A Virtual Field Practicum: Building Core Competencies Prior to Agency Placement

Elizabeth S. Phillips, Gary J. Wood, Jane Yoo, Kristin J. Ward, Suh Chen Hsiao, Melissa I. Singh & Brittani Morris

Routledge
Taylor & Francis Group

Check for updates

A Virtual Field Practicum: Building Core Competencies Prior to Agency Placement

Elizabeth S. Phillips, Gary J. Wood, Jane Yoo, Kristin J. Ward, Suh Chen Hsiao, Melissa I. Singh, and Brittani Morris

ABSTRACT

Providing effective services to clients with increasingly severe challenges in an era of fiscal constraints calls for schools of social work to assume greater responsibility for preparing interns for clinical practice. This article describes a virtual field practicum (VFP), an online skill-building experience designed to meet this need and reports preliminary findings. The VFP employs client simulation and other experiential activities; its intent is to foster student acquisition of core competencies prior to agency placement. Longitudinal data were collected on VFP students and their traditional counterparts across 4 semesters. Results show that VFP students performed as well, if not slightly better, on competency measures than traditional students, suggesting that this model is a viable option for educators to consider.

In the current traditional internship model, well-meaning but often unprepared MSW students with widely disparate educational backgrounds offer the best of what they know to our most vulnerable populations. Within weeks of enrollment, students are behind closed doors interfacing with individuals who are presenting with ever more severe stressors and accompanying symptomatology (Wayne, Bogo, & Raskin, 2006). Although interns receive mandatory weekly supervision from qualified social workers, these professionals are often overworked or otherwise unavailable to provide students with consistent hands-on mentoring (Bogo, 2006; Bogo, Lee, McKee, Baird, & Ramjattan, 2016). Anxious students are left to struggle as they confront personal weaknesses and worry over their lack of preparedness (Gelman & Baum, 2010; Katz, Tufford, Bogo, & Regehr, 2014).

Sources of students' concern include working with difficult clients (i.e., those who are mandated to receive treatment, are resistant and lack motivation, or have serious and complex problems), feeling overwhelmed by the responsibility of being in the helping position, and being burdened by the fear they will make mistakes that cause actual harm (Gelman, 2004; Gelman & Baum, 2010; Gelman & Lloyd, 2008). Although most concerns do not generally interfere with students' ability to do well, the anxiety is experienced as distressing, and often these students turn to the school for help managing it (Gelman & Baum, 2010).

The accepted and preferred venue for teaching the application of clinical skills is in the agency, where where students put theory into practice and begin their journey as professional social workers. However, agencies cannot reasonably be expected to continue to meet this demand alone because agency resources for service delivery and training have become less available (Mirabito, 2012; Wayne et al., 2006). Diminishing resources because of several factors including the increased volume of clients in hospitals, an increase in the complexity of cases (Jewson, Felstead, & Green, 2015; Mirabito, 2012), staff shortages, fiscal constraints, downsizing, and demand for increased productivity (Wayne et al., 2006) have all placed an unreasonable burden on the agency's role as the educational host. A more realistic approach is for schools and agencies to more fully share the

responsibility to graduate practice-competent social workers using innovative models created to meet this need (Bogo, 2015; Gelman & Lloyd, 2008).

Those in social Work education have slowly been experimenting with curricular and training innovations that address some of these issues. Colby (2013) described a one-semester foundation and three-semester specialization model that included a 6-week practice lab prior to entering field practicum. The lab was designed to develop beginning-level professional interpersonal skills through role-play exercises. The ultimate goal of the new curriculum was to "create a paradigm that directly responded to the 2008 Educational Policy and Accreditation Standards (EPAS) expectation that graduate study prepare students for advanced practice" (Colby, 2013, p. 14). Qualitative feedback on curriculum implementation found, among other things, that students rated their experience of the practice lab and in-class simulations as an "extremely helpful" learning opportunity (Robbins, 2014, p. 745).

A related study used a "delayed entry model" (Katz et al., 2014, p. 98) in which students take a course in social work theory along with a practice laboratory where they learn interviewing skills prior to entering field. The latter course culminated in students' participation in an objective structured clinical examination adapted for social work, which consisted of a 15-minute interview with an actor who portrayed a situation commonly encountered by social workers. Reflecting on this model, students reported enthusiastically that there was no substitute for engaging in an actual interview as a means of preparing for practicum. Katz et al. (2014) asserted that it is to the students' advantage to begin building their repertoire of skills early in their education, preferably through the use of simulated experiences.

Additional reports of preparatory training and simulation include attempts at increasing students' communication skills through a semester-long practice course on motivational interviewing (Hohman, Pierce, & Barnett, 2015). The investigators reported significant posttest results in their measures of communication, and argued that this can also help students to feel more confident and competent as they begin their internships. On a related dimension, a report described engaging colleagues who pose as clients and using this simulation learning strategy as an opportunity for students to work with a live person prior to their field placement (Byrd & Bivens, 2011).

The use of standardized, or simulated, clients has been advocated by Carter, Bornais, and Bilodeau (2011) as an effective means to promote student confidence and build counseling skills. Used interchangeably, the terms *standardized* and *simulated* refer to lay persons or actors who present with certain symptoms and are evaluated and treated by novice practitioners (Badger & MacNeil, 2002; Duckham, Huang, & Tunney, 2013; Logie, Bogo, Regehr, & Regehr, 2013; Miller, 2004; Rogers & Welch, 2009). Although similar to peer role plays, the use of client simulation has distinct advantages. First, it contains a measure of control in that it allows educators to write scripts for situations that are typical for the profession. Second, interviews generally are conducted in formal sessions under the supervision of an instructor who is available for immediate feedback. Third, actors provide a high measure of realism that helps students take the practice seriously. Finally, in this simulated environment where actors present with life-changing crisis situations, students can experiment and take risks without the threat of causing harm.

This article describes the development and contents of a virtual field practicum (VFP), an elaborate simulation and skill-building course that is built on some of the curricular and training innovations mentioned earlier. The VFP model is explained, its components detailed, and preliminary evaluative findings are presented.

The VFP model

The VFP is an online hybrid model consisting of synchronous and asynchronous components (see Table 1). *Synchronous* is defined as the portion of the course students and instructor spend together in live class time, with full real-time audio and video connection. There are two 2-hour synchronous sessions each week. *Asynchronous* is the portion of the course where students work independently. They

Table 1. Synchronous and asynchronous components of the virtual field practicum.

Synchronous (Live Class Time) Activities Two hours two times a week (4 hours total per week)	Asynchronous (Independent) Activities About 12 hours per week
• 13 sessions with simulated client • Training in three evidence-based interventions: • motivational interviewing • Problem-solving therapy • Cognitive behavioral therapy • Faculty and peer-to-peer feedback • Discussion of asynchronous components	• Observing videos related to evidence-based interventions • Clinical risk factors • Ethical dilemmas • Empathy training • DSM-5 training • Case management • Evidence-based search strategies • Self-care strategies • Community activism • Documentation

Note. DSM-5=Diagnostic and Statistical Manual of Mental Disorders (5th ed.).

are expected to spend roughly 12 hours per week engaged in a variety of activities, from viewing preproduced video content paired with accompanying interactive exercises to gathering community resources for their case management clients. The synchronous and asynchronous content function as two complementary components—two halves of a whole—for the week. Instructors monitor students' online progress in the asynchronous exercises, read and sometimes comment on their responses to embedded questions, and thereby gain a preview of students' understanding and points of confusion prior to the synchronous session. The VFP replaces the first semester of agency-based internship and is followed by a three-semester placement at a single agency. Students earn 210 of the required 1,000 internship hours for graduation through completing the VFP.

Synchronous components

Synchronous activities include discussions of the asynchronous content and other topics typically covered in clinical supervision. It is where students practice evidence-based intervention skills using peer role plays and where, subsequently, they apply these skills with the simulated client.

Simulated client sessions

The use of a simulated client is at the heart of the VFP. This work gives each student the opportunity to test his or her burgeoning professional self as a listener, helper, and the holder of feelings. Beginning the third week of the semester, our client, played by a professional actor, enters the virtual classroom in full character. He plays a twentysomething veteran of the air force who is struggling to adapt to civilian life. He ad-libs from a faculty-developed script that provides students with myriad situations and emotional upheavals to help increase their clinical skills.

Each week, 5 of 10 (maximum) students work one at a time with the client for about 12 minutes each. The five who are standing by that week are paired with the workers and serve as coaches. When working students are stuck, they can send private messages to their coaches and ask for help. During this time, students conduct a thorough psychosocial assessment, then practice the engagement skills of motivational interviewing as well as other evidence-based interventions as deemed appropriate. Immediately following each session, the instructor provides corrective feedback in a group supervision format.

Evidence-based intervention training

About 90 minutes a week are devoted to live-time training in motivational interviewing, problem-solving therapy, and cognitive behavioral therapy. Students are expected to view a series of faculty-developed videos prior to the live sessions and come to class ready to practice. They begin with motivational interviewing as early as Week 1, which is 2 weeks prior to meeting their simulated client. Through role-play exercises they learn the skills of empathic reflection and summarization,

how to ask open-ended questions, and how to view client's ambivalence about change as normal and universal (Miller & Rollnick, 2013).

Training in problem-solving therapy occurs next, usually during Weeks 5 through 7. This follows naturally on the heels of motivational interviewing as students new to counseling can be eager to treat their client once rapport is built. This evidence-based intervention teaches students that it is the client's role to identify the problem, select a goal, and brainstorm options to reach that goal (Nezu & D'Zurilla, 2007). Students are then trained in core elements of cognitive behavioral therapy. This training is more general in that it introduces concepts that can be applied to various age groups and situations. Through peer role-plays students learn how to recognize and modify self-defeating thoughts and beliefs. They also practice techniques borrowed from trauma-focused cognitive behavioral therapy tailored for children and adolescents, including how to identify emotions and apply cognitive coping strategies (Cohen, Mannarino, & Deblinger, 2006).

Asynchronous components

The asynchronous components include video and written simulation activities that feature clients and social workers from diverse racial, cultural, age, gender identity, and disability backgrounds. Key components include exercises in managing clinical risks and ethical dilemmas, training in *Diagnostic and Statistical Manual of Mental Disorders* (2013, *DSM-5*) assessment and diagnosis, and navigating evidence-based intervention clearinghouses. Students follow two virtual clients who require assistance from local resources. They engage in interactive exercises to develop empathic communication skills and practice self-care strategies that can be applied to themselves and their clients. As one of the developers is fond of saying, "The VFP contains everything you wish you could cover in a practice course but don't have the time for" (G. Wood, personal communication, October 14, 2014).

Clinical risk factors

Spanning 11 weeks of the semester, students are presented with a series of vignettes that illustrate a situation with a high potential for risk. Each week students are guided through a systematic risk assessment requiring them to identify (a) the facts of the case as presented, (b) the questions to be asked to complete an assessment, (c) the risks as the student understands them, and (d) the steps to be taken to protect the safety and well-being of the client and others in the case. Students must complete each of the four steps individually. This weekly repetition is designed to help students internalize a routinized risk appraisal format. Each vignette is presented in video. The following are some examples:

> 1. A moody adolescent is preoccupied with exercise and weight loss, and is only minimally communicating with his parents.

> 2. The parents of a 5-year old girl are divorced. The mom's boyfriend has recently moved in and has taken on some of the parenting duties. Although this has been received eagerly by her older sibling, the 5-year old has become uncharacteristically clingy toward the mother and appears frightened to go to school.

> 3. An adult daughter who was neglected by her mother as a child is expected to care for her now disabled mother. She expresses overt resentment at being placed in this position.

Ethical dilemmas

In addition to learning how to identify and respond to clinical risk factors, students are challenged to navigate the gray areas inherent in ethical dilemmas. Each week for 14 weeks they are presented with a video scenario that illustrates a potentially compromising situation facing a counselor, for example:

> 1. A social worker is making a home visit to a 14-year-old Latina client who is taking care of her family while her mother recovers from surgery. As the social worker prepares to leave, the mother invites her to stay for lunch and sets out a well-prepared meal.

2. A social worker in a mental health setting is helping clients reduce barriers to employment. An unemployed house painter begins treatment, and the social worker solicits his professional opinion about a quote for a project. Then the social worker contemplates asking the client to work on a personal project for him.

3. A first-year intern who formerly spent time in the foster care system is now placed at an urban public elementary school. She is concerned that one of the students who is currently in foster care is underperforming in the classroom and is socially isolated. The intern has taken a special interest in him and has promised to buy him new sneakers.

4. A social worker works at an outpatient clinic in a small town near her home. She makes a friend in an evening Spanish class, and they start to spend time together. In conversation, the friend talks about her older sister who is going through a divorce. The story sounds familiar to the social worker, and she eventually figures out that her new friend's sister is her client. Meanwhile, the friend suggests they connect on Facebook.

At the end of each scenario, the social worker turns toward the camera and asks the student for advice on how to handle the situation. The students post their responses on the virtual platform and later discuss these as a group during face-to-face time.

Case management

Over the semester, students are introduced to two case management clients through a series of written vignettes. The students assume that the clients reside in the city, town, or community where they will be practicing. Students' assignments are to develop and coordinate services and resources, and to advocate for the client systems as needed. Through this process, students begin to discover assets and obstacles in their own communities. The following is a brief description of the clients:

(1) Mr. Fuller is a 73-year-old African American who resides alone in a mobile home. He is struggling with daily living tasks and has demonstrated reduced capacity for memory and self-care. He is resistant to support from his family and landlord but presents with significant impairments for independent living.

(2) Jenny Solis is a first-generation Latina mother who lives with her 18-month-old son in a homeless shelter. Her mother was deported to Mexico, and Jenny fears the same fate for herself. She was a child when she came to the United States and has never begun the steps toward citizenship. She would like to get a job but is worried her illegally obtained Social Security card will expose her to arrest and deportation.

Evidence-based intervention searches

Beyond the three evidence-based interventions (motivational interviewing, problem-solving therapy, and cognitive behavioral therapy), students are exposed to a variety of population and situation-specific intervention models. Given the broad and changing menu of empirically supported interventions, competent practitioners need to develop online search skills when selecting best-fit interventions (Kayser, Bowers, Jiang, & Bussey, 2013). Over the course of the semester, VFP students encounter 10 vignettes that describe individuals and family systems in need of assistance. Students must search various evidence-based treatment clearinghouses (e.g., the California Evidence-Based Clearing House for Child Welfare [http://www.cebc4cw.org/] and Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices [https://www.samhsa.gov/nrepp]), select a first- and second-choice intervention, and present a rationale for why they selected the interventions. This process exercises students' critical thinking skills, increases their familiarity with a wide range of intervention methods, and lays a foundation for formulating comprehensive treatment plans.

DSM-5 training

In the *DSM-5* (2013) units, students first are provided overviews on the purpose and rationale of diagnosis and the mental status exam and then are guided through specific sections of the

manual, which include Schizophrenia Spectrum and Other Psychotic Disorders; Bipolar and Depressive Disorders; Anxiety, Obsessive-Compulsive, Trauma/Stress Disorders; Substance, Addictive, Impulse-Control, and Conduct Disorders; Personality Disorders and Other Conditions That May be a Focus of Clinical Attention; and Neurodevelopmental, Feeding and Eating, and Elimination Disorders.

The overall strategy of the *DSM-5* (2013) units is to segment the manual into small digestible chunks and provide students with opportunities to make differential diagnoses, first in the section they are learning about and ultimately across all units they have encountered. Each unit starts by providing students with a short video overview of the section and is followed by introducing a caseload of clients whom students will diagnose by the close of the unit. Students are then instructed to read (offline) specific subsections of the *DSM-5* pertaining to groups of diagnoses before returning to a series of self-checks and exercises designed to strengthen familiarity and differentiation of diagnostic criteria. Students then return to their caseloads, are provided with more detailed histories, and are prompted to choose a final question to ask prior to making their diagnosis. The available client history was purposefully constructed to require additional information to definitively make an accurate diagnosis without guessing. Students must apply the *DSM-5* criteria precisely to recognize and then ask the remaining essential question that is needed prior to making a correct diagnosis.

Empathy training

Empathy training develops a sequence of skills spanning three interrelated areas. Students are first directed to examine their own affective states while listening to a client. Second, they are prompted to imagine the feeling state of the client and why the client may be feeling so. Last, they choose between making empathic responses, which communicate an understanding of the client's current feelings and circumstances, or other nonempathic comments, such as giving advice. To accomplish this, empathy training uses video vignettes that provide students with experience in responding to emotionally distraught clients in a low-pressure simulation environment, and it provides them with the opportunity to reflect on their responses (Kleinsmith, Rivera-Gutierrez, Finney, Cendan, & Lok, 2015).

The VFP employs a series of five interactive vignettes that show clients talking directly to students about difficult situations. For instance, the spouse of a returning veteran shares how it feels to have her husband changed by his experience in Afghanistan. After speaking for a couple of minutes, the client pauses, and an instructor appears on screen and asks the following:

> Listening to this client, how are you, the clinician, feeling? Scan your body; what emotion does her statement begin to raise in you? What do you think your client may be feeling? Do you think there might be hidden feelings? Why do you think so, and what would they be?

The student posts responses to these questions and then continues. The vignette leads to an important juncture that requires a response from the student. The client says, "It's like I'm walking on eggshells all the time. If I show even the slightest bit of frustration, he has a temper tantrum. So what I do is try to keep everything as chill as possible." The student is then asked to select one of three possible responses:

> Response 1. When something bothers you, you feel like you have to suck it up. It's like you're not safe to be real, to be honest.
> Response 2. But if you don't speak up for yourself, how's he going to know how you feel?
> Response 3. The best thing you can do for the both of you is to get him some help. I know a counselor who's very good with veterans. Your husband's not going to get better on his own.

Students choose the response they believe is best and then observe how the client reacts to each of the three possible worker responses. This allows students to see the different consequences resulting

from making either an empathic response or a less helpful response, such as giving advice. For example, following Response 1, the client continues to disclose more deeply, whereas following Response 3, she responds with a mildly defensive statement.

Community activism

In Weeks 13 through 15 students are required to study two classic documentaries: *Holding Ground: The Rebirth of Dudley Street* (Lipman & Smith, 1996) and its sequel, *Gaining Ground: Building Community on Dudley Street* (Lipman & Mahan, 2013), which follow the residents of the Dudley Street community in Roxbury, Massachusetts. After viewing the first film, students are asked to reflect on what the various roles of social workers might be who serve this community: Whether you might be working at a health clinic, school, or youth center, how do you think the community environment would affect your clients, and what should social workers do to respond? Then students are asked to post their thoughts. They are next asked to consider the city, town, or area where they reside, look for structural inequities that are perhaps similar to those experienced in the Dudley Street community, and suggest what social workers could do to improve conditions.

After viewing *Gaining Ground* (Lipman & Mahan, 2013), students are asked the following: Having now seen the Dudley Street neighborhood evolve and mature, what are your thoughts about how you as a social worker—no matter what area you intend to focus on—can play a role in community development? Whether you intend to work mostly at the micro-, mezzo-, or macro-level, make a forum post about how you think you could become involved in community development in your own community.

Self-care

Starting Week 7 and extending through Week 13, students spend 20–30 minutes per week learning strategies intended not only to benefit themselves but to add to their toolbox of client interventions. Prerecorded videos showcase a faculty member who is expert in the field of wellness, relaxation, and mindfulness. Each week she provides psychoeducation regarding a particular technique and guides the students through their own practice of the exercise. When it is over, students post comments on their response to the experience. This self-care series covers the following techniques: deep breathing, progressive muscle relaxation, autogenic training, guided imagery, shaking (an active meditation technique), and mindfulness.

Documentation

A requirement of virtually every clinical social worker in real-life situations is to document worker-client interactions, not only for purposes of reimbursement but also to hold the clinician accountable for the interventions and services provided (Mirabito, 2012). Following each simulation session, VFP students (working students and coaches) complete a progress note in which they describe the client's goal, the intervention, the client's response to the intervention, and the plan for the next session. Students receive instruction on how to write clearly and concisely, using objective, behavioral descriptors.

Students also complete a weekly reflective learning tool, similar to a process recording, where they reflect on and identify their own experiences during the session, imagine what the client is experiencing, and specify the skills they used. Students identify client strengths, cultural factors, and discuss any legal and ethical issues evident in the session.

Methods

Purpose

An initial evaluation study of the VFP assessed the extent to which students in the VFP had different competency outcomes from those in a traditional field model (traditional) who were not involved in

the VFP. Our study questions were (a) To what extent are the trajectories of competency development different for students in the VFP model and those in the traditional model? and (b) Are there differences in core competencies at each assessment point between students in the VFP model and those in the traditional model?

Design

The study employed a longitudinal quasi-experimental design with two nonequivalent existing groups of students and four measurement points. The two groups were formed based on whether students were matriculating in the campus (traditional students) or the online (VFP students) program. All students were assessed at the close of each of their four semesters of field practicum as part of their standard academic assessment for the program. As shown in Figure 1, VFP students started with the VPF in Semester 1 and then completed three consecutive semesters at a single agency. Traditional students spent the first two semesters at one agency then Semesters 3 and 4 at a second agency.

Sample

The sample was drawn from MSW students attending one of two programs in a large school of social work: a traditional on-campus program and a distance-learning program. Traditional students in the on-campus program had field placements in urban and suburban settings. VFP students in the distance-learning program resided in urban, suburban, and rural communities across all regions of the United States. The curriculum for both programs begins with generalist study and proceeds to advanced study in specialized areas. Specialization may be by population (adults vs. children and youths) or by level of practice (micro, mezzo, macro). Field placements align with the students' advanced areas of study and include either clinical or macro settings, depending on a student's specialized area.

The sample included 100 VFP students (enrolled in the distance-learning program) and 520 traditional students (enrolled in the on-campus program) in field placements during 2013 and 2014. Table 2 displays the gender and ethnic makeup of VFP and traditional students, as well as the average grade point average (GPA) for both groups. Analyses of student demographic data revealed only two statistically significant differences between the cohorts with regard to race and ethnicity, χ^2 (4)=38.37, p=.001, and GPA in the graduate program, t(568)=1.99, p=.008. The VFP students had an
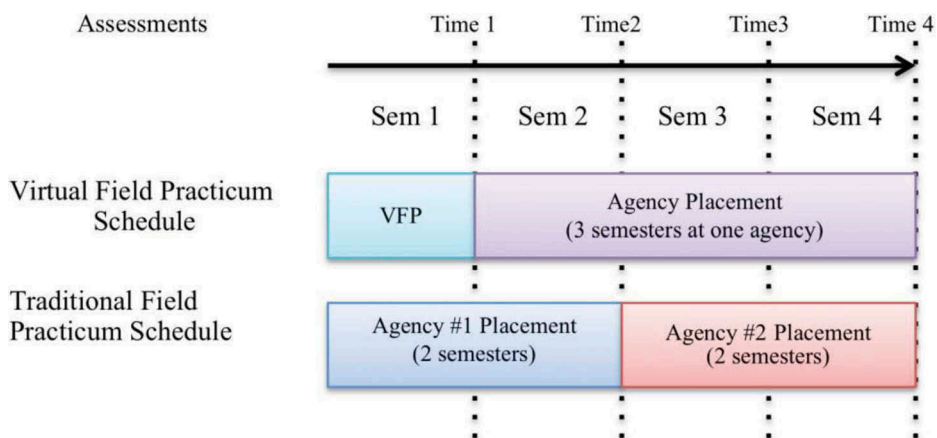

Figure 1. Virtual field practicum and traditional schedules and assessments.

Table 2. Demographic characteristics of virtual field practicum and traditional students.

	Virtual Field Practicum (*n*=100)	Traditional (*n*=520)
Race		
African American	27 (27%)	61 (12%)
Asian or Pacific Islander	8 (8%)	68 (13%)
Caucasian	44 (44%)	152 (29%)
Latino or Latina	12 (12%)	173 (33%)
Native American	5 (5%)	6 (1%)
Unknown	4 (4%)	60 (12%)
Gender		
Male	16 (16%)	93 (18%)
Female	84 (84%)	425 (82%)
Unknown	0 (0%)	2 (<1%)
Grade point average		
Mean *(SD)*	3.72 (.25)[a]	3.64 (.31)

[a]Grade point average was not available for 48 students in the virtual field practicum group.

average 3.64 GPA compared to an average 3.72 GPA for traditional students. The traditional cohort also had a greater proportion of Asian and Latino students and a smaller proportion of Caucasian and African American students than the VFP cohort. From a practical significance perspective, these differences are unlikely to account for differences in skills development during the field practicum.

Measures

Students in the VFP and traditional cohorts were assessed by their field instructors at the end of each semester. A Comprehensive Skills Assessment Form was used by all field instructors to rate their students in 10 competencies: professionalism, ethics, thinking and judgment, cultural competency, social justice, evidence-based practice, person in environment, policy, current trends, and practice skills. These competencies were aligned with the *Educational Policy and Accreditation Standards* of the Council on Social Work Education (CSWE, 2008).

The same form was used by all field instructors, resulting in four repeated measures of competency. However, different field instructors completed the same form for each student depending on the semester. For the VFP model, students were rated by their field practicum instructor in the first semester. In the second, third, and fourth semesters, these same students were rated by a different field instructor because of their placement in an agency. For the traditional model, students were rated by one field instructor for the first two semesters at one agency and then by another field instructor for the remaining semesters at another agency.

The rating scores on the form ranged from 1 to 4, with a higher score denoting greater competency. Cronbach's alpha for each set of items per competency ranged from .90 to .98, indicating good internal consistency of the items used to measure competency.

Data analysis

Data for the VFP and traditional cohorts were analyzed using two software programs for two different purposes. To answer the first study question, we used Hierarchical Linear and Nonlinear Modeling (HLM; Version No. 7.01) as an omnibus test of differences in competency ratings over time between the VFP and traditional cohorts. HLM is an ordinary least-square regression-based analysis in which hierarchically structured data are nested data where groups of units are clustered together (Raudenbush & Byrk, 2002). For our analysis, we used longitudinal data on competency ratings to nest time in students.

We also used IBM SPSS Statistics (Version No. 22.0) for descriptive analyses and bivariate statistics. To answer the second study question, we used independent samples *t* tests to examine

differences in competency ratings between the VFP and traditional cohorts. The *t* test analysis was conducted separately for each measurement point to examine whether the two cohorts had different competency ratings at each point in time. The *t* test can handle differences in sample sizes because it takes into account the standard error of the estimates of mean competency ratings for each group. Moreover, there were no violations of assumptions about normality and homogeneity of variance for our analysis, making the *t* test an appropriate analysis for our study question and methods (Colwell & Carter, 2012; Tabachnick & Fidell, 2007). Further, since multiple independent *t* tests were conducted for each time period, the Bonferroni correction was used to control the familywise error rate using R, an open-source statistical package (https://www.r-project.org/). Uncorrected *p* values for each *t* test were used to obtain Bonferroni-corrected *p* values. With the new *p* values, we used α=0.05 to determine significance for each competency in each time period. Furthermore, for the independent *t* tests, we used R to calculate Hedge's *g* to obtain effect sizes weighted according to the relative size of each sample (Grissom & Kim, 2005).

Results

The test of our longitudinal growth curve model comparing competency ratings of VFP and traditional cohorts over four points in time indicates a significant difference in change across time between the study groups for five competencies: professionalism (*p*=.030), ethics (*p*=.023), thinking and judgment (*p*=.006), cultural competency (*p*=.006), and evidence-based practice (*p*=.006). Table 3 displays the coefficients and standard errors for α_{01}. For these five competencies, the trend in the VFP group is significantly different from that of the traditional group, and the negative effect suggests that the VFP group is expected to grow less than the traditional group. Using professionalism as an example, the interaction between group membership and time was statistically significant and negative (*b*=-.066, *p*=.030), indicating significantly different growth trajectories in professionalism between the groups. After each semester, VFP students were expected to increase .066 less than traditional students in the professionalism competency, so that after four semesters, VFP students were expected to increase in professionalism competency scores about .2 points less than traditional students from the first to fourth semester.

As shown in Figure 2–11, across all competencies the VFP group started at higher mean scores at Time 1 and ended at the same or slightly higher mean scores as the traditional group at Time 4. The VFP group's growth was less (negative) compared to that of the traditional group, although the upward trend was steady. In contrast, the traditional group's growth trend was less gradual. There was growth from Time 1 to Time 2, but mean scores dipped at Time 3 (at which point the traditional group started a new agency-based placement). By Time 4, growth was seen again. The traditional group started at lower mean scores at Time 1 and ended at the same or slightly lower mean scores as the VFP group at Time 4.

Table 3. Results of HLM analysis of time by group effect.

Competency	Coefficient	Standard Error	*T*	Significance
1. Professionalism	-.066	.030	-2.17	.030*
2. Ethics	-.068	.030	-2.27	.023*
3. Thinking and judgment	-.095	.035	-2.74	.006*
4. Cultural competency	-.083	.030	-2.76	.006*
5. Social justice	-.048	.031	-1.54	.124
6. Evidence-based practice	-.079	.036	-2.23	.026*
7. Person in environment	-.006	.031	-0.20	.838
8. Policy	.027	.039	.69	.491
9. Current trends	-.011	.037	-.31	.758
10. Practice skills	-.088	.032	-2.80	.005*

Note. HLM=Hierarchical Linear and Nonlinear Modeling.
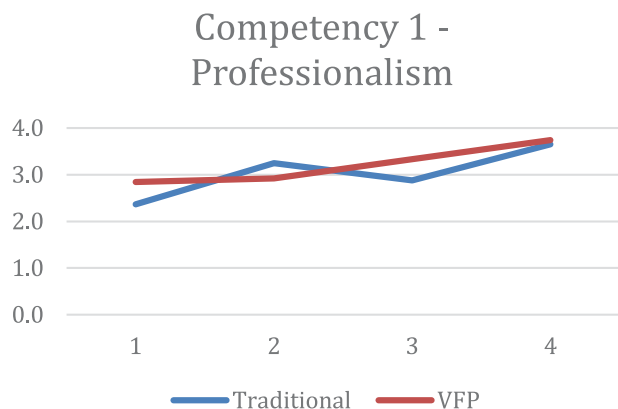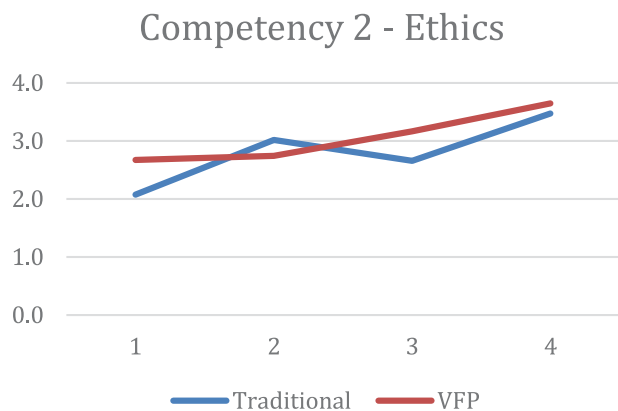*Statistically significant at or below *p*=.05.

Competency 1 - Professionalism

Figure 2. Competency 1: Professionalism.

Competency 2 - Ethics

Figure 3. Competency 2: Ethics.
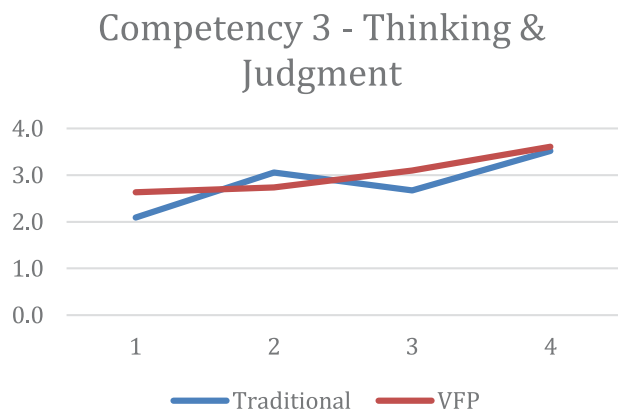
Competency 3 - Thinking & Judgment

Figure 4. Competency 3: Thinking and judgment.

After using HLM as an omnibus test of differences in competency ratings, we used independent t tests to examine group differences in competency ratings at each point of measurement. There were significant differences in mean competency scores between the VFP and traditional groups at each
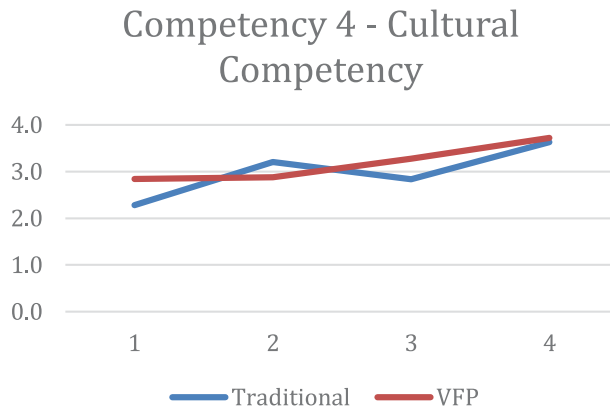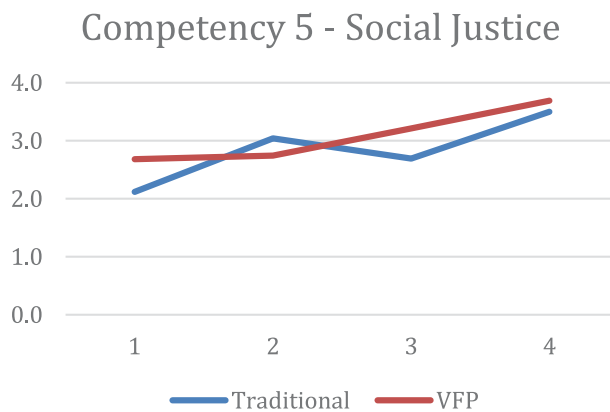
Figure 5. Competency 4: Cultural competency.

Figure 6. Competency 5: Social justice.

Figure 7. Competency 6: Evidence-based practice.
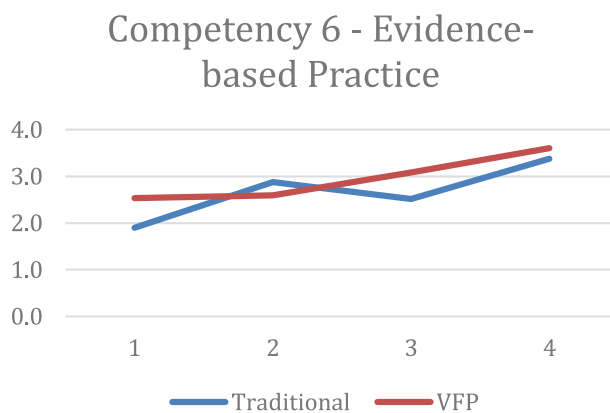
measurement point. Tables 4 through 7 present the results of independent *t* tests for each measurement: Time 1 (Semester 1), Time 2 (Semester 2), Time 3 (Semester 3), and Time 4 (Semester 4).

At Time 1 the VFP group had significantly higher ratings for every competency (*p*=.001). As presented in Table 4, the effect sizes for 8 of the 10 competencies were large, and none of the 95%

Competency 7 - Person in Environment
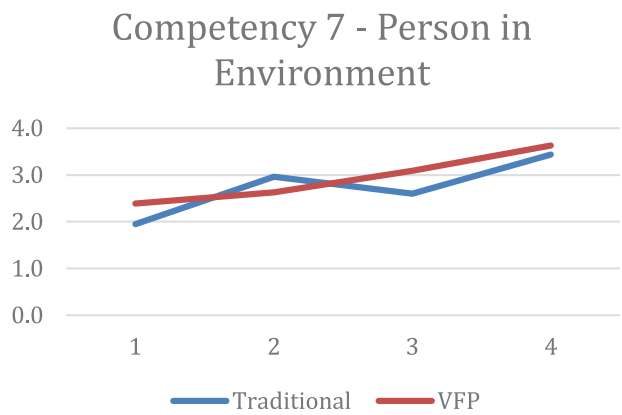
Figure 8. Competency 7: Person in environment.

Competency 8 - Policy

Figure 9. Competency 8: Policy.

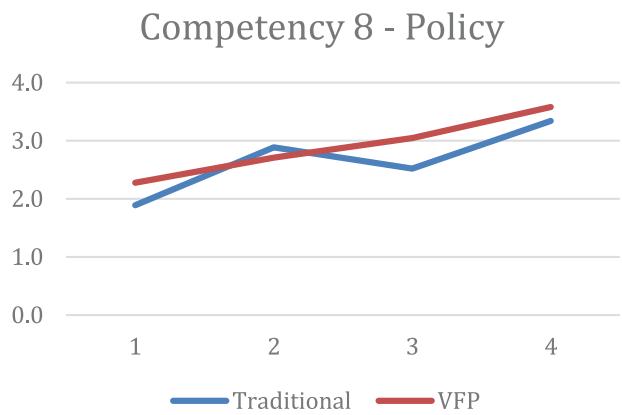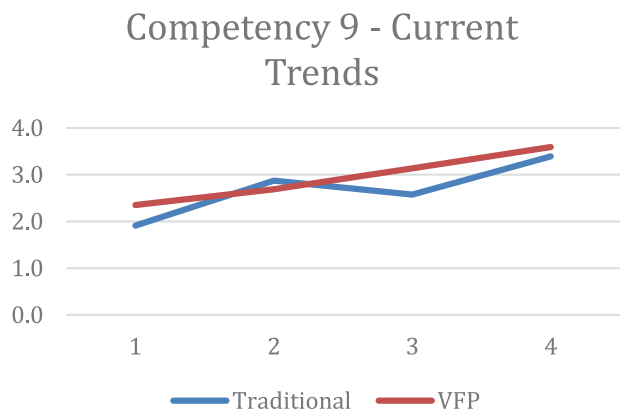## Competency 9 - Current Trends

Figure 10. Competency 9: Current trends.

confidence intervals for the difference in means contained zero (that is, the risk of making an error when stating that the two groups have difference means is very low). By Time 2, at which point the VFP group had completed the first semester of its agency-based placement and the traditional group
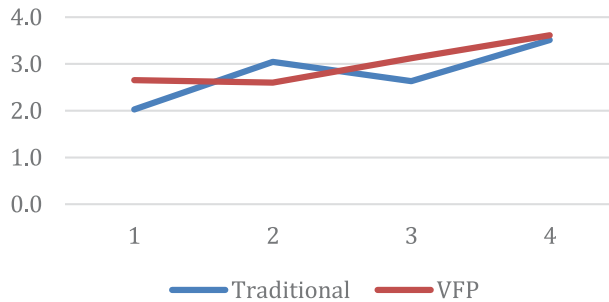
Competency 10 - Practice Skills

Figure 11. Competency 10: Practice skills.

Table 4. Independent *t*-test results for Time 1.

Competency	Group	Mean (SD)	t (df)	Bonferroni-Adjusted p Values	95% CIs of the Difference Lower	Upper	Hedge's g Effect Size
1. Professionalism	VFP (*n*=98)	2.84 (.66)	-7.42 (615)	<.001*	-.61	-.35	-0.8163
	Traditional (n=519)	2.37 (.57)					
2. Ethics	VFP (*n*=98)	2.67 (.55)	-9.92 (611)	<.001*	-.72	-.48	-1.092
	Traditional (*n*=515)	2.08 (.55)					
3. Thinking and judgment	VFP (*n*=98)	2.63 (.58)	-9.12 (613)	<.001*	-.66	-.42	-1.004
	Traditional (*n*=517)	2.09 (.53)					
4. Cultural competency	VFP (*n*=98)	2.84 (.57)	-9.34 (614)	<.001*	-.68	-.44	-1.028
	Traditional (*n*=518)	2.28 (.54)					
5. Social justice	VFP (*n*=89)	2.68 (.54)	-8.86 (598)	<.001*	-.69	-.44	-1.016
	Traditional (*n*=511)	2.12 (.56)					
6. Evidence-based practice	VFP (*n*=98)	2.53 (.55)	-10.79 (609)	<.001*	-.75	-.52	-1.188
	Traditional (*n*=513)	1.90 (.53)					
7. Person in environment	VFP (*n*=98)	2.39 (.50)	-8.03 (133.62)	<.001*	-.55	-.33	-0.9034
	Traditional (*n*=518)	1.95 (.48)					
8. Policy	VFP (*n*=78)	2.28 (.67)	-4.89 (93.23)	<.001*	-.55	-.23	-0.7035
	Traditional (n=484)	1.89 (.53)					
9. Current trends	VFP (n=84)	2.35 (.73)	-5.21 (103.51)	<.001*	-.61	-.27	=0.703
	Traditional (*n*=486)	1.91 (.60)					
10. Practice skills	VFP (n=94)	2.65 (.53)	-11.34 (577)	<.001*	-.74	-.52	-1.276
	Traditional (*n*=485)	2.03 (.48)					

Note. VFP=virtual field practicum.
*Statistically significant at or below *p*=.05.

had completed the second semester of its agency-based placement, the trend reversed with the traditional group having significantly higher ratings (*p*=.008 to *p*=.001) for all but two competencies: policy and current trends. Overall, the effect sizes weakened in Time 2; as shown in Table 5, most

Table 5. Independent *t*-test results for Time 2.

Competency	Group	Mean (SD)	t (df)	Bonferroni-Adjusted p-Values	95% CIs of the Difference Lower	95% CIs of the Difference Upper	Hedge's g Effect Size
1. Professionalism	VFP (n=93)	2.92 (.69)	5.15 (585)	<.001*	.20	.45	0.5817
	Traditional (n=494)	3.25 (.53)					
2. Ethics	VFP (n=89)	2.74 (.64)	3.92 (105.89)	.002*	.14	.42	0.5565
	Traditional (n=492)	3.02 (.47)					
3. Thinking and judgment	VFP (n=92)	2.74 (.68)	4.25 (108.50)	<.001*	.17	.46	0.6093
	Traditional (n=494)	3.05 (.48)					
4. Cultural competency	VFP (n=91)	2.88 (.64)	4.70 (107.07)	<.001*	.19	.47	0.6777
	Traditional (n=494)	3.21 (.45)					
5. Social justice	VFP (n=90)	2.74 (.70)	3.85 (103.14)	.002*	.14	.45	0.5907
	Traditional (n=486)	3.04 (.45)					
6. Evidence-based practice	VFP (n=90)	2.59 (.76)	3.46 (104.19)	.008*	.12	.45	0.5173
	Traditional (n=494)	2.88 (.51)					
7. Person in environment	VFP (n=91)	2.63 (.66)	4.79 (104.34)	<.001*	.20	.48	0.7151
	Traditional (n=494)	2.96 (.43)					
8. Policy	VFP (n=87)	2.71 (.72)	2.22 (102.04)	.290	.02	.34	0.3276
	Traditional (n=477)	2.89 (.51)					
9. Current trends	VFP (n=82)	2.69 (.71)	2.21 (97.47)	.293	.02	.35	0.3218
	Traditional (n=476)	2.87 (.54)					
10. Practice skills	VFP (n=73)	2.60 (.63)	5.84 (82.21)	<.001*	.30	.60	0.9683
	Traditional (n=490)	3.05 (.43)					

Note. VFP=virtual field practicum.
*Statistically significant at or below *p*=.05.

effect sizes were medium, with one competency, practice skills, having a large effect size. Again, none of the 95% confidence intervals for the difference in means contained zero, but two competencies (policy and current trends) approached zero, and as noted previously, there was no significant difference between the groups on ratings in those competencies. At Time 3, the VFP group had completed the second semester of agency-based placement, and the traditional group entered and completed its third placement semester at a second agency-based placement. Mean score differences between the groups were significantly different again for all competencies (*p*=.001), with the VFP group having higher mean scores. As shown in Table 6, effect sizes were large for all 10 competencies, and none of the 95% confidence intervals for the difference in means contained zero. By Time 4, at which point both groups continued their placements from the prior semester, the mean differences diminished again. The VFP group, on average, had higher mean scores for every competency and had significantly higher mean scores in the following competencies: social justice (*p*=.046), evidence-based practice (*p*=.023), and policy (*p*=.014). However, as shown in Table 7, the effect sizes were small for all competencies except one, policy. Four of the 95% confidence intervals for the difference in means contained zero, indicating no significant difference in scores between groups.

Discussion

The intent of the VFP is to provide students with a set of experiences that build competencies before they go into the field. Our rationale for designing this virtual practicum arose out of a concern that

Table 6. Independent *t*-test results for Time 3.

Competency	Group	Mean (SD)	t (df)	Bonferroni-Adjusted p-Values	95% CIs of the Difference Lower	95% CIs of the Difference Upper	Hedge's g Effect Size
1. Professionalism	VFP (n=40)	3.33 (.53)	-5.30 (458)	<.001*	-.63	-.29	-0.8748
	Traditional (n=420)	2.87 (.52)					
2. Ethics	VFP (n=40)	3.16 (.59)	-5.90 (455)	<.001*	-.68	-.34	-0.9747
	Traditional (n=417)	2.66 (.51)					
3. Thinking and judgment	VFP (n=42)	3.10 (.61)	-5.09 (460)	.001*	-.58	-.26	-0.8224
	Traditional (n=420)	2.67 (.50)					
4. Cultural competency	VFP (n=41)	3.27 (.56)	-4.83 (46.28)	<.001*	-.63	-.26	-0.8755
	Traditional (n=419)	2.83 (.50)					
5. Social justice	VFP (n=38)	3.21 (.61)	-5.77 (448)	<.001*	-.70	-.35	-0.976
	Traditional (n=412)	2.69 (.53)					
6. Evidence-based practice	VFP (n=42)	3.08 (.62)	-6.69 (459)	<.001*	-.74	-.40	-1.08
	Traditional (n=419)	2.51 (.52)					
7. Person in environment	VFP (n=41)	3.09 (.59)	−-.76 (459)	<.001*	-.66	-.32	-0.9402
	Traditional (n=420)	2.60 (.51)					
8. Policy	VFP (n=40)	3.05 (.60)	-5.92 (445)	<.001*	-.70	-.35	-0.9786
	Traditional (n=407)	2.52 (.53)					
9. Current trends	VFP (n=37)	3.14 (.55)	-5.48 (451)	<.001*	-.76	-.36	-0.939
	Traditional (n=416)	2.58 (.60)					
10. Practice skills	VFP (n=38)	3.12 (.57)	-5.93 (438)	<.001*	-.66	-.33	-1.005
	Traditional (n=402)	2.63 (.48)					

Note. VFP=virtual field practicum.
*Statistically significant at or below *p*=.05.

many new MSW students feel ill equipped to respond to the plethora of compelling issues presented by their clients and that overstretched agency personnel, including field instructors, may not have the training structures in place to attend to these concerns. Our initial evaluation study sought to conduct a preliminary assessment of VFP students' competency levels compared to their traditional student counterparts.

Our first study question examined the extent to which the trajectories of competency development were different for students in the VFP model and those in the traditional model. We found statistically significant differences in the growth trajectories on 5 of the 10 competencies across the four time points, with VFP student increases being less than those of traditional students. However, the VFP student group was significantly higher at the first time point, suggesting greater growth may have occurred for them during the first semester prior to the first assessment at Time 1, and it is this starting point that figures prominently in the growth curve calculations.

With our second study question we examined whether there were differences in core competencies between students in the VFP and traditional models at the close of each semester of their field practicum experiences. The results indicate that there were indeed differences on competency ratings: (a) VFP students were significantly higher on all competencies at the end of the first and third semesters compared to traditional students, (b) traditional students were significantly higher on all but two competencies (policy and current trends) at the end of the second semester, and (c) VFP students were significantly higher on some competencies at the close of the fourth semester. Although these results show that there are different trajectories in competency development between

Table 7. Independent *t*-test results for Time 4.

Competency	Group	Mean (SD)	t (df)	Bonferroni-Adjusted p-Values	95% CIs of the Difference		Hedge's g Effect Size
					Lower	Upper	
1. Professionalism	VFP (n=52)	3.74 (.37)	-1.52 (465)	1.00	-.21	.03	-0.2233
	Traditional (n=415)	3.65 (.41)					
2. Ethics	VFP (n=53)	3.65 (.43)	−-.75 (465)	.075	-.30	−.05	-0.4009
	Traditional (n=414)	3.47 (.43)					
3. Thinking and judgment	VFP (n=53)	3.61 (.46)	-1.47 (467)	1.00	-.21	.03	-0.2143
	Traditional (n=416)	3.52 (.42)					
4. Cultural competency	VFP (n=52)	3.72 (.42)	-1.50 (464)	1.00	-.21	.03	-0.2209
	Traditional (n=414)	3.63 (.41)					
5. Social justice	VFP (n=50)	3.69 (.44)	-3.07 (457)	.046*	-.31	-.07	-0.4584
	Traditional (n=409)	3.50 (.41)					
6. Evidence-based practice	VFP (n=53)	3.60 (.49)	-3.31 (467)	.023*	-.36	-.09	-0.4824
	Traditional (n=416)	3.38 (.47)					
7. Person in environment	VFP (n=51)	3.63 (.46)	-3.03 (465)	.059	-.32	-.07	-0.4486
	Traditional (n=416)	3.44 (.43)					
8. Policy	VFP (n=50)	3.58 (.48)	-3.45 (455)	.014*	-.38	-.10	-0.5157
	Traditional (n=407)	3.34 (.46)					
9. Current trends	VFP (n=49)	3.59 (.51)	-2.61 (457)	.117	-.35	-.05	-0.3936
	Traditional (n=410)	3.39 (.50)					
10. Practice skills	VFP (n=49)	3.61 (.43)	-1.66 (450)	1.00	-.22	.02	-0.2507
	Traditional (n=403)	3.51 (.40)					

Note. VFP=virtual field practicum.
*Statistically significant at or below *p*=.05.

the VFP and traditional models, by completion of the MSW program both groups were rated to be similarly adept across a number of competencies. When differences did exist, the VFP students' scores were higher. These vacillating results raise interesting questions. Are the competency levels of the two groups of students legitimately varying between VFP and traditional groups over time, and if so, what might be contributing to the shifts? Or are there issues with measurement that are influencing the ratings?

Because of the existing schedules and trajectories of the VFP and traditional curricula, students in each format had differing longitudinal timing when encountering similar experiences. The VFP students start very quickly in the first semester, beginning evidence-based intervention training in Week 1 and working with the simulated client starting in Week 3 and continuing for 13 weeks through the end of the semester. Traditional students start their agency placements in the third week but must contend with orientation to the agency and learning agency protocols, and they may be confronted with delays prior to being assigned clients. Their adjustment to the agency learning environment is more complex than it is for their VFP counterparts, who meet regularly in the relative comfort of a virtual classroom.

Because of the intense experiential workload of the VFP curriculum, it may provide the opportunity for development of competencies sooner than is practical at some agencies, and this may be a factor in the higher competency ratings for VFP students at Time 1. By Time 2 the tables are turned. The VFP students must orient themselves to the new agency setting, protocols, and a change in field

instructor, whereas traditional students continue in the same environment as at Time 1. Although mean competency scores do not regress for VFP students at Time 2, they are significantly lower than those of the traditional students, which may be because of the agency adjustment factors that the traditional students encountered in Semester 1. At Time 3 the agency context is again reversed, with VFP students continuing in the same agency with the same field instructor, whereas traditional students have made a change in agency and field instructor. Both sets of students are now taking on more advanced and complex cases as part of their concentration specialization, although the traditional students are doing so while adjusting to new agency procedures, protocols, and possibly a delay of assigned clients. Again this adjustment may be partly responsible for traditional students' ratings being significantly lower than those of the VFP students at this point. At the final assessment point, Time 4, both groups of students have been at the same agency for a considerable time—three consecutive semesters for VFP and two for traditional students—which would minimize any adjustment-to-agency factors. In summary, there are alternating student adjustment periods preceding Times 1, 2, and 3, and the adjustment to agency context coincides with student groups that are rated significantly lower than their comparison counterparts. Only at Time 4 can both groups be considered free of agency adjustment issues, and at that point there were far fewer significant differences found across groups. Exceptions include ratings on social justice, evidence-based practice, and policy, which were higher for VFP students.

Shifting attention now to issues of measurement and ratings, a critical question is whether raters consistently and uniformly applied the rating scale. Ratings were performed by the students' field instructors as part of the standard academic assessment. All field instructors had received similar instruction and training in the use of the rating instrument as part of their orientation to function as a field instructor in the degree program.

The fluctuating pattern of higher ratings across groups over the four points of time coincides with whether students are receiving an initial or a final assessment by the field instructor, with higher ratings associated with a final assessment. With student learning over time, competency ratings would naturally be expected to rise. However, the literature has described a leniency bias (Vinton & Wilke, 2011) that can play a role in influencing evaluators' performance ratings, and we believe this may be more likely in final evaluations than initial ones. In general there may be a tendency to slightly underrate students in a beginning rating and a tendency to overrate students in a final rating. Any such tendency may seem natural because students are not supposed to be very competent in the beginning and should improve under the mentorship of the field instructor. To some degree, ratings are not just the measure of student growth but also an indirect measure of the field instructor's mentoring ability. Greater change in ratings equals more growth and therefore better mentoring. Interestingly, it is only at Time 4, when both groups of students have coinciding final evaluations that any systemic leniency bias would be expected to be equivalent across groups, and at Time 4 there are far fewer significant differences. The level of expertise, years of experience, or areas of practice expertise of field instructors were factors that were not assessed in our study. However, all field instructors in the VFP and traditional models are required to take a basic field instructor course either at our university or at another accredited program. VFP instructors also receive additional training in how to practice and teach motivational interviewing, problem-solving therapy, and cognitive behavioral therapy.

Implications for practice

Given the preliminary evidence, there are implications to address from three different perspectives: the student's, the client's, and the agency-school partnership's. With regard to the students' experience entering placement following the VFP, it is reasonable to conjecture that the achievement of competencies would assuage much of the anxiety arising from their perceived lack of skills and preparedness. Prior to their first client contact, they are gaining simulated experience with engagement and assessment, applying evidence-based interventions, writing progress notes, and

participating in other activities intended to prepare them for practice. Students also have had the normalizing experience of seeing each other go through the process of learning new skills and the advantage of receiving 4 hours a week of supervision and instruction.

From the client's perspective, starting with the first encounter, they are receiving services from students practiced in engagement and rapport building and who have at least basic skills in applying motivational interviewing, Problem-solving therapy, and cognitive behavioral therapy. The interns have experience identifying and resolving ethical dilemmas, which could reduce the potential for client exploitation. Risk factors may more easily be identified and diagnoses more clearly formed. Students who intern in the same community where they completed the VFP begin placement with some familiarity with the resources they can refer their clients to. Furthermore, a client who is assigned a new intern in the three-semester internship model is getting a student with a semester's worth of immersion in the values of social work, not only through the VFP experience but through other generalist practice courses as well.

Finally, there are implications for the school-agency partnership. If students who engage in simulated training perform at least as well as those in a traditional model, this allows creative alternatives to the way field education is structured and therefore addresses problems of staff shortages, fiscal constraints, and downsizing. First, schools can provide relief to agencies by taking on more responsibility for teaching fundamental practice skills. Second, schools can compensate for shrinking resources by decreasing the number of overall placements needed. For example, after students complete the VFP, they are placed in one agency for three semesters as opposed to two agencies over four semesters. This reduces by half the number of placements the school is required to find, cultivate, and maintain. This also benefits the agencies, which now keep their students 50% longer, translating into a greater return on their investment of energy, time, and money spent training students in job skills and acculturating them to the ways of the agency.

Future research

This preliminary study examining the effectiveness of the VFP begs for a more extensive follow-up study using the revised *Educational Policy and Accreditation Standards* (CSWE, 2015). Other questions to answer include whether preinternship training does indeed build student confidence while building student competence, and if training in clinical skills prior to internship leads to better client outcomes.

Conclusion

We developed a model called the VFP to address concerns in the field, including students' lack of preparedness and their incumbent anxiety and the unreasonable demand placed on agencies in the face of diminishing resources. Although it is possible that agency adjustment or measurement issues may be influencing our findings, it appears at this stage of our investigation that the VFP students fair as well, if not slightly better, than their traditional counterparts when it comes to the development of core competencies. This is a noteworthy finding, suggesting that the use of well-crafted simulation and skill-building experiences, in lieu of one semester of agency placement, is a viable option for educators to consider.

Notes on contributors

Elizabeth S. Phillips, PhD, LCSW, is Assistant Dean of Faculty Development, Clinical Associate Professor, Field Education, at Suzanne Dworak-Peck School of Social Work, University of Southern California. *Gary J. Wood*, PhD, LCSW, is an Independent Consultant. *Jane Yoo*, PhD, MSW, is Partner, and *Kristin J. Ward*, PhD, is Founding Partner at Clarus Research. *Suh Chen Hsiao*, DPPD, MSW, MA, ACSW, PPSC, LCSW, is Clinical Associate Professor, Assistant Dean, Field Education, *Melissa I. Singh*, EdD, LCSW, MS-HSA, is Clinical Associate Professor, and *Brittani Morris*, LCSW, is Clinical Assistant Professor, at Suzanne Dworak-Peck School of Social Work, University of Southern California.

ORCID

Suh Chen Hsiao http://orcid.org/0000-0002-2081-0874

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Badger, L. W., & MacNeil, G. (2002). Standardized clients in the classroom: A novel instructional technique for social work educators. *Research on Social Work Practice*, 12, 364–374. doi:10.1177/1049731502012003002

Bogo, M. (2006). Field instruction in social work: A review of the literature. *Clinical Supervisor*, 24(1), 161–191.

Bogo, M. (2015). Field education for clinical social work practice: Best practices and contemporary challenges. *Clinical Social Work Journal*, 43, 317–324. doi:10.1007/s10615-015-0526-5

Bogo, M., Lee, B., McKee, E., Baird, S. L., & Ramjattan, R. (2016). Field instructors' perceptions of foundation year students' readiness to engage in field education. *Social Work Education*, 35(2), 204–214.

Byrd, Y. M., & Bivens, N. D. (2011). Experiential learning in preparation for field placement. *Field Educator*, 1, 1–4.

Carter, I., Bornais, J., & Bilodeau, D. (2011). Considering the use of standardized clients in professional social work education. *Collected Essays on Learning and Teaching*, 4, 95–102. doi:10.22329/celt.v4i0.3279

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press.

Colby, I. C. (2013). Rethinking the MSW curriculum. *Journal of Social Work Education*, 49, 4–15. doi:10.1080/10437797.2013.755404

Colwell, S., & Carter, E. (2012). *Introduction to statistics for social sciences*. Ontario, Canada: McGraw-Hill.

Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Retrieved from https://www.cswe.org/Accreditation/Standards-and-Policies/2008-EPAS.aspx

Council on Social Work Education. (2015). *Educational policy and accreditation standards*. Retrieved from https://www.cswe.org/Accreditation/Standards-and-Policies/2015-EPAS.aspx

Duckham, B. C., Huang, H. H., & Tunney, K. J. (2013). Theoretical support and other considerations in using simulated clients to educate social workers. *Smith College Studies in Social Work*, 83, 481–496. doi:10.1080/00377317.2013.834756

Gelman, C. R. (2004). Anxiety experienced by foundation-year MSW students entering field placement: Implications for admissions, curriculum, and field education. *Journal of Social Work Education*, 40, 39–54. doi:10.1080/10437797.2004.10778478

Gelman, C. R., & Baum, N. (2010). Social work students' pre-placement anxiety: An international comparison. *Social Work Education*, 29, 427–440. doi:10.1080/02615470903009007

Gelman, C. R., & Lloyd, C. M. (2008). Field notes: Pre-placement anxiety among foundation-year MSW students: A follow-up study. *Journal of Social Work Education*, 44, 173–183. doi:10.5175/JSWE.2008.200600102

Grissom, R. J., & Kim, J. J. (2005). *Effect sizes for research: A broad practical approach*. Mahwah, NJ: Erlbaum.

Hohman, M., Pierce, P., & Barnett, E. (2015). Motivational interviewing: An evidence-based practice for improving student practice skills. *Journal of Social Work Education*, 5, 1287–1297.

Jewson, N., Felstead, A., & Green, F. (2015). Training in the public sector in a period of austerity: The case of the UK. *Journal of Education and Work*, 28, 228–249. doi:10.1080/13639080.2014.900169

Katz, E., Tufford, L., Bogo, M., & Regehr,(2014). Illuminating students' pre-practicum conceptual and emotional states: Implications for field education. *Journal of Teaching and Social Work*, 34, 96–108. doi:10.1080/08841233.2013.868391

Kayser, J. A., Bowers, J., Jiang, L., & Bussey, M. (2013). Increasing MSW students' information competencies through online tutorials, application exercises, and course assignments. *Journal of Teaching in Social Work*, 33, 578–593. doi:10.1080/08841233.2013.831391

Kleinsmith, A., Rivera-Gutierrez, D., Finney, G., Cendan, J., & Lok, B. (2015). Understanding empathy training with virtual patients. *Computers in Human Behavior*, 52, 151–158. doi:10.1016/j.chb.2015.05.033

Lipman, M. (Producer), & Mahan, L. (Director). (1996). *Holding ground: The rebirth of Dudley Street*. United States: New Day Films.

Lipman, M. (Producer), & Smith, L. (Director). (2013). *Gaining ground: Building community on Dudley Street*. United States: New Day Films.

Logie, C., Bogo, M., Regehr, C., & Regehr, G. (2013). A critical appraisal of the use of standardized client simulations in social work education. *Journal of Social Work Education*, 49, 66–80. doi:10.1080/10437797.2013.755377

Miller, M. (2004). Implementing standardized client education in a combined BSW and MSW program. *Journal of Social Work Education*, 40, 87–102. doi:10.1080/10437797.2004.10778481

Miller, W., & Rollnick, S. (2013). *Motivational interviewing: Helping people change*. New York, NY: Guilford Press.

Mirabito, D. M. (2012). Educating a new generation of social workers: Challenges and skills needed for contemporary agency-based practice. *Clinical Social Work Journal*, *40*, 245–254. doi:10.1007/s10615-011-0378-6

Nezu, A. M., & D'Zurilla, T. J. (2007). *Problem-solving therapy: A positive approach to clinical intervention*. New York, NY: Springer.

Raudenbush, S. W., & Byrk, A. S. (2002). *Hierarchical Linear Models: Applications and data analysis methods* (2nd ed.). Newbury Park, CA: Sage.

Robbins, S. P. (2014). Teaching note—Radically rethinking the foundation. *Journal of Social Work Education*, *50*, 740–747. doi:10.1080/10437797.2014.947906

Rogers, A., & Welch, B. (2009). Using standardized clients in the classroom: An evaluation of a training module to teach active listening skills to social work students. *Journal of Teaching in Social Work*, *29*, 153–168. doi:10.1080/08841230802238203

Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Needham Heights, MA: Allyn & Bacon.

Vinton, L., & Wilke, D. J. (2011). Leniency bias in evaluating clinical social work student interns. *Clinical Social Work Journal*, *39*, 288–295. doi:10.1007/s10615-009-0221-5

Wayne, J., Bogo, M., & Raskin, M. (2006). Field notes: The need for radical change in field education. *Journal of Social Work Education*, *42*, 161–169. doi:10.5175/JSWE.2006.200400447