ADVANCED PRACTICE DOCTORATES:
WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, AND EDUCATION

REPORT FROM AN INVITATIONAL THINK TANK
Convened by NASW, in collaboration with CSWE, BPD, ASWB, GADE, NADD, SSWR and SGS
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Doctoral education in social work began in the 1920s and has especially evolved over the last half century. The number of social work education programs granting PhDs has continued to grow as has the focus in most doctoral programs on preparing social workers to do research; and hoping that a substantial number of social workers to do research; and most doctoral programs on preparing social workers for practice will pursue academic opportunities has emerged in social work. In a few universities, advanced practice doctoral programs have begun and several more are being considered.

To better understand this trend and its implications, a think tank symposium was convened. The intention was to build upon a 2011 issue paper, The Doctorate in Social Work (DSW): Development of Advanced Practice Doctorates, that was developed by a task force of social work educators convened by the Council on Social Work Education’s leadership Forum. It was determined that a more detailed and trans-social work conversation was needed. Thus, on September 23 and 24, 2013, an invitational think tank, Advanced Practice Doctorates: What Do They Mean for Social Work Practice, Research and Education, was convened under the auspices of the National Association of Social Workers (NASW) Social Work Policy Institute (SWPI). It was co-hosted by NASW, CSWE, the National Association of Deans and Directors of Schools of Social Work (NADD), the Association for Baccalaureate Social Work Program Directors (BPS), the Group for the Advancement of Doctoral Education (GADE), the Society for Social Work and Research (SSWR), and the Association of Social Work Boards (ASWB). Several schools of social work also supported the event including Boston College, Case Western Reserve University, New York University, Ohio State University, Rutgers University, University of Denver, University of Michigan, University of Southern California and University of Tennessee.

The think tank brought together an interdisciplinary group of stakeholders to not only expand our shared understanding of these new practice doctorate programs, but also to identify implications for practice, research, policy and education. The think tank program included brief presentations to stimulate discussion along with facilitated small groups. It included learning from other disciplines that have pursued advanced practice doctorates as well as from programs that have been launched in social work (See Appendix A for Agenda, Participants and Speaker Biographies).

PURPOSE OF THIS REPORT
This report summarizes the think tank presentations and discussions and describes the key findings and recommendations for future actions. A graphic recorder captured the discussions and the graphic recording is available at www.socialworkpolicy.org. The think tank kicked off with introductions by the 60 participants who commented on their current predisposition to the development of Advanced Practice Doctorates in Social Work.

PREDISPOSITION TO PRACTICE DOCTORATES: COMMON THEMES
This is something already underway, so it is not going to be stopped. (The horse is already out of the barn). This provides a social work option for social work clinicians who otherwise might pursue practice doctorates in another discipline, like the PsyD. Will this be something that will add to the heavy debt that social workers already have? Need to know more – how are these degrees financed in the academy, how will quality be determined? Are advanced practice doctorates only about clinical practice? Need to be cautious about furthering a practice-research divide. How does this impact on the MSW as the terminal degree? Where will the new graduates be hired? To teach clinical practice? To do innovation in practice? Why Host a Think Tank on the Advanced Practice Doctorate in Social Work?

PERSPECTIVES OF THE ORGANIZERS
Each host organization was asked to provide comments on why they were interested in collaboration as a host of this symposium. The following summarizes those comments.

Association of Baccalaureate Social Work Program Directors, President Peggy Pittman Munke said that BPD sees a need for a practice doctorate – not just because DSWs will be grounded in good clinical experience, but they can also bring “boots on the ground” experience, combined with social work values and knowledge to evaluate their practice. From BPD’s perspective the DSW would build on the MSW, unlike some sister professions where the doctorate becomes the entry level practice degree.

Association of Social Work Boards, CEO Mary Jo Monahan said this is something already underway, so it is not going to be stopped. (The horse is already out of the barn). It was co-hosted by NASW, ASWB, BPD, GADE, St. Louis Group, ANSWER Co, and the American Academy for Social Work and Social Welfare convened each December, to this. That discussion resulted in plans for this think tank. She suggested that we can learn from other professions, and one outstanding question for CSWE is the potential role of CSWE in accreditation. Council on Social Work Education, Darla Speca Caffey, President Early stated that “GADE is a big deal but GADE is not quite sure how the tent should be.” For practice doctorates, GADE is not quite what its role should be. It was an issue that needed more attention, so the Leadership Roundtable (CSWE, NASW, BPD, GADE, St. Louis Group, ANSWER Co, and the American Academy for Social Work and Social Welfare) convened each December, to this. That discussion resulted in plans for this think tank. She suggested that we can learn from other professions, and one outstanding question for CSWE is the potential role of CSWE in accreditation.

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National Association of Deans and Directors, Barbara Shink spoke on behalf of NADD, noting the high level of interest in the process of this discussion, but indicated that NADD does not have a position on what the outcome should be.
This provides a social work option for social work clinicians who otherwise might pursue practice doctorates in another discipline, like the PsyD. Will this be something that will add to the high debt that social workers already have?

Need to know more – how are these degrees financed in the academy, how will quality be determined?

Are advanced practice doctorates only about clinical practice?

Need to be cautious about furthering a practice-research divide.

How does this impact on the MSW as the terminal degree?

Where will the new graduates be hired? To teach clinical practice? To do innovation in practice?

WHY HOST A THINK TANK ON THE ADVANCED PRACTICE DOCTORATE IN SOCIAL WORK?

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Each host organization was asked to provide comments on why they were interested in collaboration as a host of this symposium. The following summarizes those comments.

Association of Social Work Boards. CEO Mary Jo Manahan said she is impressed by the interconnectedness of all the organizations here and stated that the purpose of licensing is protecting the public from incompetent service. Close communication with education is an essential necessity because education is preparing social workers to provide competent services.

Council on Social Work Education. Darla Spence Coffey, President and CEO, noted that in reviewing previous reports, this was an issue that needed more attention, so she asked the Leadership Roundtable (CSWE, ASWB, NASW, BPD, GADE, SSWR, St. Louis Group, ANSWER Coalition, and the American Academy of Social Work and Social Welfare), convened each December, to discuss this. That discussion resulted in the plans for this think tank. She suggested that we can learn from other professions, and one outstanding question for CSWE is the potential role of CSWE in accreditation.

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National Association of Social Workers. Joan Levy Zlotnik, Director of NASW’s Social Work Policy Institute noted that there is not yet a clear understanding of what the DSW will bring to the profession. Critical issues are how excellence will be ensured, and how the DSW will fit with the continuum of levels of social work practice – BSW, MSW, DSW.

St. Louis Group for Excellence in Social Work and Research. Edwina (Eddie) Uehara, the immediate past chair, commented that the St. Louis Group, an organization of schools that are in top tier research universities is interested in this topic. She noted that there is a trend for new doctorates in higher education and that we now have some information available to analyze the benefits and minimize deficits of these emerging programs. The range of organizations represented will help to have a good discussion and the topic and outcomes will be on the next St. Louis Group meeting agenda.

Society for Social Work and Research. President Jeanne Marsh noted that the important thing is that we have this topic and that we now have some information available to analyze the benefits and minimize deficits of these emerging programs. The range of organizations represented will help to have a good discussion and the topic and outcomes will be on the next St. Louis Group meeting agenda.

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PRACTICE DOCTORATES IN SOCIAL WORK: HOW DO THEY FIT WITH OUR PRACTICE AND RESEARCH MISSIONS?

> SETTING THE STAGE

Jeanne Anastas, NASW President and Professor, Silver School of Social Work, New York University

Kicking off this panel, Jeanne Anastas, NASW President, noted that this is the first discussion of practice doctorates outside of educational institutions and educational organizations, and that having representatives from NASW, legal regulation, and social work employers will be helpful in understanding where DSWs might fit in the social work practice enterprise. While the participants from practice, research, education, and policy might have different perspectives, there is a shared passion to make the social work profession as good as it can be.

Anastas indicated that theorists have conceptualized that doctoral graduates are to be “stewards of the discipline” of social work — generating knowledge, conserving knowledge and transforming knowledge. They also can be viewed as stewards of the enterprise of social work, including setting policies and standards for the profession.

Drawing from the findings of her national study of social work doctoral students (Anastas, 2012), she stated that students enter programs to gain the ability to do research and that a vocal minority of students indicated that doctoral programs seemed more aligned with the culture of the academy than with the culture of social work. Study respondents also indicated that despite rich practice careers, when they entered research-focused PhD programs they were often treated as “know-nothings.” Mendelian (2007) also addresses this distance between practice and research as one enters a social work doctoral program.

The profession is challenged to figure out how to best integrate these two spheres of practice and research. Several schools purport to subscribe to a both/and approach, but it is not clear if this is truly accomplished. There are those in the profession, including some current students that worry that our research-intensive social work doctoral programs, by embracing a science or social science model of doctoral education are quite distant from the concerns of most practitioners.

The emerging “practice doctorate” programs, some may assert, will produce “clinician-scholars” who can help bridge the practice/research divide. Others worry that practice doctoral degrees in social work will be seen as “less than” PhD degrees, or that knowledge development goals may be sacrificed due to the programs’ practice focus. These are questions that will be addressed through the presentations.

> PRACTICE DOCTORATES IN SOCIAL WORK: ARE PRACTICE DOCTORATES THE NEXT BIG THING IN SOCIAL WORK

Karen Sowers, Dean, University of Tennessee School of Social Work

Historically, as doctoral programs developed in social work there was little distinction between PhD and DSW programs. DSW programs began in the 1940s to increase the status of the profession and by the early 1970s there were more DSW than PhD programs. Later in that decade there was a move to prefer PhDs because of the research nature of those programs, but in reality there was little difference in the curricula offered. By the 1990s, most doctoral programs were awarding PhDs and previous graduates were given the option to convert their DSWs to PhDs. Now there is a re-emergence of the use of the DSW which can be confusing, since these new programs offering DSWs have a somewhat different paradigm than the traditional PhD. However as we move forward we may see DSWs develop in the research-intensive, online and for-profit sector.

It is important to consider what the driving forces are for the development of these programs. It appears to be an interest in acquiring advanced clinical knowledge and skills, since practice continues to change and there is not always access to high quality and high level continuing education. Sowers also noted that a skilled practitioner is not produced in two years and that we have a goal for practitioners to continue to keep up with new knowledge. This is especially important as our clients are often oppressed, disenfranchised, and poor and deserve the best practice that they can get.

> ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, AND EDUCATION?

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Other reasons that can make practice doctorates attractive include less regulation than what is required for a traditional PhD. However as we move forward we may see DSWs develop in the research-intensive, online and for-profit sector. Perhaps advanced practice doctorates can partner effectively with more traditional researchers to advance a goal. Prospective students for the emerging “practice doctorate” need to be aware of these new programs and how they might fit into their practice, research, education and policy.

The recent knowledge explosion in neuroscience and evidence-based practice, and the National Institutes of Health’s focus on translational research and the scarcity of psychosocial intervention research can provide valuable opportunities for new trainees to partner with researchers to develop and evaluate evidence-based interventions. The emerging “practice doctorate” can help bridge the practice/research divide, and provide opportunities for researchers to partner with practitioners to develop and evaluate evidence-based interventions.
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Mendenhall indicated that theorists have realized that doctoral graduates are “stewards of the discipline” of work – generating knowledge, using knowledge and transforming the culture of the enterprise of social work. They also can be viewed as the wards of the profession, including picking up the pace of practice and research. CSWE has mandated an accreditation competency which emphasizes “engagement in research-informed practice and practice-informed research.” This lofty goal has been a challenge for our profession. From the academy perspective, with the increase in the number of PhD programs in social work and the number of applicants remaining fairly stable, some universities feel compelled to offer another alternative to continue production of doctoral graduates. If DSW programs are developed thoughtfully with the emphasis of developing not only advanced practice knowledge and skills, but also sophisticated practice-based research as well, the potential for enhancing the research capacity of our profession is great.

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It is important to consider what the driving forces are for the development of these programs. It appears to be an interest in acquiring advanced clinical knowledge and skills, since practice continues to change and there is not always access to high quality and high level continuing education. Sowers also noted that a skilled practitioner is not produced in two years and that we have a goal for practitioners to continue to keep up with new knowledge. This is especially important as our clients often oppressed, disenfranchised, and poor and deserve the best practice that they can get.

Other reasons that can make practice doctorates attractive include leveling the playing field when sitting at the conference table with other doctoral level disciplines (e.g., MDs, DNP’s, DPharms, PhD in psychology and PsyDs), and providing opportunities for organizational advancement and potentially greater pay for more advanced clinical services. It is not uncommon for social work’s best clinicians to move into supervision and administration. We need to consider how we can develop and support clinical leaders in health, behavioral health and social service delivery organizations. As noted earlier, we have difficulty finding faculty who are both PhD-research trained and also have strong clinical experience. Two years post MSW practice experience is hardly sufficient to prepare new doctoral graduates to teach a range of evidence-based interventions.

The recent knowledge explosion in neuroscience and evidence based practice, and the National Institutes of Health’s focus on translational research and the scarcity of psychosocial intervention research can provide valuable opportunities for new knowledge development and expert practitioner and researcher collaborations. CSWE has mandated an accreditation competency which emphasizes “engagement in research-informed practice and practice-informed research.” This lofty goal has been a challenge for our profession.

Perhaps advanced practice doctorates can partner effectively with more traditional researchers to advance this goal. Prospective students for the PhD focusing on research and preparation for academia, and those interested in an advanced doctorate in practice are two totally different groups of students. If the differences between the purposes/
Given the centrality of knowledge—code of ethics, accreditation, and licensing—can be a useful lens to better understand what it means by advanced clinical training.

Professions are fundamentally defined by the tasks they perform and the knowledge relevant to the tasks—and the fundamental tasks of all professions are to solve societal problems (e.g., problem of health, problem of justice, problem of building design, and problem of salvation).

Internal differentiation strengthens professions. Thus for nursing, vertical integration is in terms of levels, e.g., LPN, BSN, MSN, Nurse Practitioner. Professions are also integrated horizontally: school social worker, family service social worker, hospital social worker and professors are strengthened by internal differentiation as it enables them to refine services and expand demand for services.

Since professions gain legitimacy through codes of ethics, accreditation and licensing it is logical that these aspects of the social work profession are represented at this think tank. All are mechanisms to insure quality in professions and to "protect the public."

In looking at the emergence of the DSW, it is important to consider it in this context of the development and growth of a profession. It is therefore imperative for DSW programs, like BSW and MSW programs to continue to (1) incorporate research and evaluation preparation (knowledge development skills) into curricula; and (2) contribute to development of research capacity building in the field.

Professionals develop in an organizational field and occupy and control certain domains of activity, with the occupancy of a domain by one profession, excluding another, and the domains or tasks of a profession are constantly under jurisdictional dispute. Examples would be talk therapy for psychiatrists vs. SW; prescribing psychotropics-psychiatrists vs. psychologists; discharge planning-nurses vs. SW; parole/probation services-criminal justice vs. social work.

If expanding the degree structure is a good thing in strengthening the profession then adding the DSW to social work degrees is a good thing since it can enable greater specialization in advanced social work degrees and contribute to greater opportunities for specialization and innovation. If this is a good thing, then as noted in the 2011 issue paper, there is a need for guidelines, core concepts and competencies and this should include competencies related to research and knowledge development.

Marsh also highlighted these issues:

> Will availability of DSW practitioners "crown out" demand for MSW practitioners?
> Will DSWs be in a better position to compete for behavioral health insurance dollars?
> If codes of ethics, accreditation, licensure mechanisms are central to professions then social work organizations should bring to bear these mechanisms designed to protect society in relation to DSW— as with the MSW.
> If universities are locus for developmental professional degrees and knowledge development then there needs to be recognition of both doctorates in the incentive structure that exists to develop new degrees.
> In order to warrant support and approval of universities, universities must continue to fully contribute to their research and knowledge development mandates.

WHAT CAN WE LEARN FROM PSYCHOLOGY

Cynthia Belar of the American Psychological Association provided an overview of the development of the PsyD, the forces that drove its development, and its current status. Psychology started as an academic discipline with a focus on research, then moved into practice, which makes it different from other professions. There was not an "adding on," but moving into different kinds of doctorates related to career emphases which emerged while the PhD remained the primary degree. In the early years, the science-practitioner model dominated the training of clinical psychologists. In the midcentury, the desire for a practice doctorate began to emerge as the field of psychology matured and expanded and as the government invested more substantially in mental health services address societal needs. The 1946 increase in students' interest in practice along with a question to whether training as a scientist was essential to this role. This led to the development of the PsyD, with the program launched in 1968 and free-standing school of profession psychology beginning in 1969. The change reflected concerns by some the culture of research and academia was drawing out the culture of practice and that a model of preparation application of scientific knowledge sufficient for psychology.

Since then both degree programs increased in clinical psychology, the PsyD has grown relatively more than PhD programs. Between 1973 and 2011, the number of PhD prog grew from a handful to 60, while number of PhD programs grew from about 160. Despite more clinical psychology PhD programs, PsyD programs are larger in terms of students (APA, 2011):

- PhD programs are more faculty-intensive, with 1,889 core faculty for 9,436 in PhD programs and 1,889 core faculty for 11,279 PsyD students.
- PhD programs are more advanced practice doctorates: why do they mean for social work practice, research, and policy.

> WHAT CAN WE LEARN FROM PSYCHOLOGY

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WHAT CAN WE LEARN FROM OTHER DISCIPLINES
THAT HAVE LAUNCHED PRACTICE DOCTORATES

To add to our understanding of what the creation of advanced practice doctorates can mean for the social work profession, the planning committee identified three disciplines that have advanced practice doctorates and invited them to present information at the think tank. We were seeking to understand: 1) the history of the profession’s development of its practice doctorate, 2) how it has affected research, practice, and education, 3) accreditation of practice doctorates, 4) enrollment in practice doctoral programs and impact on PhD programs, 5) licensing; and 6) anticipated and unanticipated consequences.

WHAT CAN WE LEARN FROM PSYCHOLOGY

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> Will DSWs be in a better position to compete for behavioral health insurance dollars?  
> If codes of ethics, accreditation, licensure mechanisms are central to professions then social work organizations should bring to bear these mechanisms designed to protect society in relation to DSW – as with the MSW.  
> If universities are loci for development of professional knowledge and development then there needs to be recognition of both doctorates in the incentive structure that exists to develop new degrees.  
> In order to warrant support and approbation of universities, universities must continue to fully contribute to their research and knowledge development mandates.

> The average PhD student completes their degree in 6½ years, while the average PsyD graduates with a degree in 5½ years.  
> Attrition rates are higher for PsyD students with a rate of 3.1% for PsyDs, and 1.96% for PhDs.  
> PhD students tend to have higher GPA scores and higher GRE scores.  
> Higher percentage of PhD students:  
> Are members of professional society (85% to 68%).  
> Have done professional presentations (81% to 21%).  
> Have published article (45% to 10%).  
> Are involved in research (53% to 13%).  
> Are involved in teaching (42% to 17%).  
> In terms of student debt, 75% of PhD graduates have debt with the median debt of $120,000, while 90% of PsyD graduates have debt, with a median debt of $68,000.  

In psychology, APA accredits only professional psychology programs that provide graduate education leading to a PhD or PsyD degree. Graduate programs in psychology may be found in psychology departments in a variety of institutions, including liberal arts and research universities. The number of PhD and PsyD programs increased substantially in the 1970s, with a peak in the mid-1980s. The number of PhD programs grew from 80 in 1970 to over 160 in 2000. The number of PsyD programs has increased as well, from 10 in 1970 to 130 in 2000. As of 2011, there were 9,436 students enrolled in psychology PhD programs and 11,279 PsyD students.  

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In nursing there are two advanced degrees for preparation as an Advanced Practice Registered Nurse (APRN) – the master’s degree and the DNP.

The transformation of nursing education is occurring at a rapid pace. An examination of the demands of care and the requisite competencies and learning related to providing that care led to a recomposition of the education of the APRN and the move to requiring the DNP. This was partly due to the fact that the APRN often needed more education than what was required in a Master’s in Nursing (MSN) program.

The University of Kentucky was the first program to offer a DNP and many others are under development. The nursing profession, through AACN, convened a taskforce that did a national consensus developing approach, which recommended a practice doctorate. This was taken to the members of the AACN and voted upon, and approved. A decade has been devoted to the transition and implementation of this approach with the goal for all advanced specialty education in nursing to evolve to the practice doctorate level (DNP) by 2015. The education in doctoral programs focuses on the development of advanced competencies for increasingly complex clinical and leadership roles, with attention to changes including global health care, genetics and biomedical advances. This includes DNP education in clinical administration. The DNP provides a better match of program requirements and credits/time with credentials earned. It also offers a higher level terminal degree and advanced educational credit for those who do not want or need a research-focused degree such as the PhD in nursing, which is also an option.

In 2003, the National Academy of Sciences issued a report on National Institutes of Health (NIH) research training programs, and recommended that the nursing profession needs to move more quickly to practice doctorates, stating that “The need for doctoral prepared practitioners and clinical faculty would be met if nursing could develop a new non-research clinical doctorate, similar to the M.D. and PharmD. in medicine and pharmacy, respectively.” This recommendation of two pathways – for clinicians and for researchers resulted in huge growth in DNP programs across the country. There has also been diminished resistance from some sites (e.g., Yale University, University of California system, University of North Carolina, Chapel Hill) that had initially been resistant to the idea of developing a DNP. During this period there has also been a 45% increase in enrollment in PhD programs, perhaps since applicants now have clearer choices to make. Some large health systems are funding DNP programs, perhaps because applicants now have clearer choices to make. Some large health systems are funding DNP programs, perhaps because applicants now have clearer choices to make.

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To create consensus in regard to DNP, and to assess progress, a summit was convened to make recommendations to the AACN Board of Directors. The summit resulted in a clear validation of the relevance of the standards for programs (Essentials of Doctoral Education for Advanced Nursing Practice), with a few minor modifications recommended. The summit also suggested that clarification was needed on what constitutes practice and how is that represented in the Capstone product, and what the workforce demands are to complete the product. Work to address these requests is underway at AACN.

What have been the issues to consider in the DNP?

> Practice Relevance. Employers outlined the changing demands of health care and the competencies needed. Programs focus on partnering with practice settings to increase relevance of the DNP program and to engage students in practice relevant projects. Thus, the knowledge, skills and attributes (KSA) that are associated with the DNP are relevant to employers.

> Program Quality. While program designs and expectations vary, all DNP programs focus on the standards, Essentials of Doctoral Education for Advanced Nursing Practice, and recommendations have been made regarding quality indicators. Part of the DNP program is to complete a Capstone (practice scholarship) project. Reports from DNP graduates also serve as indicators of both quality and relevance. The DNP has been validated by graduates’ capacity to intervene, lead care, and partner with others.

Accreditation and Certification

> Thus far, only nurse anesthetists are mandating the DNP. However after 2015, no new master’s level programs will be accredited, and by 2022, new students must be enrolled in DNP programs. By 2025, all Certified Registered Nurse Anesthetist (CRNA) programs will be at the DNP level.

> For neither the AACN’s Collegiate Commission on Nursing Education (CCNE) or Accreditation Commission for Education in Nursing (ACEN) do DNP programs focus on the standards, Essentials of Doctoral Education for Advanced Nursing Practice, and recommendations have been made regarding quality indicators. Part of the DNP program is to complete a Capstone (practice scholarship) project. Reports from DNP graduates also serve as indicators of both quality and relevance. The DNP has been validated by graduates’ capacity to intervene, lead care, and partner with others.

> What CAN WE LEARN FROM OCCUPATIONAL THERAPY

Neil Harvison, American Occupational Therapy Association (AOTA) Chair, Academic and Scientific Affairs

The Occupational Therapy (OT) profession is struggling with the issue of the development of the practice doctorate. To provide some context, Harvison provided the following definitions:

> Doctorate in a practice profession has been defined as a degree that is conferred upon completion of a program providing the knowledge and skills for the
In 2005, the National Academy of Sciences issued a report on National Institutes of Health (NIH) research training programs, and recommended that the nursing profession needs to move more quickly to practice doctorates. This is partly due to the fact that the APRN often needed education beyond the master’s level, and that the APRN education needed to reflect the knowledge, skills, and attributes (KSA) that are associated with the DNP role.

**Program Quality.** While program designs and expectations vary across DNP programs, it is clear that the DNP program is intended to provide the knowledge, skills, and attributes needed for professional practice. The DNP program focuses on the standards, competencies, and outcomes established by the American Association of Colleges of Nursing (AACN) and the Accreditation Commission for Education in Nursing (ACEN). The DNP program is designed to prepare nurses for leadership roles in practice, education, and research.

**Program Focus.** The DNP program is designed to provide advanced practice nurses with the knowledge, skills, and attributes needed to practice at the highest level. The DNP program is structured to provide clinical experiences that are relevant to the practice setting and to build leadership skills.

**Program Delivery.** The DNP program is delivered through a combination of online and face-to-face courses. The program is designed to be flexible, allowing students to balance their professional and personal commitments.

**Program Length.** The DNP program typically requires 3-4 years of full-time study, including clinical rotations.

**Program Outcomes.** The DNP program is intended to prepare nurses for leadership roles in practice, education, and research. The program is designed to provide the knowledge, skills, and attributes needed to practice at the highest level.

**Program Impact.** The DNP program has had a significant impact on nursing practice. The program has resulted in a greater number of nurses holding advanced degrees, and has led to improvements in patient outcomes.

**Program Evaluation.** The DNP program is evaluated using a variety of methods, including student assessments, faculty assessments, and program outcomes.

In conclusion, the DNP program is a critical component of advanced practice nurse education. The program is designed to prepare nurses for leadership roles in practice, education, and research. The program is structured to provide the knowledge, skills, and attributes needed to practice at the highest level.

**What have been the issues to consider in the DNP?**

**Practice Relevance.** Employers outlined the changing demands of health care and the competencies needed. Programs focus on partnering with practice settings to increase relevance of the DNP program and engage students in practice relevant projects. Thus, the knowledge, skills and attributes (KSA) that are associated with the DNP are relevant to employers.

**Program Quality.** Programs focus on the standards, essential competencies, and outcomes established by the American Association of Colleges of Nursing (AACN) and the Accreditation Commission for Education in Nursing (ACEN). The DNP program is designed to complete a Capstone project that addresses professional practice needs.

**Program Focus.** The DNP program is intended to provide the knowledge, skills, and attributes needed for professional practice. The program focuses on partnering with practice settings to increase relevance of the DNP program and engage students in practice relevant projects.

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In conclusion, the DNP program is a critical component of advanced practice nurse education. The program is designed to prepare nurses for leadership roles in practice, education, and research. The program is structured to provide the knowledge, skills, and attributes needed to practice at the highest level.
The official position of the AOTA is that degree-level programs are at the post-baccalaureate level, and all programs be in compliance with the required level of professional entry into the field and their accreditation program (ACOTE). In 2006, there was a shift to create accreditation standards at different degree levels—masters level entry and doctoral level entry. Now in OT, they have a set of standards for each level, and faculty must have a doctorate to teach at the professional level. There is a requirement that faculty must have one degree higher than those being taught.

The Occupational Therapy Doctorate (OTD) entry-level accreditation standards get input from practice, research and education in order to identify competencies for a graduate. There is a focus on leadership, scholarship and experiential learning and a culminating project that relates theory to practice and demonstrates synthesis of advanced knowledge in a practice area. There is also a 640 hour experiential component. As of 2013, the debate in the profession has focused on the OTD as the entry-level, and three additional in candidate status, and six that have submitted candidate applications.

In 2013, a taskforce of the AOTA Board recommended that the OTD be mandated as the entry level by 2017, and that all programs be in compliance no later than 2020. Different from the entry-level OTD, there are also 25 postprofessional OTD programs that appear to be most consistent with the “Bridge” post-professional programs defined above.

In terms of OT practice, it should be noted that in OT, the masters and OTD levels sit for the same certification exam and meet the same licensing standards and there is not a difference in reimbursement as the payment is based on “services provided by a licensed OT.” As for salaries, there is a trend toward higher starting salaries in academic health centers. Since this is in the early stage of development, the findings are not yet available regarding the impact of moving to the OTD on quality of practice, on public perception of competence, or on impact on interprofessional relationships. In terms of the OTD—entry-level enrollment is growing fast. For the postprofessional, there is also increased demand, especially because entry-level programs will require that faculty have doctorates. One of the confusing pieces in OT is that there are two different uses of the OTD—both in terms of entry and postprofessional. A small number of postprofessional OTD programs have funding to support students. There is not a move toward a PhD in OT.

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All of the persons holding bridge-level doctorates and post-professional advanced degrees might be considered “super professionals.” In OT, between 1998 and 2004, four entry-level doctoral programs were accredited and no other programs developed until 2013. The first Occupational Therapy Doctorate (OTD) was developed in 1998 at Creighton University in Nebraska, and it was developed in a School of Pharmacy. At the time that the first doctoral program was established there were 145 OT programs, with the majority at the master’s level, with a few at the bachelor’s level, and all programs are accredited under the OT entry-level standards. Today, all programs are at the post-baccalaureate level, and the majority are master’s degree-level programs.

The official position of the AOTA is that a post-baccalaureate degree in OT is the required level of professional entry into the field and their accreditation program (ACOTE) adopted this position and mandated that entry level must be post-baccalaureate. In 2006, there was a shift to create accreditation standards at different degree levels—masters level entry and doctoral level entry. Now in OT, they have a set of standards for each level, and faculty must have a doctorate to teach at the professional level. There is a requirement that faculty must have one degree higher than those being taught.

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WHAT CAN WE LEARN FROM CURRENT DSW PROGRAMS

In planning for the think tank, the planning committee reached out to the four existing programs that have already begun to offer Advanced Practice Doctorates – Aurora University, University of Pennsylvania, University of Tennessee and Rutgers University. All but Aurora were able to be represented at the think tank and provided information about their programs and their current status. Thus far, only Penn has awarded DSWs and only Aurora does not also offer a PhD.

The programs were asked to address the development and current status of the DSW in their school in terms of when it started, the development process, how it differs from the PhD offered and how the applicants differ, tuition and funding. In order to identify similarities and differences, the programs were asked to address the four existing programs that have already moved to practice doctorates in other professions and the risk of the social work profession being left behind; and 4. The need for more clinical scholarship and research that contributes to the social work knowledge base.

The intended outcomes of the program are to develop social work practice experts, educators, and leaders. In conceptualizing the goals, structure, curriculum and outcomes for the DSW, the planning group made a deliberate effort to make the DSW distinctly different from the PhD. The program was to be tightly structured into three years, including both coursework and dissertation, with ample writing and mentoring support built in so that students would finish the dissertation and graduate on time.

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addressing the completion rate problem that is endemic in PhD programs in social work and other disciplines. The course scheduling and design was planned with working professionals in mind, and courses are delivered in a modified executive education format of weekly core courses on applied clinical theory and research and monthly course modules covering clinical content. The module structure allows for bringing in preeminent faculty and clinician experts from all over the country. Penn considers their A-list of teaching faculty one of the hallmarks of its program. The dissertation requirement allows the students to both contribute to the professional knowledge base and become context experts in a clinical practice area of their choosing.

The quality standards for the DSW and PhD dissertations are the same, but the scale and scope of the DSW dissertations is typically smaller. All the DSW dissertations are published on the University’s open forum electronic repository for scholarly work, Scholarly Commons (http://repository.upenn.edu/dsw/index.html). In this way the knowledge generated by the students makes an immediate impact in the field. At last count, the forty-seven published dissertations had been downloaded over 50,000 times.

The program accepts 15 students per year and DSW enrollments have had no impact on the school’s PhD program. When the program started, DSW students were self-funded, most through a combination of loans and personal resources. The program has been building an endowed scholarship fund and was able to start giving merit awards last year that average $15,000 across the 3 years. Vigorous efforts to raise DSW scholarship money are a school priority. The tuition is $24,000 per year.

Penn’s is the only DSW among the new programs that has been in existence long enough to have graduates. As of fall 2013 there have been four graduating classes. Eighty percent of the students have completed the program in 3 years. Every student is offered the opportunity for a paid TA-ship and there is an emphasis in the coursework and intensive mentoring on teaching. Of the graduates, 20% are teaching full time and another 35% are teaching part-time at schools around the country. The DSW graduates who teach at Penn consistently earn top scores in their course evaluations. Although the standing faculty had reservations about restarting the DSW program, they now support it and find teaching and mentoring the DSW students to be very rewarding. For more information visit www.sp2.upenn.edu/programs/dsw/index.html.

**RUTGERS UNIVERSITY**

Jerry Floersch, Associate Professor

DSW Director

Rutgers saw a senior clinical shortage, largely due to retirement, policy and funding changes and declines in practice knowledge because it is less common for the profession to find highly skilled and knowledgeable long-tenured agency social workers.

This causes an absence of context-dependent knowledge, which was passed down through supervision. With these changes occurring, Rutgers embarked on a planning process between 2009 and 2011, including open forums with NASW and the Clinical Society as well as with faculty and alumni. In order to launch the program, Rutgers had to go through several approval processes, including the full faculty, the university and state approval.

The resulting program was a three year program for full-time working practitioners with 24 once-monthly weekend residences and nine online residencies (33 total residences over three years). The modular delivery allows for curriculum flexibility and tailors the program to cohort specific needs. Examples of module cluster topics: Philosophy of Mind/Social Science, Emotion-Depression, Anxiety, Empathy, Therapeutic mechanisms, Therapeutic Alliance, Attachment and Affect Regulation, Reading Seminar, and Writing Workshop.

This is not like a continuing education program where people attend and leave. The intended outcome is to not have a division between research and practice. The focus is on teaching practitioners how to produce knowledge with an “n of one.” Students write case studies that frame theory-to-practice, and evidence-based practice dilemmas derived from actual practice experience. The goal is for dissemination to occur through traditional publications and online. There are also Internet multimedia projects, placing the case study in layers of context.

The curriculum focuses on advanced practice, asking two simple, yet difficult questions: 1) How do social workers study and understand what it means to be a person? and 2) How does clinical practice matter? The expected competencies include metatheoretical analytical skills, customized writing, enhancement of case supervision, clinical, and consultation skills. The program structures its curriculum to emphasize advanced practice curiosity, empathy, and doubt. The program does not include a dissertation. Students case conference, with faculty and students, their case study throughout the three years.

The first cohort of students matriculated in Fall of 2012. There have been approximately 100 completed applications in the two cohorts, with 43 students in the current program: an acceptance rate of 40%. The students are diverse; almost half of the students are persons of color, with many Latino students and 14 students from out of state. The average age of these practitioners scholars is 42, with an average 12 years post-Masters work history. Costs per year are $20,000 for out of state tuition, and $15,000 in-state. In terms of financing their education, there are no TAs, grants or scholarships, however, students are encouraged to teach part-time and many do. Students are financing their DSW through financial aid and loans (55%), savings (27%), employer reimbursement (12%), and adjunct teaching (6%).

In terms of why the students choose the DSW—students are seeking to become clinical leaders – staying in practice and providing supervision; students are seeking to step back from practice and to think and write; students desire to pursue a practice-focused doctorate, and a few seek to teach full time.

The DSW supports the school by bringing in a talented pool of advanced practitioners, developing incubator for new ideas like the program and creating a new revenue stream. Rutgers has taken a meta-approach to practice and it is also pursuing the development of a DSW management concentration in 2017.

In terms of comparing the PhD and DSW programs, the DSW is goods by the School of Social Work, not University Graduate School; it requires an MSW and clinical experience for admission, and does not include a research method curriculum, and is not primarily a degree for mid-career graduates for an academic career goal of the DSW is to create practice experts. Students seek advanced degrees based upon their circumstances, life-stage, and life-dreams. For more details the Rutgers DSW website: http://dsw.socialwork.rutgers.edu.
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> UNIVERSITY OF TENNESSEE

David Patterson, Endowed Professor in Mental Health Research and Practice & Director - Clinical Doctorate Program

The University of Tennessee began planning in 2010 by doing a market analysis of employers in the state and found that there was a strong demand from mid-career LCSWs for an advanced degree that was non-research intensive. In a survey of Tennessee’s UASW and LCSW, a majority expressed interest in pursuing a practice doctorate in social work if offered, with the highest interest from those who worked in the field between six and nine years. There was also interest in a distance learning delivery format and there was perceived to be no competition in terms of other practice-oriented doctoral level training in social work. After undergoing a somewhat onerous approval process, the DSW was approved. The approval process included approval by the College faculty, Graduate School, Faculty Senate, Campus administration, Board of Trustees and the Tennessee Higher Education Commission. Although there was some historical faculty ambivalence, the faculty voted to approve the program and faculty do teach across programs.

In terms of interest in the program, in the first year there were 43 applicants and 20 were admitted, and continue with a 50% admission rate. The second cohort began in the fall of 2012 with 39 applicants for 20 spots and the third cohort in 2013 had 34 applicants for 20 spots.

The expectation is that students who complete the DSW should be able to do evidence-based practices and their implementation, should be in collaborative leadership roles, should be able to utilize technology to enhance practice, and to do client-focused outcome-based research. There are four practice domains in the DSW program: addictions, psychodynamics, cognitive behavior, trauma, prevention, and intervention methods. The program is taught through online synchronous and asynchronous models. Realtime courses make extensive use of interactive video and instructional media. Students spend one week each summer on the UT Knoxville campus engaged in intensive knowledge and skills development.

The DSW students acquire knowledge that they did not get in their MSW programs, nor were they able to explore issues with the same level of depth. There is not a dissertation required. Rather, the expectation is the completion of capstone projects that will be...
Wayne Lindstrom, who has had a full career in public and private organizations, in managed care, in national organizations and as a consultant, provided a perspective as someone who has been in the position to hire social workers and to pay for the services of social workers. The social work profession and the services systems that we work in are continually evolving and a strength of the MSW is that it is a terminal degree that affords the opportunity to practice in many domains and settings. Our core competencies related to understanding social systems equip us to design, modify, and navigate new service delivery systems.

The situation, that we find ourselves in today, is reminiscent of the 1980s when healthcare costs were uncontrollably escalating and employers were clamoring for ways to reduce the employee health benefit burden and were increasingly concerned about the impact of these costs on the U.S. global competitive position. Health Maintenance Organizations (HMO) were heralded at the time as the way to bring health care costs under control by managing health care utilization, by preventing illness, and by keeping enrollees healthy. As health plans became corporate interests, HMOs became less concerned about these originally stated aims and instead focused on market dominance, increasing enrollment, and quarterly profits. Once utilization had been ratcheted down to the maximum extent possible, HMOs had to look to successive iterations of “right-sizing” and to shifting to other markets, products, and services in order to satisfy shareholders. Throughout era of managed care, clinical social workers met the needs for behavioral healthcare services quite aptly.

Lindstrom shared a concrete example from his career when he was responsible, in the early 1990s, managing a behavioral health carve-out for a health plan in Ohio that had been purchased by a national managed care corporation. At the time of the purchase, the network of behavioral health providers was exclusively comprised of 1500 psychiatrists who were reimbursed $125 for an hour of service which included payment for providing psychotherapy. Subsequent to the purchase, new provider networks were developed that left the network with approximately 200 psychiatrists who were reimbursed $125 for an hour of service which included payment for providing psychotherapy.
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It wasn’t only psychiatry that was radically affected by managed care. The same could be said of psychology. Under managed care, network development tended to limit the number of psychologists. Since this profession designated a PhD as its terminal practice degree, the cost-benefit analysis by managed care was again in favor of the MSW. In addition, the utilization of psychological testing was tightly managed, further limiting the scope of psychological services that managed care was willing to reimburse.

For many health plans, there is not currently parity between social work doctoral level practitioners and their counterparts in psychology. Psychologists generally command a higher reimbursement.
level by virtue of having a PhD, while many social work PhDs get reimbursed at the Master’s level. The behavioral health leadership within managed care tends to be dominated by psychiatrists and psychologists who tend to believe that the doctoral level social worker does not have the clinical competency to merit reimbursement beyond what a Master’s level clinicians receives.

So the question is, “Does the marketplace want or need doctoral level social work clinicians?” Lindstrom’s response is an unequivocal, “No.” There appears, from the presentations at this think tank that Master’s level social work clinicians are advocating for a clinical doctorate to both upgrade their clinical skills and their professional standing. Graduate schools of social work can certainly rush to respond to that demand, but then what? Managed care will not commensurately rush in to change the marketplace. In thinking about the unique qualities of social work he recommended providing more integrative joint degree programs to make social workers more marketable and in this changing landscape. He also cautioned that the profession needs to do more about returning to its roots associated with social change, justice, advocacy, and prevention.

Looking to the future, Dr. Lindstrom was perisomatic about DSWs as a way for clinicians to make more money, or to change the marketplace. In thinking about the unique qualities of social work he recommended providing more integrative joint degree programs to make social workers more marketable and in this changing landscape. He also cautioned that the profession needs to do more about returning to its roots associated with social change, justice, advocacy, and prevention.

> PRACTICE DOCTORATES AND LICENSING

Mary Jo Monahan, CEO, Association of Social Work Boards

Regulators in states, provinces and jurisdictions throughout North America have determined that the practice of social work is so critical to the health, welfare and safety of their citizens that it must be legally regulated. Because “protection of the public” is the purpose of legal regulation, licensing laws provide legal recourse to clients who are harmed by a licensed practitioner in the delivery of service. The mission of ASWB is to strengthen protection of the public by providing support and services to the social work regulatory community to advance safe, competent and ethical practice.

Legal regulation of social work practice establishes minimum competency standards to enter practice and provides oversight so that the licensed social worker maintains safe, competent and ethical practice. The minimum requirements encompass Education, usually a BSW or MSW degree from a CSWE or CASWE accredited school or program; Experience, usually a practicum experience during education and post degree experience under supervision; and passing one of the ASWB Examinations and a jurisprudence exam.

Thirty-eight states license BSW practitioners and forty states license at the MSW level upon graduation from an accredited institution. Ten states provide a license for advanced macro practice, requiring an MSW degree and at least two years of postmasters experience. All 50 states, District of Columbia, the Virgin Islands and Guam license social clinical workers, requiring an MSW degree and from 2-5 years of supervised clinical practice.

Regarding the DSW or PhD degrees, currently, forty states mention or allow a doctorate or higher degree than the MSW for licensure as a clinical or advanced macro practice practitioner. Ten states specifically require the MSW degree in their Law and/ or state social work degrees must be from a school/program accredited by CSWE.” Seven of these states (Arkansas, California, Georgia, Louisiana, Maryland, Oklahoma, Oregon) do not even mention the DSW or PhD degrees. Minnesota requires the “graduate degree” earned in “social work, accredited by CSWE in the Canadian equivalent New Mexico’s regulatory language states “at least an MSW.” New York allows for either a DSW or PhD degree, but requires certain clinical courses that the Board would review according to their rules and regulations.

It seems that at least in these ten having a DSW or PhD that does not require an MSW degree or is not earned in a CSWE- accredited program would not recognize these states as meeting the education requirements.

Social work is now a regulated profession and regulation is good for the profession, the individual social work practitioners and definitely the public. However, there are concerns and issues that need to be mentioned. Despite more acceptance of licensed social workers and exceptions in various state’s regulations, proximately speaking, as an analogy to “Swiss cheese rig,” this means that there are more exemptions to the law than inclusion of the law and that many practitioners continue to practice without a license.
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It seems that at least in these ten states,
having a DSW or PhD that does not
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Social work is now a regulated
profession and regulation is good for
the profession, the individual social
worker and society to advance safe, competent
and ethical practice. ASWB appreciates the
impacts on the regulation of social work
and ethical practice.

Many rural areas cannot attract
sufficient licensed social workers at all
evels to meet the mental health and
social services needs of the communities.
Some jurisdictions are exploring ways
to certify or regulate allied practitioners
without social work degrees to provide
the needed social services. This confuses
the public regarding the value of social
work licensure, particularly at the
BSW level.

From a regulatory viewpoint, there is
concern about positioning the DSW as
the terminal degree or standard for
practice as a clinical social worker.
Some may advocate for clinical social
workers to be regulated by a separate
board from non-clinical social workers.
Also, requiring the DSW degree for the
clinical license would severely limit the
number of competent social workers who
would be eligible, thus raising barriers
to licensure and further diminishing the
availability of licensed practitioners.

Attaining a license is a workforce issue
for social workers and for the profession.
Changes within the profession,
especially in education and practice
standards, definitely have significant
impacts on the regulation of social work
practice. ASWB appreciates the
opportunity to participate in this
Think Tank, educate and work together
with our social work partners in order
to develop understanding and come to
consensus as needed.
Social work has made considerable strides in establishing its scientific and research base. What effects might practice doctorates have on this?

Discuss the risks and benefits of accreditation vs. a set of national guidelines for practice doctoral programs?

What are the market forces for the practice doctorate in social work? How will the practice doctorate affect public perceptions of the profession and perceptions of government agencies, payers, & employers?

Discuss the potential issues of competition for funding within social work and other disciplines for pursuing practice-focused doctoral education?

What are the expectations and outcomes for graduates of practice doctoral programs?

After the first round of small groups, participants moved to a second group and could add new information to that group’s discussion. Since there was overlap in the output from each of the groups, the following summarizes the key areas of consensus and areas which continue to be conundrums. It should be noted that the areas of consensus and conundrum build on the issues raised by the participants at the beginning of the think tank.

CONSENSUS

Advanced Practice Doctorates in Social Work will continue to emerge — “the train has already left the station.”

Demand is represented by the number of students ready and willing to invest in acquiring an Advanced Practice Doctorate in Social Work.

DSWs might have enhanced status in the practice community and help social workers compete for higher level jobs rather than being perceived to be the discount degree.

Advanced Practice Doctorates in Social Work can be vehicles for producing practice-relevant knowledge and for disseminating research to practice.

There is an explosion of science to disseminate to practice and DSWs might be a mechanism to help this occur.

Drawing from the practice experience of DSW students, their small scale and case studies, can contribute to the production of more practice-based and practice-relevant knowledge.

There should be a balance between innovation and guidelines: Accreditation might be down the road, but not now.

Might consider a tiered process of innovation and guidelines. Some type of capstone project that integrates theory, research and practice should be required.

MSW, for now, and perhaps well into the future, will be considered a terminal degree in social work. Thus far, the DSWs that will emerge are a minuscule # of social work graduates each year.

The value that an Advanced Practice Doctorate can have for the social work profession.

Increased status at the interdisciplinary/interprofessional table – in case conferences and other professional endeavors.

Enhanced BSW and MSW practice by having DSW as lead clinicians, supervisors, and mentors.

Enhanced both MSW and BSW education, as advanced practitioners become part of the educational workforce.

Providing an opportunity in social work to acquire a doctorate, rather than choosing another professional doctorate – thus keeping social workers identified with social work.

As agencies provide less supervision and professional development, practitioners seek this on their own and a DSW is one avenue to do so.

CONUNDRUMS

There is a need to shrink the Research-Practice divide, not strengthen it.

How will DSWs and PhDs collaborate? Who will take the lead? What role will DSWs have in Social Work education – should it be CSWE? What will CSWE GAD E? should it be CSWE? DSW education – should it be GADEF?

Is there an organizational hom, DSW a way to achieve this?

Is there a need in social work the “practitioner-scholar” – DSW a way to achieve this?

What will DSWs and MSW, for now, and perhaps well into the future, what will be the relationship of DSWs to other professional endeavors.

ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, EDUCATION AND PROFESSIONAL DEVELOPMENT?
CONSSENSUS & CONUNDRUM

A recent round of small groups, in a first round of small groups, moved to a second group and added new information to that discussion. Since there was an output from each of the four small groups, it was important to make sure we identified the areas of discussion in each small group, continuing to be conundrums. It was noted that the areas of consensus and areas of conundrum build on the knowledge and experience of the participants at the meeting of the think tank.

CONSSENSUS

Advanced Practice Doctorates in Social Work will continue to grow — “the train has already left the station.” Demand is represented by the number of students ready and willing to invest in acquiring an Advanced Practice Doctorate in Social Work. DSWs might have enhanced status in the practice community and help social workers compete for higher level jobs rather than being perceived to be the discount degree.

Positive Outcomes of Advanced Practice Doctorates in Social Work

- Advanced Practice Doctorates in Social Work can be vehicles for producing practice-relevant knowledge and for disseminating research to practice.
- There is an explosion of science to disseminate to practice and DSWs might be a mechanism to help this occur.
- Drawing from the practice experience of DSW students, small scale and case studies, can contribute to the production of more practice-based and practice relevant knowledge.
- There should be a balance between innovation and guidelines.
- Accreditation might be down the road, but not now.
- Might consider a tiered process of starting with minimal guidelines.
- Some type of capstone project that integrates theory, research and practice should be required.
- MSW, for now, and perhaps well into the future, will be considered a terminal degree in social work. Thus far, the DSWs that will emerge are a miniscule # of social work graduates each year.

As agencies provide less supervision and professional development, practitioners must seek this on their own and pursuing a DSW is one avenue to do so.

CONUNDRUMS

- There is a need to shrink the Research-Practice divide, not strengthen it.
- How will DSWs and PhDs collaborate? Who will foster this collaboration?
- What role will DSWs have in using research knowledge to inform practice and in developing new knowledge?
- Is there a need in social work for the “practitioner-scholar” — is the DSW a way to achieve this?
- Is there an organizational home for DSW education — should it be GADE? should it be CSWE?

Positive Outcomes of Advanced Practice Doctorates in Social Work

- There is an explosion of science to disseminate to practice and DSWs might be a mechanism to help this occur.
- More practice-based and practice relevant knowledge.
- There should be a balance between innovation and guidelines.
- Accreditation might be down the road, but not now.
- Might consider a tiered process of starting with minimal guidelines.
- Some type of capstone project that integrates theory, research and practice should be required.
- MSW, for now, and perhaps well into the future, will be considered a terminal degree in social work. Thus far, the DSWs that will emerge are a miniscule # of social work graduates each year.
- The value that an Advanced Practice Doctorate can have for the social work profession.
- Increased status at the interdisciplinary/interprofessional table – in case conferences and other professional endeavors.
- Enhanced BSW and MSW practice by having DSW as lead clinicians, supervisors, and mentors.
- Enhanced both MSW and BSW education, as advanced practitioners become part of the educational workforce.
- Providing an opportunity in social work to acquire a doctorate, rather than choosing another professional doctorate – thus keeping social workers identified with social work.

Are some regions going to see more of a move to DSWs because of the differing markets for clinical practice – e.g., the New York City area where competition among clinicians is very high?

Concern about financing DSW education. Will persons pursuing a DSW degree acquire more educational debt? Will increased pay and reimbursement rates potentially offset the increased cost of education?

Need to focus on expected outcomes of DSWs. What are the outcomes that will be important for the DSW to be valuable?

Not clear if DSWs will get paid more than MSWs – not necessarily happening now.

What do we need to learn from payers?

What outcomes information do we need to provide to payers?

Is it feasible to get a professional practice PhD in social work, (e.g., Smith College) or must/should it be a DSW?

Will Advanced Practice Doctorates in Social Work emerge in areas beyond clinical practice?

Rutgers is in the planning stage for a track in management.

Should we have a big tent and use the term Advanced Practice, rather than Clinical?

Is this a good time to expand the offering of DSWs when competition is tight among professions; funding is tight for grants and to support professional development and professional education, and funding is tight to pay clinicians at increased rates?
CONTINUE DIALOGUE AND REACH OUT TO ADDITIONAL STAKEHOLDERS

- Continue trans-social work discussions/dialogue about emergence of Advanced Practice Doctorates in Social Work
- Continue conversation through the Leadership Roundtable
- Encourage discussion through dialogues between NASW chapters and social work education programs.
- Promote future conversations that include the voice of students who are pursuing advanced practice doctorates.
- Broaden discussion to engage additional stakeholders.

- Agencies and organizations that hire social workers and that pay for social work services (American Public Human Services Association, child welfare workers, etc.)
- Include in discussions those who provide nontraditional social work education (e.g., Walden, Capella)

THOUGHTFULLY EXAMINE, STUDY AND REPORT ON OUTCOMES AND RESULTS

- Determine process for developing guidelines that set broad parameters, phase in standards, and do not stifle innovation.
- Clarify who will take the lead in such a process and issues of accountability.
- Consider at what point full guidelines, like the GADE Quality Guidelines should be developed and by whom.
- Consider at what point accreditation of programs might be pursued.

SUPPORT INNOVATION WHILE CONSIDERING GUIDELINES AND STANDARDS

- Engage federal agencies, e.g., Centers for Medicare and Medicaid Services (CMS) that set standards for reimbursement and definitions of social work in different health care settings as well as SAMHSA, ACF, HRSA, Administration on Community Living – that fund services that social workers provide in public and private agencies as well as the Department of Veterans Affairs which is the largest employer of social workers in the country.

ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH?

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CONVENING REPRESENTATIVES FROM PRACTICE, LEGAL REGULATION, EDUCATION AND RESEARCH PROVIDED A VALUABLE VENUE TO BETTER UNDERSTAND THE EMERGENCE OF ADVANCED PRACTICE DOCTORATES IN SOCIAL WORK. THE LESSONS LEARNED FROM PSYCHOLOGY, NURSING AND OCCUPATIONAL THERAPY REGARDING THEIR OWN EFFORTS TO LAUNCH PRACTICE DOCTORATES WERE INSTRUCTIVE. IT HIGHLIGHTED THE ROLES THAT OUTSIDE FORCES (FOR EXAMPLE, INSTITUTE OF MEDICINE REPORTS), KNOWLEDGE DEVELOPMENT, PRACTICE CHANGES AND PRACTICE SPECIALIZATIONS HAVE HAD IN THEIR OWN EVOLUTIONS. HEARING IN DETAIL FROM THREE OF THE CURRENT DSW PROGRAMS PROVIDED AN OPPORTUNITY TO EXPLORE THE SIMILARITIES AND DIFFERENCES AMONG THESE PROGRAMS AS WELL AS HOW THEY MIGHT BE DISTINGUISHED FROM PHD PROGRAMS IN SOCIAL WORK. THE ROLE THAT DSWs CAN HAVE IN BOTH KNOWLEDGE DEVELOPMENT AND KNOWLEDGE TRANSFER WAS DESCRIBED, AND THE ABILITY OF THE DSWs PROGRAMS TO ATTRACT A DIVERSE POOL OF STUDENTS WAS AN IMPORTANT MARKER. THERE IS A CLEAR INTEREST IN SHRINKING THE RESEARCH-PRACTICE DIVIDE AS WELL. IT IS CLEAR FROM THIS CONVERSATION AND FROM DISCUSSIONS WITH DEANS AND DIRECTORS IN SOCIAL WORK THAT THERE WILL BE MORE ADVANCED PRACTICE PROGRAMS EMERGING OVER THE NEXT Several YEARS – SOME WITH A CLINICAL FOCUS AND OTHERS WITH A MORE ADMINISTRATIVE OR MANAGEMENT FOCUS. ACROSS THE PROFESSION THERE NEEDS TO BE EFFORTS TO TRACK THESE DEVELOPMENTS, TO EXAMINE WHAT KIND OF GUIDELINES WOULD BE USEFUL, TO DEVELOP SCHOLARSHIP ABOUT THE PROGRAMS AND THEIR OUTCOMES (INCLUDING THE CAREER TRAJECTORIES OF GRADUATES) AND TO ENGAGE THE ACADEMIC AND PRACTICE COMMUNITIES, INCLUDING EMPLOYERS AND PAYERS, IN ONGOING CONVERSATIONS ABOUT HOW WE CAN ENSURE THAT THE SOCIAL WORK PROFESSION IS THE BEST THAT IT CAN BE.

THOUGHTFULLY EXAMINE, STUDY AND REPORT ON OUTCOMES AND RESULTS

- Create mechanisms to continually monitor and assess status.
- Continue to look at cost-benefit of DSW.
- Continue to look at impact of DSW growth on commitment to the MSW as a terminal degree.
- Examine the impact DSW program development might have on advanced practice credentials (BCD, NASW Credentials) and licensing.
- Explore reasons for high interest level and attraction of social workers of color to pursue Advanced Practice Doctorates in Social Work. What can be learned not just in terms of DSW programs, but what can be transferred to attracting additional students of color to the profession overall.
- Create scholarship about Advanced Practice Doctorates in Social Work.
- Pursue special issue or section in high impact social work journals (e.g., NASW journals).
- Develop a process to disseminate outcomes from both PhD and DSW dissertations and capstone projects to inform the profession.

ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, AND EDUCATION
REFERENCES


OTHER RESOURCES


APPENDIX

1 > AGENDA
2 > PARTICIPANT LIST
3 > SPEAKER BIOGRAPHIES

MONDAY, SEPTEMBER 23, 2013
5:30 REGISTRATION, RECEPTION AND DINNER

INTRODUCTIONS, SETTING THE STAGE,
GOALS FOR THE SYMPOSIUM
Joan Levy Zlotnik, NASW
Angelo McClain, NASW

ADVANCED PRACTICE DOCTORATES –
PERSPECTIVES FROM THE HOST
ORGANIZATIONS
Mary Jo Manahan (ASWB), Peggy Munke
(BPO), Darla Spence Coffey (CSWE),
Theresa Early (GADE), James Herbert
Williams (NADS), Angelo McClain (NASW),
Edwina Uehara (St. Louis Group), Jeanne
Marsh (SSWR)

9:00 ADJOURN

TUESDAY, SEPTEMBER 24, 2013
8:30 REGISTRATION/CONTINENTAL BREAKFAST

8:45 WELCOME/OVERVIEW AND REVIEW OF
THE GOALS FOR THE DAY

9:00 PRACTICE DOCTORATES IN SOCIAL
WORK – INDICATORS FROM A NATIONAL
SURVEY OF DOCTORAL STUDENTS
Jeane Anastas, NASW & New York
University

9:15 PRACTICE DOCTORATES IN SOCIAL
WORK – HOW DO THEY FIT WITH OUR
PRACTICE & RESEARCH MISSIONS
Karen Sowers, University of Tennessee
Jeane Marsh, University of Chicago
& SSWR
Moderator, Jeane Anastas, NASW

9:45 WHAT CAN WE LEARN FROM OTHER
DISCIPLINES THAT HAVE LAUNCHED
PRACTICE DOCTORATES – VIEWS FROM
PSYCHOLOGY, NURSING AND
OCCUPATIONAL THERAPY?

10:45
11:00
12:00
12:45
1:15
2:30
2:45
3:45
4:30

ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH
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Karen Sowers, University of Tennessee
Jeane Marsh, University of Chicago & SSWR
Moderator, Jeane Anastas, NASW
9:45 WHAT CAN WE LEARN FROM OTHER DISCIPLINES THAT HAVE LAUNCHED PRACTICE DOCTORATES – VIEWS FROM PSYCHOLOGY, NURSING AND OCCUPATIONAL THERAPY
Moderator, Darla Spence Coffey, CSWE

ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, AND EDUCATION
Cynthia Belar, American Psychological Association
Polly Bednash, American Association of Colleges of Nursing
Neil Harvison, American Occupational Therapy Association
Moderator, Darla Spence Coffey, CSWE

BREAK
OVERVIEW OF PRACTICE DOCTORAL PROGRAMS IN SOCIAL WORK
Lina Hartsell, University of Pennsylvania
Jerry Floersch, Rutgers University
David Patterson, University of Tennessee
Moderator, Theresa Early, GADE

WHAT DOES THE MARKETPLACE WANT?
Moderator, James Herbert Williams, NADD
Are social work practice doctorates attractive to employers?
Wayne Lindstrom, SocioTech
Practice Doctors and Licensing
Mary Jo Monahan, ASWB

10:45 BREAK
11:00 OVERVIEW OF PRACTICE DOCTORAL PROGRAMS IN SOCIAL WORK
Lina Hartsell, University of Pennsylvania
Jerry Floersch, Rutgers University
David Patterson, University of Tennessee
Moderator, Theresa Early, GADE

12:00 WHAT DOES THE MARKETPLACE WANT?
Moderator, James Herbert Williams, NADD
Are social work practice doctorates attractive to employers?
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12:45 LUNCH
1:15 WORKING GROUPS USING A WORLD CAFÉ PROCESS
WORKING GROUP FACILITATORS
James Herbert Williams
Mary Jo Monahan
Eddie Uehara
Peggy Munke
Darla Spence Coffey
Jeane Anastas

2:30 MOVE TO 2ND GROUP FOR WORLD CAFÉ

2:45 WORK GROUP REPORTS
Developing Priorities and Action Agenda, and Identifying Next Steps

3:45 ADJOURN

ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, AND EDUCATION
PARTICIPANT LIST

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Kelsey Nepote, MSW
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ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, AND EDUCATION

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ADVANCED PRACTICE DOCTORATES: WHAT DO THEY MEAN FOR SOCIAL WORK PRACTICE, RESEARCH, AND EDUCATION

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SPEAKER BIOGRAPHIES

Jeane W. Anastas, PhD, LMSW, is a professor at the New York University, Silver School of Social Work, and is highly regarded in the field of social work doctoral education and research. Dr. Anastas is also President of the Board of Directors of the National Association of Social Workers (NASW). Dr. Anastas has been a longstanding and active member in NASW. She served as President of the Massachusetts Chapter of NASW, and was named the Chapter’s Social Worker of the Year in 1993.

Dr. Anastas has published extensively in the areas of women’s issues, LGBT rights, mental health, and social work education, including the recently published Teaching in Social Work: Theory and Practice for Educators and the forthcoming Doctoral Education for Social Work.

Dr. Anastas previously served on the Board of Directors of the Institute for the Advancement of Social Work Research and the Society for Social Work and Research. Dr. Anastas has served as NASW’s Chair of the National Committee on Lesbian, Gay, Bisexual, and Transgender issues, Chair of the National Committee on Women’s issues, and as a member of the National Committee on Nominations and Leadership Identification. She was named a Council on Social Work Education (CSWE) Visiting Scholar for on Nominations and Leadership Identification. She was named a 2006–2007, and received CSWE’s Greatest Impact of Cl... Decisions (M...Relevant pub... Systematic R... State authori...of Pittsburgh...

Cynthia D. Belar, PhD, is Executive Director of ATRA’s Education Directorate. As executive director of the American Psychological Association’s a...Cynthia D. Belar, PhD, leads the association’s efforts to advance the teaching of psychology at all levels, prepare psychologists for diverse careers and apply psychology to education. She was appointed to this post in 2000.

Belar is also professor emerita at the University of Florida Health Science Center, where from 1974 to 1983 and 1990 to 2000, she directed the clinical psychology doctoral and internship programs. She also developed clinical service and education and training tracks in clinical health psychology at the doctoral, internship and postdoctoral levels. Belar’s research focused on pain, applied psychopharmacology and reproductive endocrinology. From 1993 to 1999, she served as chief psychological and clinical director of behavioral medicine at the Kaiser Permanent Medical Care Program in Los Angeles, where she also maintained an independent practice.

Jerry Floresch, PhD, Associate Professor, Director of DSW, Rutgers University School of Social Work, is a 1998 doctoral graduate of the University of Chicago School of Social Service Administration. He is the author of Money, and Manners: The Case Management of Severe Mental Illness, published by Columbia University Press (2005) and a recent NIMH RO1 recipient (2004-2009) for training in and development of qualitative methods to study youth subjective experience of psychiatric treatment. He is currently conducting a multisite study of college student-use of psychiatric medications. He has a new coauthored book (2013)  with Oxford University Press: Qualitative Methods for Practice Research.

Lisa Hartocollis, PhD, is Associate Dean for Student Affairs and Director of the Clinical Doctorate in Social Work (DSW) Program at the School of Social Policy & Practice. She has been at Penn since 1997, where in addition to her administrative responsibilities, she has taught courses on foundation social work practice, advanced clinical social work practice, social work practice with children and adolescents, and mental health diagnosis. Before coming to Penn, Dr. Hartocollis taught courses on clinical social work practice, human behavior, and social theory in the Masters of Social Work programs at Smith College and Bynner College. Before she began devoting all of her energies to higher education administration and teaching, Dr. Hartocollis was a practicing psychotherapist, providing therapy to children, adults, couples and families. Her scholarly and practice interests include mental health diagnosis, psychological trauma and dissociative disorders.

Neil Harmon, PhD, is the Chief Officer for Academic and Scientific Affairs at the American Occupational Therapy Association (AOTA). He holds a BS in occupational therapy from the University of Queensland and a MA and PhD from the School of Social Work at the University of Pittsburgh. Dr. Harmon’s research interests include the development and evaluation of occupational therapy programs, the role of occupational therapy in health care delivery, and the use of evidence-based practice in occupational therapy. He has published extensively in these areas, and has received several awards for his research. Dr. Harmon is a fellow of the American Occupational Therapy Association (AOTA) and a member of the American Psychological Association (APA).

Wayne Lindner is the Director for the Advanced Practice Doctorates (APD) in the School of Social Work at the State University of New York. He is a social work educator, researcher, and practitioner with over 30 years of experience in the field. He has published widely on topics such as social work education, professional identity, and social work practice. He is currently conducting a multisite study of college student-use of psychiatric medications. He has a new coauthored book (2013) with Oxford University Press: Qualitative Methods for Practice Research.

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Geraldine “Polly” Bednash, PhD, RN, FAAN, was appointed executive director of the American Association of Colleges of Nursing (AACN) in December 1989. In her role as Chief Executive Officer, Dr. Bednash oversees the educational, research, governmental affairs, publications, and other programs of the organization that is the national voice for baccalaureate and graduate-degree education programs in nursing – the nation’s largest health care profession. Representing more than 600 member schools of nursing at public and private institutions nationwide, AACN is the only national organization dedicated exclusively to furthering nursing education in America’s universities and four-year colleges.

Dr. Bednash currently serves as the chair of the Nursing Alliance for Quality Care, as a member of the Sullivan Alliance to Transform the Health Professions and is a member of the Quality Alliance Steering Committee. Additionally, she has been appointed to the Secretary’s Academic Affiliations Council of the Veteran’s Administration. She has served on multiple boards and commissions including the board of the Friends of the National Library of Medicine and the advisory board for the National Coalition of Ethnic Minority Nursing Associations scholars development project, and the advisory board for the National Center for the Analysis of Health Care Data. Her publications and research presentations cover a range of critical issues in nursing education, research, clinical practice, and legislative policy.

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Jerry Fleisch, PhD, Associate Professor, Director of DSW, Rutgers University School of Social Work, is a 1998 doctoral graduate of the University of Chicago School of Social Service Administration. He is the author of Meals, Money, and Menstrum: The Case Management of Severe Mental Illness, published by Columbia University Press (2002) and a recent NIMH K01 recipient (2004-2009) for training in and development of qualitative methods to study youth subjective experience of psychotropic treatment. His new book, with Jeffrey Longhofer and Paul Kolk, On Having and Being a Case Manager, builds on earlier work in this field by exploring a clinical method for case management practice. He is currently conducting a multisite study of college student use of psychiatric medications. He has a new co-authored book (2013) with Oxford University Press: Qualitative Methods for Practice Research.

Lisa Hartzoll, PhD, is Associate Dean for Student Affairs and Director of the Clinical Doctorate in Social Work (DSW) Program at the School of Social Policy & Practice. She has been at Penn since 1997, where in addition to her administrative responsibilities, she has taught courses on foundation social work practice, advanced clinical social work practice, social work practice with children and adolescents, and mental health diagnosis. Before coming to Penn, Dr. Hartzoll taught courses on clinical social work practice, human behavior, and social theory in the Masters of Social Work programs at Smith College and Bryn Mawr College. Before she began devoting all of her energies to higher education administration and teaching, Dr. Hartzoll was a practicing psychotherapist, providing therapy to children, adults, couples and families. Her scholarly and practice interests include mental health diagnosis, psychological trauma and dissociative disorders.

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Mary Jo Monahan, ACSW, LCSW, is Chief Executive Officer of the Association of Social Work Boards (ASWB), the nonprofit association of social work licensing bodies in the United States, the U.S. Virgin Islands, and Canada. Before joining ASWB, Monahan held various executive offices, including vice president of operations at Matthews Benefit Group, Inc. (2010-2013); president and CEO of ICON Institute of Florida, LLC, a professional training center and consultation business (2009-2013); and president and CEO of Family Service Centers, Inc., a $5.4 million social service agency (2003-2009). From 1991 to 1996 she served on the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling and was board chair in 1995 and 1996. She served on the national board of directors of NASW (1998-2001) and was president of its Florida chapter from 1998 to 1999. In 2012 she was president of the board of directors of the Florida Council Against Sexual Violence. Monahan was an adjunct professor in the University of South Florida’s school of social work for more than 22 years. She earned her MSW at the University of Wisconsin-Milwaukee.

David Patterson, PhD., is the Director, Clinical Doctorate Program and Professor at University of Tennessee, Knoxville. His research interests include treatment with groups, artificial neural networks and information technology applications in social work. Dr. Patterson has been at the college since 1991 and worked to launch the clinical doctorate program. He received the 2013 Chancellor’s Excellence Award in recognition of his extraordinary contributions to the public. For the past nine years, he has been studying the problem of homelessness, including directing the Knoxville Homeless Management Information System (KnoxHMIS), funded by the U.S. Department of Housing and Urban Development (HUD) as a web-based data system that logs information about the homeless and their needs as well as services provided to these individuals on an agency by agency basis.

Karen M. Sowers, PhD., was appointed Professor and Dean of the College of Social Work at the University of Tennessee, Knoxville in August 1997. She holds the position of Beaman University Professor for Research and Service at the University of Tennessee, Knoxville. As dean she oversees four academic programs (BSW, MSSW, PhD, DSW), several campuses and on-line programs, the Children’s Mental Health Services Research Center and the Social Work Office for Research and Public Service. She served as Director of the School of Social Work at Florida International University from June 1994 to August 1997 and as the Undergraduate Program Director of the School of Social Work at Florida International University from 1986 to 1994. She received her baccalaureate degree in Sociology from the University of Central Florida in 1974, the Master’s Degree in Social Work from Florida State University in 1977 and the PhD in Social Work from Florida State University in 1986. Dr. Sowers serves on several local, national and international boards. Dr. Sowers is nationally known for her research and scholarship in the areas of international practice, juvenile justice, child welfare, cultural diversity and culturally effective intervention strategies for social work practice, evidence-based social work practice and social work education. Her current research and community interests include evidence-based practice, mental health practice, international social work practice and juvenile justice practice. She has authored or co-authored numerous books, book chapters and refereed journal articles. She has served as a founding editorial board member of the Journal of Research on Social Work Practice, founding co-editor of Best Practices in Mental Health: An International Journal and is currently serving on the editorial boards of the Journal of Evidence-based Social Work: Arkansas in Practice, Programs, Research and Policy and Journal of Stress, Trauma and Crisis: An International Journal, Journal of Social Work Education, Journal of Global Social Work Practice, International Journal of Information Systems and Social Change, and Journal of Teaching in Social Work.
ABOUT THE SOCIAL WORK POLICY INSTITUTE

The Social Work Policy Institute was established in 2009 and is a division of the NASW Foundation. Its mission is:

- To strengthen social work’s voice in public policy deliberations.
- To inform policy-makers through the collection and dissemination of information on social work effectiveness.
- To create a forum to examine current and future issues in health care and social service delivery.

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ADVANCED PRACTICE DOCTORS
WHAT DO THEY MEAN FOR SOCIAL WORK
RESEARCH, AND EDUCATION

REPORT FROM AN INVITATIONAL THINK TANK

Convened by NASW, in collaboration with CSWE, BPD, ASWB, GADID, HADID, EGD, and EGD.