

# From Direct Service to Director of Field Education

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*What are the pitfalls and promises of someone moving from direct service as a clinician and then clinical supervisor to the world of academia? They are multiple and varied.*

I graduated in 1991 with my Master of Social Work (MSW) degree. At that time, I was working in a traditional 28-day chemical dependency program as a primary counselor. My supervisors and peers planned a little party for me after I graduated; they had all been in school with me, more or less: picking up my slack when I had to leave early for a two o'clock class, handing out the questionnaires when it was time to do the research for my thesis, and tolerating my over-the-top enthusiasm when an intervention echoed something I had learned in class.

Treating individuals with addiction had been my bread and butter, my passion, and my *raison d'être*. I found too that I had a knack for being the one who led the psychosocial education groups; I had no fear as I stood in front of the blackboard and talked to the residents about the difference between assertiveness and aggression, the impact of their addiction on their families, and how to write out Step I so they could recognize their disease and self-diagnose. I learned to prepare for the didactic work; Lord knows I did not want an addict to punch a hole in my wisdom in front of his peers! I learned to attend to what the residents were saying, and got better at reading the emotional angst under their skin and behind their faces. In the therapy group, I became more skilled at sitting with silence, being with people when they cried, and knowing when it would be appropriate to put my hand on another person's. I learned how to confront nonsense and

actual bullshit with calm tact and humor, inviting other group members to take on the challenge, because as we know, there is power in a group.

I was working in a rehabilitation hospital, and there were multiple opportunities to integrate substance abuse education into the various therapies that were developed for persons with new head injuries or who were new to a wheelchair as a result of paraplegia. I worked with psychologists, nurses, aides, and doctors, imploring them to share my vision of having Alcoholics Anonymous (AA) slogans on every wall, workbooks full of word-find puzzles that had prevention or self-esteem as their theme, and meetings with family members to whom the patients would return home. I rewrote our residents' workbook, so that individuals with an acquired brain injury could achieve the same end result without getting buried in the verbiage of the "regular" workbook. I felt it a mission to educate as many people as possible, including staff, so as to decrease the ever-present stigma the residents dealt with all day long.

I volunteered to be the person who would do the special evaluations for the Department of Children and Families (DCF). DCF was piloting a program that would identify and intervene with substance abusing parents by paying for an evaluation and a treatment recommendation, as well as the requisite chain-of-custody urine toxicology screen. I found that doing these kinds of evaluations over and over

enhanced my skills at assessment, creating a clinical formulation, and writing them up. Attending meetings with DCF and other providers put me on a path to networking with other professionals in the field of addiction treatment in the state.

I remained employed at the rehab hospital for ten years. I attained positions as senior counselor and finally as program director. I worked with marketing to create a shiny brochure touting our work: individualized treatment planning, family work, liaison to the Employee Assistance Program (EAP), capacity to do ambulatory detoxification for any substance abuse (I had no idea at the time how far ahead of the curve the program was relative to the willingness to do detox on an ambulatory basis), nutritional assessments, interviews with an employment specialist, and ability to adapt treatment content for individuals with disabilities of all kinds. I participated in the reorganization of our program so that it would more closely align with the expectations of commercial insurance payers.

And then I heard from the chair of the social work department from the school that had graduated me some four or five years earlier. Would I like to teach part time, he wondered, with him? I thought about it for all of ten seconds before I answered in the affirmative. I would SO like to teach! He gave me a section of Social Work 200 – the introduction to social work class for freshmen at this state university. I took a desk copy of the text and pored over it, making meticulous notes for myself, from which I would lecture. I was full of my bad self. “That’s right, I am going to be a professor, how do you like me NOW?”

Teaching freshmen is a bit like herding cats, I found. How do I keep the attention of twenty or twenty-five 17-, 18- or 19-year-olds, who are finally out from under their mothers’ wing, experimenting with their freedom and with sex, drugs, and rock ‘n roll?? It was, after all, an 8 a.m. class. On Monday mornings.

I understood intuitively, I think, that I needed to treat them the way I treated my addicts—I know my addicts were smart, creative, resilient folks who were capable of manipulating me like it was their job. So, too, are adolescents who come to class late, don’t do their homework, fail to complete their

papers on time, and get poor grades on their midterms. I levied consequences for these transgressions without judgment: “Hey, kid, no hard feelings, but you did not do x, y, or z, so your grade stands.”

I discovered I could be really funny in front of a group of students. I was a good mimic, talked like a valley girl or street boy, talked back to the smart asses. I would take opportunities to point out the discrepancies between what I was teaching them (the ideal) and what was really happening in the world (the real). I coaxed them along and let them ask questions that were off topic. I had become the mistress of the reframe in my day job as addictions counselor, and used that skill now, saying to the students, “Ah, you are so close, who can help him with the idea?” I praised approximate incremental successes toward the students’ ability to articulate concepts.

I received positive evaluations from the students. The chair gave me a different class to teach: group work, with juniors and seniors instead of the freshmen. He reminded me when we would meet that it was my role to act as gatekeeper—for the school and for the profession. I took that charge very seriously. When I doubted the capacity of one of my students, I would talk to her or his advisor, and get a sense of how the student was doing overall. There were times when I participated in the conversation that led to a student changing his or her major, or even to drop out of the program. Never an easy conversation, it was also never a surprise to the student.

I left direct service with addicts, and went to a new company. This company was a home-grown affiliation of behavioral health providers who anticipated managed care coming to the public sector, and they wanted to have a company in state that knew how they ran their business, rather than a commercial company based somewhere in the Midwest, who didn’t know that we still had residential programs for addiction, a large population of methadone maintained folks, and freestanding detox facilities. I started as a utilization reviewer, doing managed care for the public sector.

My training at the rehab hospital held me in good

stead. I understood criteria for patient placement, and was assertive and direct but collegial and collaborative with callers from the hospital, the detoxes, and the day treatment settings. I would engage the caller in a dialogue, asking how she or he was going to implement that strategy, and inquire, "Have you thought of this or that?" I coached them, encouraging them to use the language of managed care when they talked to us, so we could authorize what they were asking for.

It wasn't long before I was also coaching other new hires about what to ask, and what to expect from the callers. Soon I was doing brief in-services for us on specific topics—what does alcohol withdrawal look like and how do we know if someone needs an inpatient setting for detox? How do we respond to the fifth or sixth or twentieth request for another episode of treatment at the same level of care? I saw my mission as engaging this network of providers, going out to visit them on site, and bringing articles about strengths-based treatment, samples of treatment plans, and information that could connect one house with another. I was trying to dismantle the silo effect so common for so long in addictions treatment. I started to interface with our stakeholders from the state, as we were the administrators of the contract that paid for the behavioral health services of the poor and the uninsured: the folks formerly known as welfare recipients. I talked with my bosses and the state about creating special programs for high utilizers of services, for the opioid-addicted folks, for folks with co-occurring disorders. I learned how to collect and analyze data. I learned how to ask the data wonks for information (after all, they spoke a very different language than I did).

I continued teaching as an adjunct. I communicated by phone and then via email; I avoided coming to campus for anything other than those two classes. I taught a Saturday morning class if none of the full-time faculty wanted to do so. I was finally offered the field seminar that went with the MSW students' first-year field placement. There was little structure, other than what I wanted to make of it! But there were broad expectations: the student should know how to write a solid biopsychosocial assessment at the end of that academic year. Such autonomy! I nurtured my seminar groups and brought them coffee on Saturday mornings; we took turns

bringing donuts or bagels. We sat in a circle. I made them say "I" whenever they spoke, harkening back to the days of direct service with my addicts. "Own your thoughts and feelings," I would tell them, "stop saying you and they." I played referee between feuding students, momma bear to weeping women who just did not know how they were going to manage the whole year with another 18 hours out of the house, and patient Yoda to those students who were so sure they already knew everything.

One day in March of this year, one of my seminar students, who worked part-time in the field education office, told me that the man who had been in that position for years was going to retire.

"Oh my goodness," I thought to myself, "I must have that job." I wanted that job!! I had no idea what it takes to become a new hire at a state university inside the school of health and human services. I didn't know that this man's resignation had pitted the union against the social work department—that there was an argument that making the job administrative (my translation: no need for a doctorate) vs. faculty (my translation: holy crap, I may have to go for a doctorate) might result in the loss of a faculty line. In the interim, the chair fixed it; he created, with the university's blessing, an emergency appointment as Interim Director of Field Education and MSW Admissions that would be nine credits for each of two semesters for field work, three credits one semester for teaching, and three credits for the second semester to do the work of shepherding the MSW admissions process. I met with the chair, as well as the professor who was going to retire. They had put me to a vote with the faculty, and I was unanimously elected to the temporary position. I was overjoyed! The professor said to me, "I think it's important for you to know why the faculty voted for you," and as I tried to imagine who knew me well enough to say anything at all about me, he continued: "They see you as unafraid to speak your mind, as conscientious, and as committed to the profession." I was floored at such high praise from this faculty that I continued to hold in high esteem.

The dean let me know fairly early on that this emergency appointment would likely last all of the two years it could. I set about taking stock of all that I had learned that brought me to this place in

my life. What skills was I bringing to this position? I did love teaching, providing history and context to a change in policy on the job, and using the job to illustrate a theory or concept when in the classroom.

What skills would translate? In my previous day jobs, if I needed something for which I did not yet have the answer, I would ask questions of the resident experts. I found that folks who really knew their stuff enjoyed talking about it, and I was a very willing audience. I found that I was able to take a lot of information and distill it to bullet points that could then be distributed as appropriate, given the topic and the audience.

I found that the information in the records of existing field placements was outdated. I revised forms (application for field agency, application for field supervisor), and sent them out with a cover letter to 125 established agencies, explaining our desire to update our information. Through this process, I found out which agencies had folded, which had merged, who had name changes, and who had new supervisors. I started making calls, then making visits, to some of the agencies I had worked with before, and asked if they would like to take BSW or MSW students on as interns. I got some very excited, very immediate responses in the affirmative, adding five, then eight, then 10 new agencies to the pool. Each agency pointed me to another. Networking was a skill I could capitalize on.

I was going to be the big sponge that was thirsty to soak it all up! I learned about acronyms brand new to me, asked for a table of organization, and then realized it would be ridiculously big for this state university, so settled on learning the formal and informal relationships in the social work department and in the school of health and human services. I learned about the bureaucracy here in the state system: the layers of documents and the length of time from asking for something to actually getting it, similar to how the state agencies I previously interfaced with operated.

I found that qualities I had developed over the years have served me well in this position: not being afraid of confrontation (be it gentle or a toe-to-toe disagreement), having a good sense of humor, being deferential to authority (both of my parents were in

the military), and respecting the chain of command.

I have also learned that people here in the department trust me to do a good job. I was asked in my second week to contribute to the writing of the self-study that will result in the reaccreditation of the program by the Council on Social Work Education (CSWE). I found that it's a lot like responding to a Request for Proposal (RFP)! I was asked to take over teaching the Seminar in Field Instruction (SIFI) class, and I have. I was asked to moderate a disagreement between a professor and the coordinator of the BSW program, and subsequently to write a memo for distribution about the student's role as a mandated reporter in the field, and I did.

The differences between my role as clinical director of a large agency and the role of director of field education were crystallized for me the first time I had to deal with a student who was not doing well in her field placement, some four months into the job. I had followed and then inserted myself into the emails between the seminar instructor and the field instructor, as they talked to each other about the student. Both seemed reluctant to confront the student, so I reminded them that they needed to do that—they needed to meet with her and describe what was not working and come up with a plan with her that would solve the problems.

In spite of their efforts, the student was just not able to live up to any expectations. As the end of the semester came, and it was clear that on top of the other problems the student had not completed her requisite hours in the field, I called for a meeting. When I was the clinical director, it was my job to prepare a written summary of the issues when having a meeting like the one I was preparing for. When I was the clinical director, there was no democracy; I decided what we were going to do, based on the best information we had, and if there was discussion, it was about how to operationalize the decision I had made.

So, I did what I knew how to do. I wrote the summary, made the decision about what we should do with the student, and told the seminar instructor, the field instructor, and the student's advisor how we were going to deliver the message. The advisor instantly bristled. I was baffled. What was the

problem?

The advisor and I debriefed the next morning. I had had time to think about the sequence of events. I told him I had been instantly furious with him for not supporting me and that I had also come to understand that I was not responsible for orchestrating the outcome of that meeting. I no longer supervise 35 licensed clinical professionals who are making decisions all day long about what levels of care to approve; I no longer have to argue my points with psychiatrists who fear the parasuicidal patients, and I am NOT the administrator on call. My word is no longer the rule of law. I am working WITH people, FOR students. Everyone has a say. Committees make decisions. Whoa. The pace is very different in academia. Lots of things are very different in academia. This was my defining moment.

As the leaves turn their glorious fall colors and start to drop from drowsy trees, I sit in my office, which has a window that opens to the outside, and listen to the chatter of students on their way to classes. I am only now starting to get what it means to be the director of field education. Although I am confident it is a job I can do well, clearly the culture in academia is one I need to become more comfortable and familiar with. I must share my thoughts and decision making; I do not work in isolation, although I have a lot of autonomy. I have often been the lone social worker in my work, so to be surrounded by social workers who love the profession the way I do is a gift. I am grateful every day that the chair and the departing professor saw possibility in me, and that they were willing to take a chance on me.

Life is good!

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