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# A Field Practicum Experience in Designing and Developing a Wellness Initiative: An Agency and University Partnership

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## **Abstract**

Increasing complexities in field education require new field practica models. Concomitantly, growing evidence supports the need for wellness initiatives in social service organizations. This article describes a piloted model of a partnership between two universities and an agency, in which MSW students’ field practicum focused on conceptualizing, planning, implementing, and evaluating a wellness initiative at a social service organization. The article offers a template for other professional programs to adapt. The authors describe the components of the field practicum, in relation to EPAS competencies. The authors critique the placement experience, concluding with future recommendations and further applications.

*Keywords:* Wellness Initiative; Scholarship of Teaching-Learning (SoTL); Agency and University Partnership; Field placement model; Competencies

Social work education has an increasing emphasis on competencies; likewise, social work education emphasizes that field is signature pedagogy (Council on Social Work Education [CSWE], 2015). Concomitantly, directors of field education and others engaged in this curriculum area report the lack of viable field placements and the need for innovative models in doing field practica (Bogo, Raskin, & Wayne, 2002; CSWE, 2014; Fisher, 2016). Meanwhile, in social work practice and professional helping, in general, mounting evidence compels social service organizations to pay attention to employee wellness (Cox & Steiner, 2013; Miller et al., 2016; National Association of Social Workers [NASW], 2009; Whitaker, Weismiller, & Clark, 2006). However, these organizations lack the resources to develop wellness initiatives (Miller et al., 2016).

We, the authors, decided to address these dual needs/“crises” as an opportunity to pilot a creative field placement experience that contributes significantly to the organization. The authors of this article consist of faculty from two universities along with Master of Social Work (MSW) student interns and their field supervisor. We describe our agency and university partnership in conceptualizing, planning, implementing, and evaluating a Wellness Initiative (WI) in a multi-state social service organization. Through the lens of competencies we critique this field placement model and make suggestions for future development. The article offers a portable template for other social work education programs and social service organizations to adapt.

This model is one of many examples of a creative, project-based field placement. In an increasingly competitive and challenging environment for viable practica, these kinds of models are needed. To be most successful these efforts require the active commitment of the larger program. Schools must provide sufficient resources for field offices to develop these kinds of practica. Further, in order to build a knowledge base, these models need to be shared in a teaching-learning commons through Scholarship of Teaching-Learning (SoTL).

### **Background and Context**

In this section, we provide a brief background to the agency and university partnership. Established in 1896, Volunteers of America—Mid-States (VOA-Mid-States) is one of the oldest and largest human service organizations in the United States. Providing services across five states, the agency has programs for veterans, individuals with disabilities, and individuals experiencing homelessness and addiction, as well as an HIV/AIDS program. For fiscal year 2015, the agency provided services to over 22,000 individuals. Seventy percent of the approximately 750 staff are direct service professionals (DSPs).

This university-agency partnership germinated from a local school of social work faculty member offering self-care “well-shops” for agency staff. These “well-shops” focused on training employees about the importance of self-care and wellness. Simultaneously, the organization’s newly appointed Chief Executive Officer (CEO) and key staff members expressed investment in an organizational culture change toward emphasizing wellness. Faculty members at a local university presented a proposal to the agency leadership to partner in designing an organizational wellness initiative. In 2015, this agency made initiating a wellness initiative

part of their three-year organizational strategic plan. To that end, the agency partnered with two universities to collaborate in establishing this wellness initiative. One of the universities had a long-standing relationship with the agency. Likewise, this university's MSW program had a well-established emphasis on teaching self-care as a professional practice skill, as part of the curriculum. As an extension of that work, the faculty had been invested in promoting organizational wellness. Through collegial connections, a second university joined the project, bringing a faculty member with particular expertise in research methods and program evaluation.

Thus, two university schools of social work and a multi-state agency embarked on an ambitious partnership. The centerpiece of this collaboration was an advanced MSW student practicum opportunity. The practicum achieved complementary aims: (a) brought essential resources to an agency; (b) offered MSW students the opportunity to build social work competencies through a multifaceted placement experience; and (c) provided an innovative field practicum option.

### **Need for Innovative Field Models**

Field education, as the “signature pedagogy” of social work education, is pivotal in the competency-based approach adopted by CSWE (2015). Likewise, students report that field education is the most important part of their educational experience (Fisher, 2016; Gilham, 2012). Thus, field education is a central component of the social work curriculum (Bogo, 2010; Fisher, 2016; McKee, Muskat, & Perlman, 2015; Sankar, 2013; Wayne, Bogo, & Raskin, 2010).

This pivotal role has placed particular pressures on field education. Even as field education is gaining credibility and experiencing increased expectations, field educators are identifying increasing problems with finding appropriate field placements. Designing effective advanced placements, particularly with macro elements, seems to be especially challenging (Deal, Hopkins, Fisher, & Hartin, 2007; Fisher, 2016). In addition to the increased expectation of competency building, documented barriers to appropriate field placements include: (a) expansion of social work programs, and other helping professional programs, leading to more competition for placements; (b) budget cuts and financial constraints in human services, leading to increased workloads and time constraints on potential supervisors; (c) stressful work environments that discourage practitioners from adding the responsibility of supervision; (d) lack of agency investment in professional training—due, in part, to perception of the lack of benefit to the agency; (e) limited agency accountability and inconsistent management of social work practica; and (f) bureaucratic constraints that impinge on a meaningful experience for students, particularly advanced practice experiences (Bogo, 2015; CSWE, 2014; Fisher, 2016; McKee et al., 2015; Wayne et al., 2010).

These simultaneous factors—i.e., increased expectations for field education and decreased resources for field practica—compelled CSWE to hold a Field Education Summit in 2014. Participants in this Summit arrived at six thematic recommendations (CSWE, 2014). Three of these themes relate specifically to broadening placement options and experiences, i.e.: (1) expand collaboration within and among Social Work

programs, agencies, and field; (2) enhance communication and collaboration within Schools of Social Work; (3) establish new field placement sites and new models for Field Education, including nontraditional opportunities.

Clearly, in order to ensure the credibility and effectiveness of field as a signature pedagogy, innovative models are required. These models need to consider collaborative efforts amongst schools of social work and social service organizations. Also, these models need to be pertinent for both building professional competency and addressing organizational needs. Likewise, these models need to be documented in the Scholarship of Teaching-Learning (SoTL) literature (Fisher, 2016; Grise-Owens, Owens, & Miller, 2016).

### **Wellness/Self-Care Initiatives in Social Service Organizations**

Similar to the need for more innovative field models, awareness is growing about the need for wellness and self-care in social work practice and organizations. However, social service organizations face obstacles and must address particular considerations in designing and developing a WI. The following section briefly considers these aspects.

#### **Need for Self-Care and Wellness in Social Service Organizations**

Intentional attention to employee wellness is increasingly clear and is perhaps particularly needed in social service arenas (Grise-Owens, Miller, & Eaves, 2016; Lee & Miller, 2013; Miller, Grise-Owens, Addison, & Escobar-Ratliff, in press; National Institute for Health Care Management, 2011). In the United States, the implementation of policies such as the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) and attention to workplace environments in professional literature and popular media has heightened awareness of employee wellness. Thus, in the United States and abroad, many companies are seeking to implement organizational wellness initiatives (Blake & Lloyd, 2008; Centers for Disease Control and Prevention, 2012; Mayer & Boness, 2011; McGillivray, 2005; United States Department of Labor, 2013).

In her New York Times bestselling book, Huffington (2015) brought particular public attention to this topic. Huffington synthesized myriad reports on the debilitating effects of burnout, as well as the ameliorating effects of wellness initiatives. Huffington (2015) called burnout “civilization’s disease” (p. 28), which has become a “worldwide epidemic” (p. 30). However, Huffington (2015) asserted that a global awakening is occurring in which, “we don’t have to buy into the collective delusion that burnout is the necessary price we must pay” (p. xv).

Growing studies and public reports document the impact of wellness initiatives. Among a range of effects, participation in wellness initiatives can reduce absenteeism (Cancelliere, Cassidy, Ammendolia, & Côté, 2011); positively impact workplace productivity and performance (Berry, Mirabito, & Baun, 2010; Young & Lambie, 2007); increase job satisfaction (Parks & Steelman, 2008); assuage issues related to workplace aggression and violence (Wittmer, Sinclair, Martin, Tucker, & Lang, 2013); allay some health issues among employees (Blake & Lloyd, 2008); and serve as a potential recruitment tool for new employees (Parks &

Steelman, 2008). Berry et al. (2010) asserted that the financial rate of return for organizational wellness programs could be as high as six to one. Hence, attention to wellness is an essential investment. In synthesizing studies and reports across the globe that document the impact of wellness initiatives, Huffington (2015) summarized:

There is growing evidence that the long-term health of a company's bottom line and the health of its employees are, in fact, very much aligned, and...when we treat them as separate, we pay a heavy price, both personally and collectively. (p. 35)

Preliminary research (and practice wisdom) suggests that wellness initiatives are especially beneficial for social service agencies. Literature documents that employees at these agencies are at an increased risk for vicarious traumatization, secondary traumatic stress, compassion fatigue, and professional burnout (Adams, Boscarino & Figley, 2006; Smullens, 2015). Compared to other professions, social service employees are disproportionately impacted by bureaucratic processes related to service delivery, funding cuts, and lack of community resources (Lee & Miller, 2013; Whitaker et al., 2006). The consequences and costs of burnout, compassion fatigue, and other “conditions of professional depletion” (Greville, 2015, p.14) are increasingly documented in the helping professions.

Organizational wellness initiatives can significantly address these professional challenges; these initiatives can positively impact the agency's health and success, and by extension the communities served by these agencies (Lee & Miller, 2013; Miller, et al., 2016; Nourbakhsh & Mirabi, 2013; Prilleltensky & Prilleltensky, 2006; Shim, 2010). Anecdotally, agencies are increasingly interested in implementing wellness initiatives. Documented models for wellness initiatives in social service organizations are urgently needed (Clarke & Cooper, 2004; Cox & Steiner, 2013; NASW, 2009; Salerno & Hartman, 2016).

### **Designing and Developing Organizational Wellness Initiatives**

However, designing and developing organizational wellness initiatives present challenges, particularly in human service contexts. Evaluating wellness initiatives is a major challenge for social service organizations—both in order to assess impact and effectiveness and to provide data for funders, boards, and other constituents (Parmelli et al., 2011; Watson & Gauthier, 2003). Lack of resources for organizations to mount wellness endeavors is another obstacle (United States Department of Labor, 2013). Related challenges include perceived costs of wellness initiatives and labor costs involved in implementing these initiatives (Grise-Owens, Miller, & Eaves, 2016; Mujtaba & Cavico, 2013).

Also, very few participatory frameworks for planning wellness initiatives in any context have been documented in the literature. Wellness initiatives are typically planned and executed at the administrative level, with these processes seldom taking into account the direct perspectives of employees (Byers, Johnson, Davis-Groves, Byrnes, & McDonald, 2014). This “top-down” approach can contribute to low participation in wellness initiatives (Watson & Gauthier, 2003). Similarly, defining organizational wellness can be complicat-

ed; while the literature explicates some universal dimensions, each setting has unique considerations (Miller in press; Miller, et al., 2016). Thus, social service organizations implementing wellness initiatives should engage employees' perspectives when conceptualizing and planning wellness programs (Young & Lambie, 2007). Likewise, a systemic, multifaceted approach to organizational wellness seems necessary for the most impact. Five areas of attention include: (a) employee involvement; (b) work-life balance; (c) employee growth and development; (d) health and safety; and (e) employee recognition (Cox & Steiner, 2013; Rossi, 2015).

The benefits of organizational wellness initiatives are increasingly understood. However, literature related to conceptualizing, planning, implementing, and evaluating these endeavors, particularly in social service contexts, is sparse. This article contributes to the literature by offering a model that melds student practicum competency development with the compelling needs for organizational wellness.

### **Components, Competencies, and Critique**

The following section delineates the phases of the Conceptualization, Planning, Implementing, Evaluating (CPIE) of the WI and the students' placement roles. We describe the interlocking components of the WI. Then, we explicitly link the students' roles with each of the nine CSWE's Educational Policies and Accreditation Standards (EPAS) competencies. Finally, we critique the placement, thereby informing future applications.

Two advanced MSW students completed a year-long (450 hour) project-based placement (i.e., Wellness Initiative) at the community agency. The placement was supervised by an MSW-level agency employee. The students had the opportunity to play an integral role in a Wellness Initiative Group (WIG), established at the beginning of their placement in August 2015. This planning group consisted of faculty and graduate students from these universities, alongside a broad representation of the organization's staff. The WIG met monthly and had several sub-committee work groups. As part of their work on the WIG, the students participated in two other agency-wide groups that interfaced with the WIG, i.e., an Organizational Culture Committee and the Trauma Informed Care (TIC) planning group.

#### **Wellness Initiative Components**

Through the WIG structure, the students were actively engaged in the phases of conceptualizing, planning, implementing and evaluating the WI. These phases included these interlocking components: (a) defining organizational wellness; (b) analyzing organizational supports and barriers to wellness; (c) synthesizing research on best practices in organizational wellness and self-care; (d) conducting a participatory research and planning process, Concept Mapping (CM), to inform the wellness initiative; (e) implementing initial wellness and self-care activities and resources; (f) conducting initial evaluation and planning ongoing evaluation of the WI's impact on organizational wellness and staff self-care; (g) contributing to the professional knowledge base through publications and presentations; and (h) critiquing the field practicum experience.

**Conceptualizing and Planning.** As noted above, a foundational aspect of designing a wellness initiative is to define “organizational wellness.” A literature review (and anecdotal evidence) indicated that most wellness initiatives focus on physical wellness, with limited attention to other elements (Miller et al., in press; Miller et al., 2016). In contrast, we decided to use a systemic, multi-pronged approach to wellness. The WIG considered the following systemic dimensions of wellness: self-care; work teams; policies and procedures; and agency culture and climate (see Figure 1). Likewise, WIG’s expanded definition included the societal context, because the broader culture is often counter to wellness in the workplace.

In addition to taking a systemic approach, the WIG used a participatory research and planning process, CM, to engage a range of staff in planning the WI (see below description). In an agency that provides services in five states with five primary service areas and 39 various programs, the scope of the project was critically assessed. A smaller scope (e.g., piloting in one program) would have lessened logistical challenges; but it would diminish the desired impact. WIG decided to develop a WI to include all employees. Particular attention was given to DSPs, as they comprise the vast majority of the organization’s workforce.

Also, the WIG considered organizational policies and practices that impact wellness. Through collaboration with the agency’s Culture Committee, the WIG identified both ways the agency was already engaging in wellness practices and ways to improve. The WIG specifically linked the WI to the agency’s mission, core values, and strategic plan.

As part of the above analysis, the students, in conjunction with a scholarship work group, gathered information about models (or the lack thereof) and best practices for wellness initiatives, particularly in human service contexts. The team also considered research on burnout prevention and self-care as professional practice. This research informed the initial analysis and all components of the WI. For instance, the research helped refine the CM process and provided ideas for activities and resources that could be put into place.

As noted above, the WIG used CM to plan the WI. As a mixed-method research approach, CM analyzes qualitative data by coupling multidimensional scaling with hierarchical cluster analyses. Through this process, visual depictions of participant ideas are constructed (Kane & Trochim, 2007). The WIG members initiated a CM study with VOA-Mid-States employees. The students played an active role in this process, including working with faculty to conduct focus groups, analyze data, present findings, and so forth. Study participants were direct service employees or administrators. Participants were invited to partake in brainstorming-oriented focus groups and statement structuring activities to identify how they would conceptualize a wellness initiative, and which components of this conceptualization would be most important and feasible. Data indicated that employees conceptualized the WI via an eight cluster solution, or Concept Map. Clusters included: Access to Wellness; Employee Benefits; Employment Practices; Physical Wellness; Social Wellness; Wellness Promotion; Wellness Resources; Evaluation and Research. Each cluster had several specific action items, called “Go Zones.”

CM proved extremely useful. This methodology offered a structured, rigorous framework allowing employees to have a voice in the development and deployment of the WI. Though CM uses advanced statistical procedures, the process and visual data outputs were easily understood by participants, a benefit which has been documented in previous studies (Miller & Jones, 2015; Miller & Owens, 2015). Further, the method offered pragmatic, actionable data points, via the visual representations of the data, which permitted the WIG members to prioritize pertinent aspects of the WI. (For full results of the CM research, see Miller et al., in press; Miller et al., 2016).

**Implementing and Evaluating.** The WIG worked together to determine the best implementation steps and ongoing components. The MSW students provided leadership and staffing for several implementation components. The WIG presented the findings from the CM study to VOA-Mid-States leaders and board of directors, with a recommendation that the “Go Zones” be implemented. The WIG coordinated agency-wide communications. For example, one of the students, a DSP WIG member, and the agency president made a video announcing the WI roll-out to all staff. The WIG members, including one student, led a significant portion of a VOA-Mid-States’ agency-wide leadership retreat, which was dedicated to forging action plans to address the “Go Zones” identified by the CM process. This leadership focus, informed by the WIG recommendations, has already resulted in significant organizational changes. For instance, VOA-Mid-States changed their policy to improve DSPs’ time off, and also allocated specific resources for the training of supervisors.

Training staff to design an effective self-care plan was a key focus of this initial implementation. Because of a sustained curriculum emphasis and faculty expertise, the faculty members brought particular resources to contribute to the WI (Grise-Owens, Miller, & Escobar-Ratliff, in press). Building on these resources, faculty and students developed a training protocol tailored to the VOA-Mid-States context. Students and faculty offered multiple trainings at various locations. They also designed a curriculum and offered trainings of trainers, for ongoing agency purposes.

Additionally, the students facilitated a planning group that designed an agency-wide Self-Care Day. At the planning group’s request, the agency gave each of the employees \$25.00 for the purpose of individualized self-care, and each work unit was able to choose their Self-Care Day activities and plans. The planning group provided staffing, brokered resources, and facilitated all Self-Care Day events. This component of the WI was well-received; moving forward, VOA-Mid-States plans to have two Self-Care days annually.

The students worked with the WIG to identify ongoing ways of implementing WI to shift the organization’s culture. The students also gave their feedback for future students. Ideas included ongoing education campaigns; wellness classes, such as mindfulness; establishing “wellness champions” throughout the organization; and continued attention to organizational policies and practices.

As with any effective and ethical initiative, the WIG determined at the outset and in an ongoing fashion the formative and summative evaluation methods used in this initiative. The CM study served as an integrated tool for conceptualizing and planning the WI—and, likewise, formed the foundation for ongoing evaluation. Other forms of evaluation included a pre- and post-test for the self-care trainings and training of trainers. The WIG also decided to survey staff prior to initiating the WI, and at various points during the implementation. The WIG committed to overseeing evaluation of progress on the “Go-Zones” plan for the agency. These forms of evaluation informed professional scholarship—including students’ culminating projects for their MSW completion.

The WIG had several sub-committees, including a Scholarship work group—comprised of the field students, field supervisor, and faculty researchers. This group conceptualized and coordinated professional scholarship based on the WI. The students had two peer-reviewed presentations at a statewide conference; one student presented on the CM research and the other student presented on the Self-Care Training components. Two peer-reviewed articles—co-authored by students, faculty, and agency supervisor—about the CM study have been accepted for publication in peer-reviewed journals. A presentation of the CM study has been accepted for the 2016 CSWE-APM. This manuscript is an outcome of the Scholarship work group’s efforts. In ongoing projects, the Scholarship work group plans to produce additional articles and presentations about the self-care training component of the initiative; follow up evaluations of the WI; and documentation of the WI, as a model for organizations.

### **Connecting CSWE Competencies**

CSWE’s (2015) Educational Policies and Accreditation Standards (EPAS) delineate nine specific competencies. This WI offered students an exceptional opportunity to develop these practice competencies at an advanced level. The following section maps these nine competencies with roles and responsibilities in this placement. These general linkages were solidified in learning objectives for the field placement evaluation documents.

National Association of Social Workers (NASW) (2009) emphasizes self-care as a professional, ethical practice skill. This placement experience engaged students in a unique opportunity to actively advocate for, promote, and implement this ethical imperative through a self-care/wellness initiative. Also, the multifaceted practicum experience engaged the students in complex practice situations that required ethical considerations and leadership roles. Students were expected to conduct these leadership roles in a manner that demonstrated initiative, reflection, and attention to professional development. This role involved the use of supervision and peer consultation. In this advanced placement, students were expected to model social work practice, principles, and demeanor in varied responsibilities, thus, demonstrating professional and ethical competence.

In addition, the students engaged in professional scholarship. Notably, the NASW's Code of Ethics (2008) explicitly compels practitioners to contribute to the professional knowledge base. In this practicum, students conducted a literature review of best practices and an in-depth research process (CM). As well, students engaged in program evaluation at various levels, e.g., evaluation of the self-care trainings. These activities enacted research competency to an exceptional level.

The students were part of a team leading a WI that supported structures empowering staff to affect their own well-being and positively impacting organizational culture. This practicum involved engaging diverse staff and diverse perspectives (e.g., administration and direct staff), while promoting collaboration for a shared aim. Diversity emerged as a particular consideration of organizational wellness; for example, in the CM process, DSPs voiced the need for more diversity in the agency leadership staff. Students promoted attention to this key consideration of diversity in employment practices.

Health and well-being is a basic human right; promoting this right is a social justice aim. In this practicum, students led an initiative that promotes the well-being of human beings, i.e., staff. They engaged in this competency through both the implementation of the WI at the agency level and through contribution to the professional knowledge base. The students advocated for front-line employees to become active participants in the WIG, in order to bring their voices and their influence into the WI development. Also, the students played a vital role in managing the CM participatory research and planning process, which, as noted earlier revealed some unanticipated consequences and inequities in agency policies.

The WI considered agency policies that support or impinge on wellness. Students, along with the WIG, advocated for the organization's senior leadership to reexamine some policies. This advocacy directly resulted in immediate policy changes. The agency leadership also committed to an ongoing examination of policies, with consistent representation of all staff. These aspects of the practicum explicitly fulfilled the complementary competencies related to diversity, human rights, and policy practice.

In an integrated fashion, students engaged, assessed, intervened, and evaluated in micro, mezzo, and macro dimensions of practice. Particularly because of the multifaceted nature of this placement, the students had the opportunity to evaluate, integrate, and apply multiple sources of knowledge including research-based knowledge, practice wisdom, and the lived experiences of staff. They challenged the status quo by promoting a culture of wellness. They navigated various systems, both internal and external. In order to have an informed approach to this WI, students learned about organizational wellness and strategies for individual self-care. This learning included an understanding of human behavior theories and conceptual frameworks related to this change effort. Because of this multifaceted format, students engaged in dynamic and interactive processes to engage, assess, intervene, and evaluate. In summary, this practicum required developing all of these integrative competencies to an exceptional degree.

**Critiquing the Placement Model: Lessons Learned**

Part of evaluation included critiquing this project-based model for field placement. From the outset, we knew that students in this placement needed to exhibit leadership potential, flexibility, critical thinking, and an interest in pioneering a wellness initiative. Also, students needed to commit to the collaborative partnership, establish rapport with staff, and communicate effectively with diverse audiences. They needed to be able to critically analyze policies and procedures. This placement required understanding of the organization (and by extension its employees) in the role of a macro “client”, i.e., the primary focus of the change, which contrasts with more commonplace micro-focused practica. Thus, we ascertained that this placement would offer a particularly rich learning experience for advanced graduate students.

Similarly, we recognized that the organization would need to make particular commitments to the placement. Organizational resources were challenged, as multiple competing agency priorities pose decisions about the distribution of time and effort. The partnership with the universities and the essential service given by three faculty members of two universities greatly enhanced their capacity. Yet the agency staff also had to commit significant resources to the WI. The agency’s strategic plan explicitly committed to the WI. The WIG presentations to senior management and the board of directors, as well as ongoing communication to the broader agency staff, helped to engage agency stakeholders at all levels. The field supervisor played a pivotal role in navigating these collaborative efforts to both aid the agency’s functioning and build the student’s professional competence.

The students and supervisor summarized the following aspects of the placement experience as key for competence development: (a) engaging in extensive research regarding best practices; (b) working with senior management employees/decision-makers of the organization; (c) building confidence in presenting to diverse audiences; (d) increasing professional development through scholarship; (e) gaining a multifaceted understanding and approach to professional social work; and (f) solidifying their own self-care as a critical component of future professional practice.

The students and supervisor identified the following as particular challenges to the field placement: (a) traversing unknown territory, while designing the map; (b) managing the intensity of the placement experience in its developmental phase; (c) dealing with communication and coordination challenges. The agency provides an array of services across five states, making it very challenging to coordinate. The WI scope mandated travel for face-to-face utilization of the CM study’s approach and implementation of the self-care trainings. Challenges of geography and coordination were managed with tenacity and collegiality.

In summary, this placement provided an opportunity for an exciting venture in breaking new ground. The field placement, and the collaboration in general, increased organizational capacity. The WI, when fully integrated into the agency’s culture, will serve as a hallmark of the organization. This initiative has the potential to be truly transformational for the organization, its employees, and ultimately, their clients. Students made a strong contribution to this potential. This endeavor highlighted the profession’s responsibility to establish a

new paradigm for nonprofit agencies to promote wellness.

### **Further Implications and Applications**

Because of the innovative and multifaceted nature of this effort, this placement presented both challenges and opportunities. Others can use the lessons from this piloted model to implement a similar initiative. Overall, the placement offered an exceptional opportunity for students to develop EPAS competencies in an advanced, integrative manner. As well, the placement addressed the Field Summit Report's (CSWE, 2014) recommendations to: (1) expand collaboration within and among Social Work programs, agencies, and field; (2) enhance communication and collaboration within Schools of Social Work; and (3) establish new field placement sites and new models for field education, including nontraditional opportunities. Likewise, the practicum achieved the complementary aims of bringing essential resources to expand agency capacity and contributing to the professional knowledge base.

We offer the following cautions and considerations for further application and implementation. First, all partners (including students) need to be aware of the creativity and flexibility necessary in implementing a new initiative. These characteristics need to be considered in matching students with field placements. Also, as with all successful field experiences, the field supervisor must take an active role in supporting the students and navigating the placement. Notably, the students in this field practicum nominated their field supervisor and she was selected by one of the universities for the Supervisor of the Year award!

This wellness initiative engaged multiple partners in a multifaceted endeavor in a multi-state agency. VOA-Mid-States was chosen because of collegial connections and upper-level administration's strong commitment to the initiative. This endeavor's complexity and time investment was more than anticipated, but the commitment of all parties offset these challenges. Unless otherwise indicated, however, we recommend that the initial implementation of this model be done in a smaller agency context.

Additionally, we caution that partners taking on similar endeavors should be realistic about "resistance" to the initiative. "Buy-in" from upper administration is crucial. It is also necessary to frame resistance as normative in any change process (Finn & Jacobson, 2008). Because of this buy-in and framing, the negative consequences of resistance were effectively navigated. The students also learned how to constructively manage this normative aspect of change.

We suggest that this placement role is ideal for an "on-job" placement. The students involved in this pilot were not employees of the organization. With the growth of and need for innovative approaches to on-job placements (Sankar, 2012), however, this model offers an excellent option. This tailored on-job placement would leverage the student's familiarity with the organization to allow for a substantive role while also building professional competence.

In conclusion, a new paradigm is needed for social service agencies to have a culture of wellness; likewise, creative models for field placements are needed. The collaborative initiative described in this article addresses these complementary needs. Furthermore, Scholarship of Teaching-Learning contributions are needed to articulate and document field education as signature pedagogy (Fisher, 2016). We hope this article will contribute to their agenda, while encouraging others to share similar endeavors and build on this piloted model.

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Figure 1: Organizational Wellness: A Systems Approach