

Balancing Clinical and Advocacy Approaches: Training Social Work Students in a Health Care Setting

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Presentation Goals

- Outline existing challenges in connecting social work training and advocacy practice
- Present practice examples and student feedback
- Share strategies and future recommendations

Passageway at Brigham and Women's Hospital

- Founded in 1997- health care-based response to intimate partner abuse
- Expanded to three sites, 7 staff members
- Serve patients, employees and community members
- Respond to approximately 1000 new referrals each year
- Direct advocacy services, consultation and training

Passageway's Internship Program

- Began in 1998
- 18 second-year clinical students from various Boston-area graduate schools of social work
- Supervision given by experienced Passageway staff with advanced social work licensure
- Viewed as clinically rigorous internship experience

Lack of DV Content in Social Work Education

“After being educated on how to provide risk assessments and safety planning to survivors at Passageway, I do remember wondering why this was not taught in school as one of the highest priorities, such as responding to child abuse and suicidal ideations.”

Lack of DV Content in Social Work Education

- Very steep learning curve at beginning of internship
- Most content in coursework is theoretical vs. intervention-based
- Training students to own expertise quickly

**Empowerment:
Practice Versus Theory**

"I needed to attend to my own feelings towards the client and all of the ways I wanted to control the situation - and wanting to help the client but not always meeting them where they were at. And so I needed to look more at how I could better do that by acknowledging what I was feeling in a session whether it was afraid for them, sad for them..."

**Empowerment:
Practice Versus Theory**

- Advocates' personal feelings around clients' decision-making
- Frequent misinterpretation of empowerment approach as one-dimensional
- Context of medical-model

Advocacy Practice Challenges

"I talked a lot in supervision about whether what I was doing was clinical or therapy, versus advocacy. I do think that a lot of what we offer is more clinical or therapeutic...I think it's so enmeshed - but just acknowledging that is really important because I know as an intern I was like 'am I doing clinical work? Am I doing advocacy? Is it okay to do both?' So just talking that through is helpful cause we definitely do both."

Advocacy Practice Challenges

- Differentiating advocacy and psychotherapy
- Perceived division of advocacy skills from other parts of the clinical relationship
- Predominance in social work training of mental health lens

Strategies For Orientation to Domestic Violence Advocacy Work

- 16-hour DV certification training
- Extensive shadowing experience
- Teaching risk assessment and safety planning as clinical skills
- Teaching a directive, non-blaming approach

Strategies for Ongoing Supervision

- Coaching students to challenge victim-blaming and/or prescriptive attitudes
 - Hospital environment
 - Classroom setting
- Teaching blend of customer service, advocacy and provider education
- Process recordings
- Team approach- all staff discussing practice challenges

Closing Recommendations

- Inclusion of DV content in core social work curriculum
- Field advisors with awareness of DV advocacy models
- Commitment to supervisors receiving clinical supervision
- Peer support structure

Questions, Comments or Feedback

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