interested party as we continue to pursue the further refinement of these ideas.

NATURE AND SCOPE OF CLINICAL SOCIAL WORK PRACTICE

Clinical social work is a distinct field of practice of the social work profession. It builds upon the values, ethics, principles, practice methods and person-in-environment perspective of the profession. The overall mission of the social work profession is articulated in the

Preamble to the Code of Ethics of the National Association of Social Workers as approved in 1996 and revised in 1999:

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

The NASW *Code of Ethics* (Section 1.04 Competence) further states:

- (a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
- (b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

- (c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

The American Board of Examiners in Clinical Social Work endorses the above principles as a guide for the preparation, attainment of expertise, and scope of practice in all branches of social work.

Purposes and Definition of Clinical Social Work

While embracing the mission and core values of the social work profession, clinical social work has the following main purposes: (1) diagnosis and treatment of biopsychosocial disability and impairment—including mental and emotional disorders and developmental disabilities; (2) optimal prevention of biopsychosocial dysfunction; and (3) support and enhancement of biopsychosocial strengths and functioning ability.

Clinical social work is the pursuit of these main purposes within the context of professional relationships with individuals, couples, families and groups.

Clinical social work involves diagnosis, assessment-based treatment planning, intervention and outcome evaluation.

Clinical social work practice includes clinical supervision and clinical consultation*

*See Appendix A for the official ABE Definition of Clinical Social Work.

Scope

Clinical social work serves a broad spectrum of clients who are in need of professional help that addresses mental and emotional disorders, interpersonal dysfunction, and environmental stressors. This focus includes, but is not necessarily limited to:

- behavior patterns that are destructive to self and/or others
- chemical dependency
- emotional problems of living
- conscious and unconscious determinants of behavior
- intrapsychic dynamics
- impaired cognitive and affective processes
- troubled interpersonal relationships and family dynamics
- ineffective management of stress
- problematic impact of economic, social and cultural factors
- prejudice, racism and issues of human diversity
- gender and sexual orientation issues
- issues of deprivation, abuse and victimization
- life consequences of illness and/or disability.

(Mizio, 1998; Garcia, 1998)

Preparation

Clinical social work practice requires the acquisition of a body of behavioral science knowledge and the mastery of applied practice skills over a period of time that goes well beyond the completion of master's-level graduate education. This is accomplished through postgraduate education and clinical supervision.

Clinical social work practice knowledge incorporates theories of biological, psychological and social development. Clinical social work practice skills include, but are not limited to, biopsychosocial assessment and diagnosis; crisis intervention; psychosocial and psychoeducational interventions; client advocacy and therapeutic life management when appropriate; and brief and long-term psychotherapies.

Professional Development

Clinical social workers are expected to increase and refine their practice knowledge and skills throughout their professional careers through self-study, review of practice outcomes, ongoing education, clinical supervision and/or consultation as appropriate. As is true for all social workers, they are ethically bound to restrict practice activities to their level of skill achievement, unless under clinical supervision aimed at learning new skills (NASW Code of Ethics, 1.04).

Duly qualified clinical social workers may practice independently of supervision and/or the control of other professions. Clinical social work practice exists within, but is not limited to, social agencies and host settings or as a private practice. Regardless of setting, clinical social workers are ethically committed to apply the same professional values, theories and practice skills in working with clients.

DEVELOPMENT OF PRACTICE COMPETENCIES: A CONCEPTUAL MODEL

Clinical social work education begins with entry to an MSW program in a graduate school of social work approved by the Council on Social Work Education. It is a process that entails refinement of what each student brings; socialization to the values of the profession; learning about theories of human behavior and clinical social work practice; developing practice skills; acquiring information about policies and resources to be applied in practice; maximizing awareness of personal prejudices, boundaries and limitations; and ongoing clinical skill enhancement through study and reflection. It incorporates social work knowledge, values and skills. MSW students bring with them a diversity of personal characteristics, life experiences, ethnic and cultural heritages, beliefs and value systems, educational preparation and work histories. These characteristics will continue to be enriched as clinical practice expertise is developed.

Professional development is the process by which clinical social workers increase their knowledge and disciplined application of interventive skill throughout their careers. This process builds upon a fundamental orientation to and acceptance of the values and methods of professional social work. Developing clinical social workers are required to expand this knowledge through learned application of clinical social work theories and skills—initially in mandatory supervised practice and later through self-study and participation in voluntary consultation as needed (Garrett, 1995; Fook, Ryan & Hawkins, 1997).

Even in view of differences in adult learning patterns, professional competence should be regarded as an incremental process of development having the cumulative effect of increasing the knowledge and skill levels of clinical social workers. Therefore, it is probably most useful to standardize and prescribe only the basic preparation for autonomous generalist practice. Development beyond that point will necessarily vary according to the interests and career course choices of each individual.

Learning and mastery of new clinical skills—at all levels of professional development—require both the cognitive grasp of theory and an adequate experience of practicing the skills through self-review and by engaging in appropriate clinical supervision and/or consultation. In all cases beyond the minimum acceptable level for independent practice, the readiness of an individual to use and apply new clinical skills without supervision should be judged by demonstrated ability or mastery of those skills, and not solely as a function of time spent in the learning process (Goldstein, 1980).

The foundation of social work practice and the added knowledge specific to the clinical field of practice include, but are not limited to, the following knowledge areas.

Human Behavior in the Social Environment Perspective

- Theories of human behavior and development
- Psychopathology
- Symptomatology
- Racial, ethnic, cultural and socioeconomic differences
- Social problems
- Diversity associated with gender, age, sexual orientation and disability
- Strengths and stressors in the social environment
- Social system structure and dynamics (Dean, 1998)

Practice Theory and Methods

- Theories of psychotherapy/counseling (e.g., dynamic, behavioral, cognitive, family systems)
- Treatment principles, modalities and techniques
- Interviewing techniques (e.g., client engagement, elements of history taking, supportive techniques, confronting techniques)
- Principles and techniques of professional collaboration
- Client advocacy techniques
- Case management and coordinated care techniques

Clinical Processes

- Affect, cognition and behavior
- Interpersonal processes and interaction patterns
- Multiple levels of meaning that underlie words and behavior
- Transference and countertransference phenomena
- Professional use of self

Technical Tools

- Differential diagnosis of mental/emotional disorders
- Assessment of mental status*
- Physical, mental or behavioral indicators of physical illnesses and disorders*
- Indicators of chemical dependency
- Psychopharmacology (e.g., awareness of appropriate use of psychotropic medication, expectable results, side effects and parameters for medical consultation)*
- Standardized tests and use of other systematic assessment frameworks*
- Clinical record keeping
- Statutes, case law and regulations affecting clinical practice and clients' health and welfare
- Anatomical, physiological, genetic and medical information*
- Outcome evaluation and research methodologies

(Asterisk denotes areas of knowledge derived from allied professions that may not be taught in graduate social work schools. Such additional knowledge is acquired when appropriate to practice through additional training, supervision and consultation.)

Professional Practice

- Consultative services and resources
- Collaboration with community institutions and systems
- Techniques for interacting with community systems (e.g., courts, lawyers, schools, etc.)
- Methods of clinical supervision, clinical consultation, and clinical teaching
- Self-assessment methodologies
- Professional values and codes of ethics.

It is expected that exposure to all elements of the generic base and some elements of the clinical field of practice take place during the MSW graduate program. Such initial exposure will be further refined and tempered by supervised practice, clinical consultation, continuing education, independent study and other professional development activities, as indicated below.

Progressive Levels of Professional Competence in Clinical Social Work Practice

(1) Postgraduate Practice Level (MSW Level)

The MSW level provides a basic preparation for clinical social work practice. The typical MSW curriculum provides students with an overall orientation to the field of professional social work; a basic grounding in theories of social work practice and application of these theories to practice; an exposure to generic practice methods; and a foundation in the values and ethics of the profession. A two-year MSW program cannot adequately prepare students for autonomous clinical social work practice. Both further supervised practice experience and additional participation in didactic learning experiences are necessary to broaden and deepen the professional development of the learner (Miller & Robb, 1997).

There is consensus among regulatory agencies that a two-year supervised practice experience beyond the MSW is a necessary qualification for autonomous practice as a licensed clinical social worker. Those who perform clinical social work tasks prior to reaching this level are regarded as beginning practitioners and must practice under the guidance of a clinical supervisor.

Graduates of MSW programs may develop further practice competencies in clinical social work as follows:

- Expand the diversity of their clinical experiences
- Increase their knowledge of the ethical and legal parameters of practice
- Enhance their practice skills
- Learn to identify clients who are at risk and to intervene appropriately
- Augment their repertoire of practice theories and methods
- Mature in their professional use of self
- Increase their ability to differentiate clinical observations from inferences
- Achieve integrity of their professional beliefs
- Increase confidence in their clinical judgment through self-study of practice and clinical supervision
- Define their professional stance vis-à-vis the realities of the practice environment
- Understand and accept their practice limitations
- Develop a concept and a plan for their future professional development.

(2) Autonomous Practice Level (Licensure Level)

Autonomous practice is practice that is not under clinical supervision—whether inside or outside an agency structure. This level of professional development reflects mastery of practice competencies, which, in most states that license clinical social workers, requires at least two years of full-time supervised clinical practice experience beyond receipt of the MSW degree. Autonomous practitioners are expected to be able to assume clinical responsibility for the diagnosis, assessment and treatment of their clients, deciding for themselves when consultation is necessary. Achievement of the following skills are indicators that the practitioner has reached the autonomous practice level:

- Provides adequate clinical diagnoses and biopsychosocial assessments
- Performs short- and/or long-term interventions
- Establishes treatment plans with measurable goals
- Adapts interventions to maximize client responsiveness
- Demonstrates competence in clinical risk assessment and intervention
- Recognizes when personal issues affect clinical objectivity
- Recognizes and operates within own practice limitations
- Seeks consultation when needed
- Refers to sources of help when appropriate
- Practices within established ethical and legal parameters.

(3) Advanced Practice Level (Diplomate Level)

The advanced practice level requires a five-year minimum of practice experience beyond graduation as an MSW, plus the achievement of the autonomous practice level. Advanced clinical social workers are expected to have reached the full integration of a professional self and have affirmed their professional role and identity; to recognize that the relationship between theory and practice is often problematic and that theories of development and practice skills require constant emendation (Fook, Ryan and Hawkins, 1997). Advanced clinical social workers are expected to have mastered the skills required for autonomous practice with diverse populations, and may have also developed mastery of specialized areas of clinical practice. Additionally, advanced clinical social workers may have acquired the skills to supervise, consult, teach and otherwise contribute to the professional development of colleagues.

Evidence of the full integration of a professional identity and responsible professional role modeling is demonstrated by:

- Increased depth and breadth of practice skills
- Independent competence with diverse diagnostic groups
- Ability to adapt core knowledge to unique needs of client and milieu
- Clear definition of limitations in level of expertise and scope of practice
- Continued participation in direct practice activities
- Ongoing motivation for learning from practice experience
- Commitment to and implementation of continuing professional education and development
- Maintenance of highest level of ethical standards for the profession.

Additional skills appropriate to advanced practitioners may include:

- Specialization in one or more areas of expertise
- Expertise in participating in the professional development of colleagues (through mentorship, supervision and other modes of teaching)
- Leadership in developing and expanding intervention strategies
- Leadership in defining and attending to professional issues
- Ability to expand the conceptual knowledge of the profession.

Parameters for Describing Professional Development

This conceptual model establishes a developmental progression within each of five interrelated professional dimensions:

1. professional values
2. professional knowledge
3. professional identity and professional use of self
4. disciplined approach to the practice environment
5. practice skills

Each of these five interrelated professional dimensions is further divided so that attention can be specifically directed to practice expectations in the areas of assessment and diagnosis, treatment planning, intervention and outcome evaluation (Scriven, 1999).

The model compares the expectations for professional abilities at each of three developmental milestones in the career development clinical social workers:

1. postgraduate practice level
2. autonomous practice level
3. advanced practice level

The resulting series of grids presents typical practice characteristics and skill levels of clinical social workers as they progress through their professional careers.

CUMULATIVE DEVELOPMENT OF PROFESSIONAL VALUES IN CLINICAL SOCIAL WORK

This facet of professional growth speaks to clinical social workers' incremental, cumulative development of "professional conscience", as manifested by increasing recognition, acceptance and integration of social work value concepts such as:

- Primacy of professional responsibility to client
- Respect for human dignity
- Respect for human diversity
- Honoring the uniqueness of each client
- Client right to self-determination
- Client right to privacy and confidentiality
- Client right to informed choice
- Services rendered with maximum client collaboration
- Duty to protect individuals, community and society
- Ethical and lawful practice.

Over the course of a professional career, clinical social workers are expected to accomplish an incremental, cumulative

- socialization to professional values ranging from awareness to consistent integration in practice
- ability to discern own biases and attitudes ranging from awareness to containment and/or elimination
- use of appropriate supervision/consultation, self-assessment and continuing education toward strengthening the value base of practice
- ability to resolve ethical dilemmas in ways that are consistent with the value base of clinical social work
- ability to refine application of values through client feedback and study of outcome.

These values are central and essential to the professional development of clinical social workers. They span all other dimensions of professional development, externally connecting the clinical social workers with professional colleagues who share these values, which should also serve as an internal force that unifies other dimensions of the professional's practice life (Goldstein, 1998; Vachon & Agresti, 1992; Clark, 1997).

**Descriptive Examples of
Development of Professional Values in Clinical Social Work**

	POSTGRADUATE PRACTICE LEVEL	AUTONOMOUS PRACTICE LEVEL	ADVANCED PRACTICE LEVEL
Assessment and Diagnosis	Examines personal, cultural and professional biases Is aware of attitudes toward client vulnerability Implements legal parameters of practice with supervision	Is consistently aware of areas of bias Knows when to request consultation Implements legal reporting mandates fully and comfortably	Effectively resolves ethical dilemmas May provide consultation assistance to colleagues Is supportive toward clients and families in resolution of the effects of mandatory reporting Resolves conflicts between confidentiality and duty to protect
Treatment Planning	Recognizes clients' value systems and culture Recognizes importance of client choice and collaboration Is acquiring confidence in having a professional opinion	Plans interventions that are relevant within clients' value systems and cultures Makes treatment contracts that respect client choices Has and expresses a professional opinion	May teach treatment planning reflecting a wide range of client diversity Supports clients' rights to self-determination and clients' responsibility to live with the consequences of those choices Is skilled in rendering professional opinion in terms that client can accept
Intervention	Has appreciation of client's value system Has increased awareness of personal biases as they affect the therapeutic relationship	Differentiates between client resistance and value conflict Resists adoption and/or acceptance of dysfunctional client values	Assures that personal value system does not interfere with treatment relationship Consistently applies ethical standards. May consult to colleagues to enhance value consciousness.
Outcome Evaluation	Evaluates personal and professional values as reflected in practice Learns to apply professional values to review of case outcome	Identifies parameters of ability to be nonjudgmental Monitors consistent application of ethical concepts in evaluating outcome	Assures appropriate containment of personal value issues Evaluates extent to which client uniqueness and diversity are honored

CUMULATIVE DEVELOPMENT OF PROFESSIONAL KNOWLEDGE IN CLINICAL SOCIAL WORK

Developing clinical social workers learn from professional education, practice experience, pursuit of professional enrichment activities and self-assessment.

Professional knowledge embodies the totality of cognitive grasp of theoretical concepts and wisdom gained from reflection on what is learned. Of necessity, the acquisition of professional knowledge begins in an academic setting where an organized curriculum directs students to the required core information and assures students' understanding of this body of knowledge. The practice setting is an arena for further increments of professional knowledge provided by client feedback, study of outcome, and input from clinical mentors, peers, colleagues and other professionals. Continuing education also offers opportunities to broaden and deepen clinical social workers' knowledge base (Kirk, 1999).

There is a synergistic relationship between the acquisition of theory and methodology and the lessons of practice experience. The hallmark of well-disciplined clinical social workers is a demonstrated ability to make appropriate use of professional self in making cognitive, knowledge-based practice choices.

Some additional areas of knowledge are those concerned with developing awareness of the ethical and legal parameters of practice, community resources, appropriate referral to and collaboration with allied professionals, and new developments in the ever-expanding theories and sciences that underpin and interface with the knowledge base of clinical social work.

Descriptive Examples of Development of Professional Knowledge in Clinical Social Work

	POSTGRADUATE PRACTICE LEVEL	AUTONOMOUS PRACTICE LEVEL	ADVANCED PRACTICE LEVEL
Assessment and Diagnosis	<p>Is familiar with standard diagnostic manual and categories</p> <p>Demonstrates sensitivity to cultural determinants of behavior</p> <p>Is aware of the impact of motivation on behavior</p> <p>Is familiar with legal and ethical parameters of clinical risk assessment</p> <p>Is sensitive to potential for distortion of clinical objectivity due to personal issues</p> <p>Accepts clinical supervision as a primary means of learning</p>	<p>Demonstrates capacity to apply diagnostic criteria independently</p> <p>Demonstrates cultural competence</p> <p>Is aware that similar behaviors may have different underlying motives unique to the client</p> <p>Has working knowledge of the empirical basis of clinical risk assessment</p> <p>Engages in a disciplined process to assure clinical objectivity</p> <p>Seeks supervision/consultation when needed</p>	<p>Demonstrates accuracy in complex differential diagnosis</p> <p>May develop new models of assessment</p> <p>Applies understanding of cultural, experiential, cognitive and historical determinants of behavior to differential diagnosis</p> <p>Consistently incorporates multiple causation in diagnosis and assessment</p> <p>Demonstrates professional use of self in mitigation of clinical risk</p> <p>Has sufficient self-awareness to sustain clinical objectivity</p> <p>May render supervision/consultation if appropriately prepared</p>
Treatment Planning	<p>Understands relationship between diagnosis, treatment goals and planning</p> <p>Is familiar with theories and research about what may produce change</p> <p>Understands principles of client participation in treatment planning</p> <p>Has knowledge of social and community resources</p> <p>Is aware of the expertise of collaborating disciplines</p>	<p>Makes treatment plans that are diagnostically driven and outcome focused</p> <p>Has knowledge about how to engage client/family in treatment-planning process</p> <p>Has knowledge of appropriate application of social and community resources to client need</p> <p>Conceptualizes engagement of collaborating disciplines on behalf of client</p>	<p>Develops realistic alternative treatment plans and goals appropriate to the setting and client need</p> <p>Has sufficient knowledge to consult about treatment system design and change</p> <p>Has knowledge about how to stabilize existing resources and create new ones</p> <p>Assumes leadership in establishing communication with other disciplines on behalf of clients</p>
Intervention	<p>Understands methods for involving client with the means and ends of treatment</p>	<p>Has increased knowledge of intervention methods and their empirical basis</p>	<p>Has mastered a range of specialized interventions</p> <p>May have sufficient knowledge to teach specialized interventions</p>
Outcome Evaluation	<p>Has knowledge of means to assess goal attainment</p> <p>Knows reasonable outcome expectations</p>	<p>Assesses outcome progress with client</p> <p>Knows and is sensitive to limits of own competence or capacity</p>	<p>Utilizes outcome evaluation for further treatment planning</p> <p>May have sufficient knowledge to teach outcome evaluation</p>

PROFESSIONAL IDENTITY AND THE PROFESSIONAL USE OF SELF IN CLINICAL SOCIAL WORK

The concepts of professional identity and the professional use of self are interrelated. As clinical social workers advance through the professional development process, they acquire a sense of who they are professionally, which can be referred to as a professional identity (Meijers, 1998).

Professional Identity

Professional identity incorporates those parts of sensory and cognitive equipment used to relate to, empathize with, understand and communicate with a client—an integrated subsystem of the self acquired through a developmental process that includes

- professional education,
- socialization to professional values
- supervised clinical experience
- increased attention to professional role boundaries.

Professional identity is shaped and maintained by

- continued identification with the profession
- acceptance of professional ethics
- ongoing study of professional practice
- sensitive yet critical review of outcomes.

Boundaries and exclusions of professional identity include

- assurance that the work meets the client's needs
- freedom from being driven by clinician or agency need
- protection of the client from stress of the clinician
- assurance of cultural relevance of the work.

Reasonable expectations of professional identity are

- internal warning system to detect boundary violations
- seeking help when needed through consultation/supervision
- advocacy for appropriate professional caregiving
- assuring competent practice.

Professional Use of Self in Clinical Social Work

The disciplined professional use of self is a quintessential quality that differentiates professional social workers, including clinical social workers, from nonprofessional helpers. Clinical social workers are expected to achieve a growing awareness of and cumulative skill in the professional use of self in the service of clients. These qualities are inseparably bound with the expectation that clinical social workers develop a clear perception of their own personal and cultural values and a mechanism to assure that these are not imposed on clients.

Clinical social workers develop a disciplined ability to model their professional behavior in ways that are planned to facilitate client growth, mastery and independence. The professional use of self denotes that clinical social workers will internalize boundaries and warning signals that assure that the work (1) meets client need; (2) is free from being driven by clinician or agency need; and (3) is relevant within the cultural context of the client.

Professional development of clinical social workers requires an increasing ability to differentiate their personal and professional selves. This includes self-knowledge, cognitive awareness of one's limitations, and models for recognizing and dealing with one's own subjectivity as it affects relationships with clients (Edwards & Bess, 1998).

Problems in the professional use of self are often the central focus of clinical supervision and/or clinical consultation. Clinical social workers are challenged to become increasingly responsible for self-monitoring throughout their careers—to assure accuracy of clinical judgment, to develop reliable internal warning systems and to use clinical supervision or clinical consultation when necessary.

**Descriptive Examples of Development of a Professional Identity
and the Professional Use of Self in Clinical Social Work**

	POSTGRADUATE PRACTICE LEVEL	AUTONOMOUS PRACTICE LEVEL	ADVANCED PRACTICE LEVEL
Assessment and Diagnosis	Develops confidence in having a professional opinion under supervision Has sensitivity to personal and cultural issues that might influence assessment and diagnosis	Asserts a professional opinion, seeking consultation when appropriate Implements strategies for minimizing personal and cultural biases that may affect assessment and diagnosis	Reliably differentiates personal opinion from professional opinion Has developed sufficient professional sense of self to assure that assessment and diagnosis are free from the influence of personal and cultural issues
Treatment Planning	Develops understanding of use of self as a change agent through participation in clinical supervision Learns to engage client's strengths and resources through supervision Learns appropriate participation in the therapeutic alliance through supervision	Identifies potential professional uses of self in treatment process Independently assures client participation in establishing treatment plan Maintains appropriate boundaries and assumption of responsibility in developing treatment contracts	Determines models for professional use of self in planning treatment May teach, supervise and/or consult on the professional use of self in the treatment planning process
Intervention	Uses clinical supervision to gain awareness of changes in views of self and client that result from the intervention process Develops commitment to appropriate use of supervision and consultation in the intervention process	Remains independently sensitive to changes in views of self and client throughout the intervention process Uses consultation when needed to assure appropriate professional use of self in the intervention process	Has mastered understanding of changes in views of self and client through repeated experience in the intervention process May provide supervision/consultation to colleagues seeking development in the professional use of self in the intervention process
Outcome Evaluation	Accepts outcome evaluation as a method for reviewing professional use of self Uses outcome evaluation methods to enhance professional use of self with the help of supervision	Participates independently in outcome evaluation as normative way of reviewing professional use of self Uses outcome evaluation and self-study to enhance practice ability	May act as role model for the use of outcome evaluation to enhance professional use of self May develop new models of outcome evaluation

DISCIPLINED APPROACH TO THE PRACTICE ENVIRONMENT IN CLINICAL SOCIAL WORK

Clinical social workers bring a professional orientation to the practice environment, irrespective of setting. The core body of knowledge of clinical social workers addresses concerns about the challenges in the practice environment and contains information and methods that would augment and ensure appropriate care for clients, including measures to remove barriers to service delivery, maintain ethical integrity and enhance respect for the autonomy of clinical judgment. The commitment of the social work profession to the person-in-environment perspective dictates the consideration of systemic interventions that may be necessary to assure that client need will be met. Such interventions range from family therapy to community advocacy and may include work within the caregiving system itself to maximize the availability of appropriate client care.

For clinical social workers based in agency/institutional settings, the resolution of client care dilemmas that stem from policy and agency structure may require calling for reconsideration of or exception from established rules, while also dealing with the ramifications of engaging in such activity. The majority of those in private practice have the ongoing challenges of functioning autonomously in a third-party-payor practice environment that is not necessarily sensitive to the ethics and/or value system of social work.

Opportunities to learn new skills in confronting the obstacles to client care in the practice environment occur repeatedly throughout a professional career. Such experiences may lead clinical social workers to develop increasingly clear professional boundaries that will enable them to address the challenges of the practice environment more effectively.

The cumulative development of skills in dealing with increasingly complex practice environment issues is critically important. Clinical social workers are confronted with these issues as part of everyday practice—and ultimately must address them both individually and collectively. Ongoing self-evaluation of practice experience, peer consultation and participation in continuing education activities provide avenues for further development of a disciplined approach to the practice environment.

**Descriptive Examples of Development of a Disciplined Approach
to the Practice Environment in Clinical Social Work**

	POSTGRADUATE PRACTICE LEVEL	AUTONOMOUS PRACTICE LEVEL	ADVANCED PRACTICE LEVEL
Assessment and Diagnosis	<p>Is familiar with principles of systems impacting client services</p> <p>Understands relationship between practice setting and larger community including gaps and overlaps of service</p> <p>Understands own role in carrying out the mission of the practice setting</p>	<p>Analyzes systemic barriers to client care</p> <p>Determines the viability of client and/or practice-setting goals in the community</p>	<p>Has mastered assessment of service delivery systems, including analysis of power and influence, intra- and inter-systemic conflict, political behavior and impact of personality variables</p> <p>Appropriately articulates systemic limitations to client</p>
Treatment Planning	<p>Understands the available social work tools as they apply to the person in environment</p>	<p>Develops plans that differentiate internal and external foci of treatment</p>	<p>Develops plans with clients for achieving feasible outcomes within available service delivery system resources</p> <p>Collaborates with clients and others in finding ways to transcend system limitations</p>
Intervention	<p>Performs client-centered/practice system interventions under supervision</p>	<p>Advocates independently for the needs of clients throughout the practice environment</p> <p>Advocates for the needs of clients within and beyond the service delivery program</p>	<p>Has mastered use of specific systems-change strategies and may provide consultation to colleagues</p>
Outcome Evaluation	<p>Identifies systems issues that affect outcome</p>	<p>Designs and implements evaluations that relate outcomes to programmatic missions and individual client goals</p>	<p>Designs and advocates for system changes based on empirical findings</p>

CUMULATIVE DEVELOPMENT OF PRACTICE SKILLS FOR CLINICAL COMPETENCIES IN CLINICAL SOCIAL WORK

Skilled practice in clinical social work is multidimensional. It includes a focus on interaction of individuals, families, couples and groups within their environmental contexts. It encompasses the functions of diagnosis and assessment; treatment planning; intervention; and outcome evaluation. It covers the range of short-term, intermittent and extended interventions and addresses highly specialized practice areas.

Competent clinical social workers have achieved sufficient mastery of clinical core curriculum studies as well as completion of an adequate supervised practice experience to assure their ability to apply theory to practice. It is well recognized that the achievement of such integration of theory and practice requires ongoing learning beyond what is currently possible in an MSW program (Miller & Robb, 1997). Field work experience within the graduate school curriculum, while providing an essential foundation for future development, cannot be extensive enough to form an adequate basis for the integration of knowledge and applied skill needed for mastery of practice competency. Recognition of this fact is clearly underscored in the typical two-year post-master's supervision requirement of state laws that license the practice of clinical social work. There is a further expectation—also frequently underscored in state licensing laws—that clinical social workers participate in ongoing continuing education both to expand their knowledge base and to keep their skills current. Additionally there is uniform endorsement within the field of the appropriate use of clinical consultation when needed.

The dualism of increased cognitive grasp of theory and learning through practice is a sine qua non of clinical social workers' continued development over the course of their professional careers. Once independent practice status has been achieved (usually designated by licensure at the independent level), supervision is no longer mandatory. At that point the responsibility for further professional development passes to the individual clinical social worker, including the responsibility for monitoring one's own need for clinical supervision and/or consultation. Although agency policy, certification organizations and legal regulations may make continuing education mandatory, the responsibility for selecting the content and direction of such education and that of seeking consultation/supervision for the practice of newly acquired methods rest with the individual clinical social worker.

Clinical social workers at the advanced level should be fully competent to monitor their own practices, professional development and need for clinical consultation. They should have achieved sufficient mastery of practice competence to serve as mentors to colleagues who are at lower levels of professional development. Moreover, they should consistently assess their own practice ability and acquire increased practice knowledge and skill as needed.

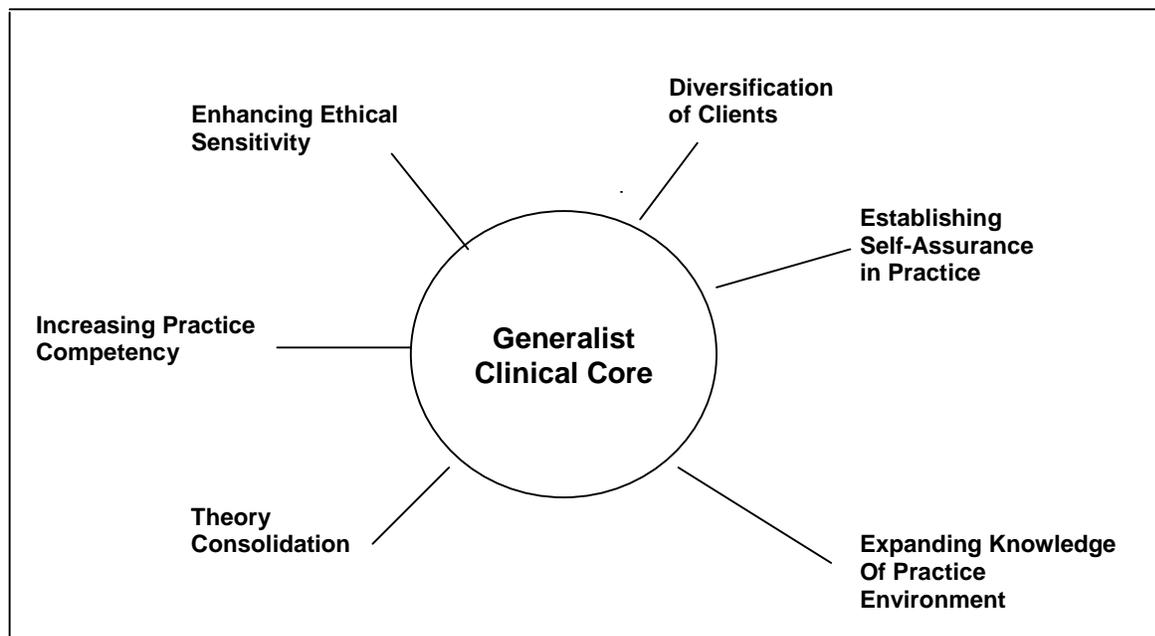
**Descriptive Examples of the
Development of Clinical Social Work Practice Skills**

	POSTGRADUATE PRACTICE LEVEL	AUTONOMOUS PRACTICE LEVEL	ADVANCED PRACTICE LEVEL
Assessment and Diagnosis	Formulates comprehensive biopsychosocial assessments using current <i>Diagnostic and Statistical Manual</i> under supervision	Independently applies differential assessment and diagnostic skills and assesses clinical risk May give expert testimony regarding diagnosis and treatment of psychosocial, nervous and mental disorders	Incorporates complex multiple causation in differential diagnosis and assessment May teach, supervise, consult and/or contribute to the development of assessment/diagnostic models May give testimony as expert and is familiar with factual bases that exist to support such testimony
Treatment Planning	Formulates biopsychosocial treatment plans under supervision	Differentiates and selects treatment strategies and methods that are consistent with current biopsychosocial assessment/diagnostic standards	May teach, supervise and/or consult about treatment planning models
Intervention	Engages in culturally sensitive therapeutic relationships under supervision	Applies relevant outcome-focused treatment strategies and methods and makes appropriate modifications in intervention processes May engage in specialty practice under supervision	May teach, supervise and/or consult in specialty practice May teach, supervise, consult and/or contribute to knowledge of multitheoretical and multifocused intervention strategies
Outcome Evaluation	Engages in evaluation of treatment processes through participation in data collection Engages in learning from failures to reach treatment objectives	Independently evaluates intervention outcomes in relation to treatment goals	Develops and implements outcome evaluation schema May teach, supervise and/or consult about outcome evaluation methods May develop and/or contribute new outcome evaluation models

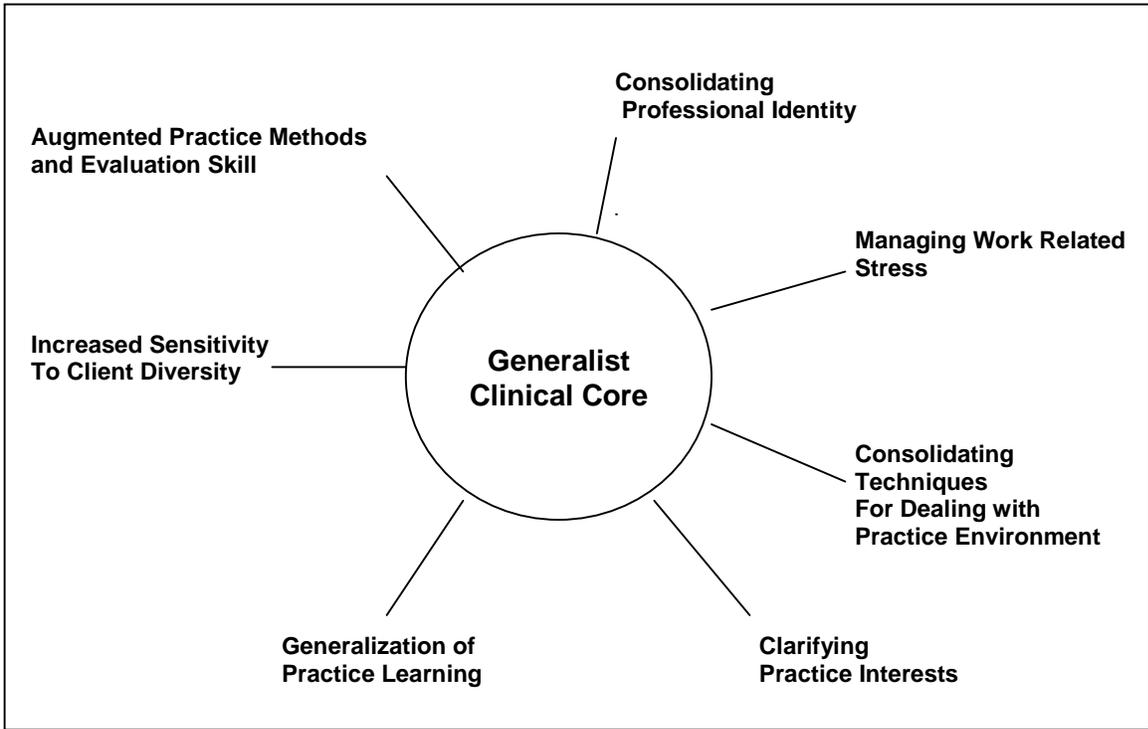
Some Broader Aspects of the Professional Development Process

The conceptual model is predicated upon the idea that professional growth in clinical social work is a cumulative process in which a continually expanding knowledge base becomes increasingly operative as practice skill. It requires that appropriate basic education, clinical supervision and/or consultation, planned continuing education, self-study and participation in professional activities take place. It also provides for the development of specialized expertise beyond the advanced application of basic skills (Tsui, 1997).

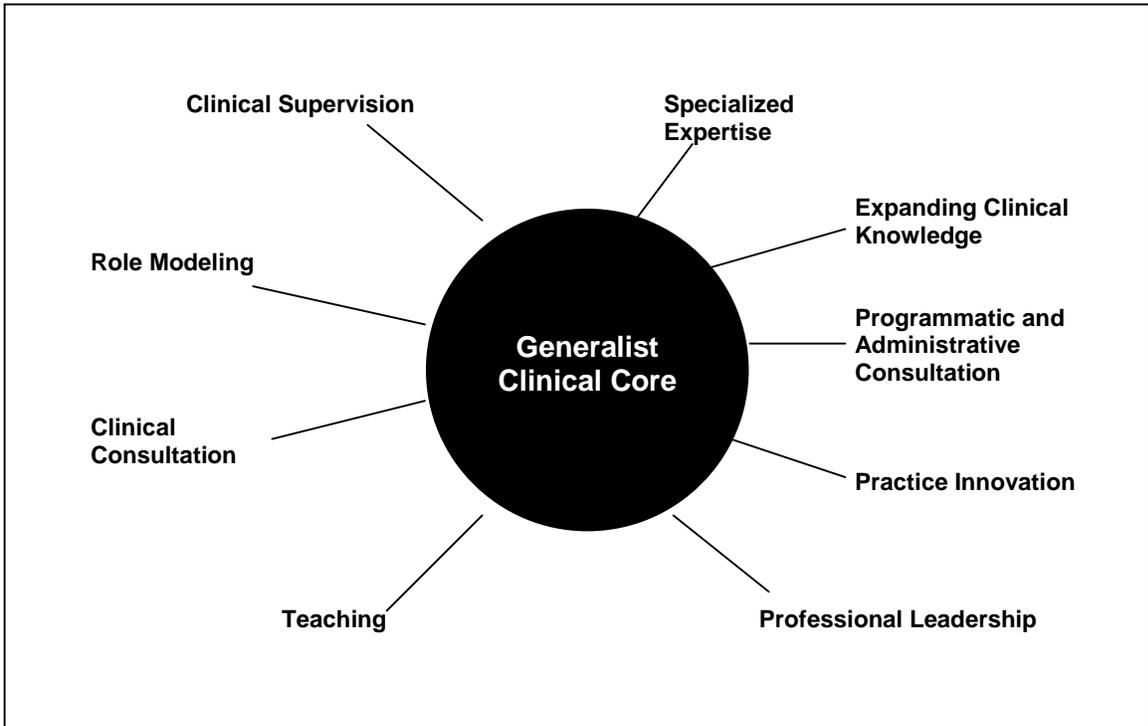
Yet each of the developmental stages embodies additional concerns and challenges that are of a broader nature. The following diagrams illustrate some of these more global concerns and career issues associated with the developmental stages. It is assumed that each progressive developmental stage incorporates and further enhances the developmental features of earlier stages. Professional development reflects a process of growing depth and breadth of practice wisdom. The generalist clinical core embodies knowledge, practice skills, professional identity, values and ethics. This core continues to grow throughout one's professional career. The arms that spin off from the core represent typical professional growth concerns and challenges associated with each developmental stage.



Postgraduate Practice Level



Autonomous Practice Level



Advanced Practice Level

STATE-OF-THE-PROFESSION ISSUES

There are numerous state-of-the-profession issues that affect the professional development process, both as they may limit the opportunities for such development and as concerns increase about the future direction of clinical social work practice. The American Board of Examiners in Clinical Social Work has called attention to many of these issues in numerous conference presentations and in several previous papers: *Clinical Social Work in the 90s: Education, Roles and Dilemmas in the Coming Decade* (1991); *Guidelines for Establishing Standards of Care in Clinical Social Work Practice* (1993); *Guided Practice in Preparation for Certification* (1994); and *Clinical Supervision* (in press).

Extensive discussion of these matters is beyond the scope of this paper. A brief mention of some global concerns that challenge the professional development of clinical social workers may, however, be in order. Clinical social workers live as individuals with these concerns on a daily basis, yet addressing such global concerns will require the collaborative action of the profession as a whole.

The Evolving Practice Environment

A comprehensive understanding of the state of clinical social work practice must take into account changes in the practice environment that impact the nature and scope of services.

Historically, agency-based practice settings provided protections for both the developing professional and the clients served. Agencies took responsibility for the quality of practice, professional liability, training, and the maintenance of a support system that embodied the values of the profession (Meijers, 1998). Over the past several years, traditional agency settings—under the pressure of severe budgetary and programmatic curtailments—appear to be moving toward placing their own production and systemic survival needs ahead of the support of professional value systems. Ongoing clinical supervision and staff development activities, once seen as a hallmark of agency contributions to professional development and quality of care, are increasingly compromised in today's practice environment. Consequently, these agencies are becoming less client-centered and practitioner-friendly than before.

Clinical social workers in private practice were and are more directly exposed to the potential rewards, hazards and risks of the larger practice environment. Unlike agency-based clinicians, private practitioners have individual responsibility/liability for their practice; are isolated from the checks and balances of agency oversight and the agency as carrier of social work values; have responsibility for professional development and ongoing education; are responsible for the management of quality assurance and outcome measurement; and, while free from agency intrusion into the treatment relationship, experience along with agencies the increasing impingement on their practice because of the emphasis on cost-effectiveness that is a mission of the managed care industry.

The current focus on brief treatment and outcome measurements are purportedly cost-effective and for the benefit of clients and insurance companies alike. To the extent that briefer forms of treatment yield desirable outcomes, clients will benefit. However, this current de-emphasis on longer-term forms of psychotherapy could lead to the extinction of these skills in practitioners and the unavailability of these services to those clients who would benefit from extensive treatment. Such ongoing changes in the health care system promise to seriously challenge

clinical social workers in evaluating their efforts in terms of measurable outcomes, maintaining their professional value systems and the autonomy of their clinical judgments.

Insufficient Opportunities for Generalist Practice Preparation

This issue is problematic conceptually as well as practically. Common sense and the practice of other professions would dictate that developing clinical social workers should have a firm grasp on generic practice skills before branching into specialty forms of practice. Indeed, the conceptual model for professional development contained in this paper is based on that assumption. Yet the reality of the job market into which recently graduated MSWs are thrust is that most available employment is in an agency that engages in a specialized practice (e.g., the care and treatment of the chronically mentally disordered, persons with substance abuse problems, those suffering from eating disorders, etc.).

No doubt there are reasons why the major practice venues have become increasingly specialized. But this reality makes it less likely that clinical social workers will have an opportunity to develop breadth of generalist practice skills, unless they move from setting to setting.

The generalist basis for clinical social work licenses and examinations becomes problematic to many, if not most, candidates, as their qualifying supervised practice experience is likely to take place in a specialized agency program. Examples: (1) How can a candidate who has had only supervised practice experience with adult substance abusers be prepared to do competent clinical work with the chronically mentally ill or with children having learning disabilities? (2) In today's practice environment, can candidates for licensure even get supervised experience in doing long-term work with clients other than the chronically mentally ill? The case for a generically based license is clear. We expect licensees to be prepared to work with a variety of problems and with diverse populations, often using a variety of methods.

There is a further concern that the increased specialization of practice venues may also have adverse effects on the development of appropriate individualized treatment plans, inasmuch that clients may be offered little or no alternative than to participate in the programs that exist. To the extent that this is true, clinical social workers may find themselves in the compromised ethical situation of being expected to fit the client to the treatment rather than the treatment to the client.

Defining Specialized Areas in Clinical Social Work Practice

There is an increasing demand for the identification of specialized practice forms. Requests have emanated from the service delivery marketplace as well as from individual clinical social workers and clinical social work groups who perceive specialized credentials as important to success in practice. The large and diverse interest in this issue has highlighted a need for consensus about how to define specialty practice and the qualifications of specialists in a way that upholds high standards of practice and protection for clients.

In keeping with a developmental approach for defining practice competency, there is the further task of determining appropriate stages and conditions for the integration of particular specialty practice forms in the professional development continuum. As an example, the current tendency toward specialty practice, while appropriately responding to clinical needs, also carries the risk

of premature specialization and curtailment of adequate training in generalist practice skills. These dilemmas require ongoing alertness to the complex issues inherent in the changing practice environment.

The American Board of Examiners in Clinical Social Work recently approved a model for defining clinical social work specialties that reflects the following concepts:

Since clinical social work is defined as a field of practice within the social work profession, it follows that the term specialty be used to describe refined areas of expertise that fall within the scope of clinical social work.

Clinical social work specialties require skills and involve activities that are directed toward a population with a uniquely defined set of needs and/or a problem formulation in common. Specializations can develop in response to a need for expertise in a variety of areas that require depth of focus to ameliorate problems or conditions.

A specialty must have:

- a body of knowledge applicable within the scope of clinical social work practice
- characteristics that differentiate it from the general practice of clinical social work
- a required course of study that encompasses theory and practice
- prescribed professional practice standards
- a demonstrated capacity for research
- the capacity to enhance and complement the general practice of clinical social work.

This conceptual model was developed in consultation with representatives of groups that are seeking recognition for specific areas of specialty practice. Work is currently in progress toward refining the model, assuring its relevance and achieving consensus in its acceptance.

Declining Attention to Clinical Content in Graduate Education

Graduate schools of social work continue to struggle with the dilemma of fitting expanding curriculum content into an all-too-short time frame (Weinstein, 1998). The emphasis and energy devoted to socializing students to the values of the profession are crucial. Many schools have responded to the issue of increased curricular demands by decreasing clinical content presented in the classroom, which places the burden of clinical training on agencies and field instructors. However, schools are experiencing increasing difficulty in securing adequate fieldwork placements from agencies now pressured to be accountable to fiscal controls and downsizing directives. The net result is that greater responsibility in preparing graduates for clinical practice now falls upon agencies that first employ them. Many of these agencies have neither sufficient time nor resources to fill this gap effectively.

Agencies continue to need new and properly trained clinical social workers. The majority of MSW students demand clinical social work content in preparation for clinical social work practice. Thus, schools of social work continue to be challenged to design curricula that give adequate attention to the above issues.

Reestablishing Standards for Clinical Supervision

Forty years ago, many social workers held the perception that the profession was fostering an overdependence on clinical supervision (Veeder, 1990). In that era, there was an elaborate and well-supported methodology for clinical supervision, complete with curricula for teaching this practice form, as well as requirements that clinical supervisors for students and graduates be specifically trained to fulfill this function. Only a very small percentage of today's clinical supervisors have had such training. Indeed, standards for the practice of clinical supervision are rarely enforced. Due to the scarcity of such expertise in clinical supervision, the focus has shifted largely to administrative and production matters and away from issues of mentorship and professional development.

It is crucial to reaffirm clinical supervision as a specialization of clinical social work practice. Clinical supervision is a practice activity that is appropriate at the advanced practice level. Specific standards need to be established to assure that clinical supervisors have achieved not only mastery of the practice skills that are being supervised, but also socialization to—including acceptance of—the role of supervisor. To assure competence, completion of didactic and mentored training in methods of supervision must be required. As would be the case for any specialized practice, clinical supervisors should have an opportunity to seek consultation in carrying out these tasks. Successful implementation of supervision also requires adequate administrative resourcing and support (McDougall & Beattie, 1997).

Beyond achieving consensus on standards for qualifying those who practice clinical supervision, there is a further need to establish parameters for defining the content areas and time frames of required supervised practice experiences. Applicants for clinical social work licensure or certification should have had supervised practice experiences that will have prepared them adequately for the scope of practice associated with the particular license or certificate they are seeking.

Over the past several years there has been progress in this area. This has been spearheaded by social work licensing agencies that have become concerned about the quality of mandatory clinical supervision required of candidates for licensure. In the past, clinical supervisors were expected only to verify that the candidate had put in the required number of supervised hours.

New regulations that look at quality in addition to quantity have been implemented in many states. Included in these are such items as (1) evidence that those providing such mandatory clinical supervision have themselves participated in training on how to supervise; (2) that there be a supervision plan for each supervisee that reflects the content of the practice being supervised as well as the learning objectives for the supervisee; and (3) that the clinical supervisor will be expected to evaluate the progress of the supervisee—even to withhold signing off on supervisees whose progress is not acceptable.

Practice Research as an Aspect of Clinical Social Work Practice

Outcome evaluation is an essential part of clinical social work practice. Clinical social workers are called upon to develop skills in the systematic examination of clinical intervention processes such as goal achievement, client participation in the treatment process, treatment techniques, uses of the professional self, and the maintenance of clinically appropriate boundaries. A

systematic evaluation of outcomes is essential to: (1) monitor ongoing progress within a particular course of treatment for the purpose of continuing, modifying and/or terminating treatment; (2) confirm or disconfirm hypotheses about competing diagnostic possibilities as well as competing forms of appropriate treatment, and (3) contribute to knowledge and improve efficacy of treatment to result in desired outcomes.

Historically, there has been an overreliance on anecdotal data derived from individual treatment cases with little regard for systematic measures of change or the linkage between means (treatment methods, process, etc.) and ends (outcomes). Public interest as well as the current competitive marketplace requires that the field of clinical social work move in the direction of collecting baseline data to allow some ability to predict likelihood of achieving desired outcomes under various circumstances (O'Hare, Collins & Walsh, 1998). This will enable both clients and payors to perform their own cost-benefit analysis when deciding to invest time and money on social work interventions. Social workers are, in fact, currently called upon by clients, payors and courts to make statements about probabilities for success. This is particularly true in the area of child welfare services where the likelihood of parents being able to rehabilitate themselves to the point of reassuming care of children removed from their custody is a factor considered in termination of parental rights hearings. One of the criteria for accepting testimony as "expert" is that a factual basis exists to support the expert's testimony. Clients assume that this is the case when they choose to consult with any expert. It is because of all of these factors that ongoing and systematic measurement of outcomes is seen as an essential component of clinical social work practice.

In addition, it is critical to the profession that broad-scale quantitative and qualitative research focused on clinical social work practice be encouraged (O'Hare & Collins, 1997). At a minimum, the responsibility for leadership in conceptualizing areas for clinical social work knowledge development belongs with the practitioner. Practicing clinical social workers are in the best position to identify critical and substantive areas for research attention and thereby assure the relevance of research to practice. Thus, while clinical social workers may elect not to assume primary responsibility for conducting practice research, they have a responsibility to contribute to the substantive core of the research endeavor.

Professional Standards and Legal Regulation of Practice

Agencies that license clinical social workers are driven by their mandate to assure consumer protection. In carrying out this function, they are necessarily concerned about the preparedness of candidates for licensure to practice, either independently of supervision or (in some cases as prescribed by the licensing agency) within a prescribed supervisory structure. State licensing boards are augmenting their scrutiny of both the didactic preparation and the qualifying clinical supervision received by their candidates. Even though licensing agencies and standard-setting organizations have different mandates, there should not be a significant ideological gap between assurance of consumer protection and maintenance of professional practice standards (Tsui, 1997).

The standards set by clinical social work professional groups are taken quite seriously by licensing agencies and are bound by the scope of practice sections of the licensing law that establishes and empowers them. In the absence of sufficiently articulated professional standards determined by clinical social work professional organizations, licensing agencies may

obtain further guidance from standards that are in force in related professions such as medicine, psychology and nursing (Goldstein, 1998).

Licensing agencies design their examinations on the basis of occupational analyses. The procedure involves a detailed study of what current clinical social workers actually do in their practice settings. This approach is inherently tautological as it defines clinical social work practice as “what clinical social workers are doing” at any point in time. What clinical social workers do at any point in time may be determined by a variety of factors that include marketplace forces, agency program demands, and conditions that are dictated by funding sources. Not usually taken into account are professional values and philosophical considerations that underpin definitions of what clinical social work is and what it should be (Cohen, 1980; Goldstein, 1996)—nor is this approach necessarily sensitive to client need and/or the basic ethical premise that binds clinical social workers to serve client need (Weinstein, 1998).

There are even further ramifications that raise difficult questions as to the role of graduate education in equipping candidates for clinical social work practice and licensure. Increased dialogue and collaboration are called for between professional standard-setting groups, social agency program administrators, schools of social work and the licensing and regulatory bodies.

SUMMARY AND RECOMMENDATIONS

Present and Future Implications of This Work

The extensive revision of the original (1995) version of this paper has responded to the many changes in the realities of clinical social work practice that have occurred over the past five years. It also reflects a deepening of its conceptual framework as the ABE board worked with its ideas and had additional dialogue both within its meetings and also with others in the professional social work community. Though we believe that the paper reflects an accurate representation of clinical social work in the year 2001, it is evident that further revision will become necessary as the mosaic of the practice arena undergoes even more change, and as our level of understanding and concept formation expands.

The paper focuses on a wide variety of factors that affect and/or contribute to the professional development of clinical social workers. It also suggests normative standards for describing and measuring such professional development. Doing justice to this purpose necessarily involved a rethinking and updating of the definition and scope of practice of clinical social work.

This revision of the paper has retained many aspects of the conceptual model for professional development that were in the initial publication. However, there is substantial refinement and clarification of the descriptive criteria involved and an updated analysis of some of the obstacles and challenges that confront the professional development process.

Though this paper primarily addresses professional development, it is our hope that this work will also contribute to ongoing dialogue that will articulate increased understanding of who we are, what we believe, and how we practice. Without such a process and its potential for consensus, our profession remains vulnerable to having our standards, competencies and practice forms defined by forces that do not necessarily share our client-centered and culturally

sensitive value systems. It is essential for our clients and our profession that we be active participants in shaping the changes that continue to affect our future.

Plan for Further Development of These Ideas

ABE is committed to continue the development of these ideas, both within and beyond its own constituency. At present, ABE invites further commentary from all interested parties. Comments will be reviewed and integrated, as judged appropriate, with the goal of producing updated versions.

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APPENDIX A

Clinical Social Work Defined

Clinical social work is a practice specialty of the social work profession. It builds upon generic values, ethics, principles, practice methods, and the person-in-environment perspective of the profession. Its purposes are to:

- diagnose and treat bio-psycho-social disability and impairment, including mental and emotional disorders and developmental disabilities.
- achieve optimal prevention of bio-psycho-social dysfunction.
- support and enhance bio-psycho-social strengths and functioning.

Clinical social work practice applies specific knowledge, theories, and methods to assessment and diagnosis, treatment planning, intervention, and outcome evaluation.

Practice knowledge incorporates theories of biological, psychological, and social development. It includes, but is not limited to, an understanding of human behavior and psychopathology, human diversity, interpersonal relationships and family dynamics; mental disorders, stress, chemical dependency, interpersonal violence, and consequences of illness or injury; impact of physical, social, and cultural environment; and cognitive, affective, and behavioral manifestations of conscious and unconscious processes.

Clinical social work interventions include, but are not limited to, assessment and diagnosis, crisis intervention, psychosocial and psychoeducational interventions, and brief and long-term psychotherapies. These interventions are applied within the context of professional relationships with individuals, couples, families, and groups. Clinical social work practice includes client-centered clinical supervision and consultation with professional colleagues.

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