



FIELD EDUCATOR
SIMMONS SCHOOL OF SOCIAL WORK

Volume 7.2 | Fall 2017 | Conversation | © October 2017 | fieldeducator.simmons.edu

A Conversation with Jennifer Harrison

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[Editor's note: This issue's Conversation features an interview by Suzanne Sankar, MSW, Executive Editor of the Field Educator, with Jennifer Harrison, PhD, LMSW, Field Director at Western Michigan University School of Social Work. Dr. Harrison discusses her school's new and timely training on opioid dependence and pain management for their field instructors. She also talks about the Michigan state social work licensing law that requires such trainings and about her commitment to strong and reciprocal relationships between schools and training sites.]



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Suzanne Sankar: Jennifer, thank you agreeing to be interviewed for the *Conversation*. Can you tell us about the Western Michigan University School of Social Work?

Jennifer Harrison: Western Michigan University is a mid-sized public university in Southwest Michigan with both a BSW and MSW program. We graduate approximately 75 BSW and 200 MSW students annually. Our students generally go on to provide social work in Southwest Michigan, although we also have graduates working throughout Michigan, the United States, and internationally.

We have three campus locations within our program to embed social work education and practice throughout both urban and rural Southwest Michigan. Our campuses are in Kalamazoo (as in "I know a girl from Kalamazoo" fame), Grand Rapids, and Benton

Harbor. We work hard in our coursework, including field education, to incorporate social and economic justice into micro and macro practice competency development to help our students serve traditionally oppressed and medically underserved populations throughout the region and beyond.

There are two concentrations in interpersonal practice and policy, planning, and administration practice in the MSW program. Students also have access to graduate certificates in trauma, alcohol and drug abuse, school social work, and integrative holistic health and wellness within the School of Social Work and the College of Health and Human Services. We have also started to focus on internationalization of our curriculum, including interprofessional and discipline-specific study abroad courses. These courses include: Intercultural Social Work in Puerto Rico, Community Health and Permaculture in Guatemala, and Social Justice and Sustainability in India. These courses offer the opportunity for immersive learning about privilege, social justice, social services, policies, and practices globally.

Suzanne: At Western Michigan University, you've developed a special training for field instructors on pain management and opioid dependence for your annual field instructor training. Could you tell us about the training and how you chose this focus?

Jennifer: The main focus of our recent training was on understanding pain and pain management treatment. Topics covered included: opioid medication options; the role of social workers (especially in cognitive behavioral, case management, and movement oriented treatments); the Centers for Disease Control and Prevention 2016 opiate prescribing guidelines; prevalence and incidence data on opioid use disorders, costs, and related deaths; and social service organization involvement in management of these disorders (i.e. Naloxone kits for first responders, drug lock boxes, and drop boxes for expired or no longer needed prescription medications). Best practices for helping clients manage pain and minimize the risk of developing an opioid use disorder include: careful redefinition of self-management, improved communication with prescribers, and advocacy for appropriate substance use disorder prevention and treatment in our communities.

One reason we chose this topic is that it corresponds to our state's licensing requirements. The state of Michigan licenses social workers at the bachelor and masters level, and requires continuing education in both general and specific areas. Specific CEs for ethics and pain management have been required for many years. In 2017, the licensing board doubled the required CEs for pain management in response to the increasing need for social workers to intervene in the treatment of pain as well as opioid use disorders. They also added required CE content on human trafficking. The School of Social Work wanted to make these CEs available in our annual field instructor training as a small part of educating our colleagues and thanking them

for their mentorship and training of social work students. Our field instructors, as field instructors everywhere, are paying it forward in meaningful ways to the next generation of social workers every year, and we want to hear their needs and respond to them whenever possible. This provides a service to field instructors, and also keeps the School relevant to local professionals.

In addition to social work licensure, Michigan certifies Chemical Addictions Counselors at the associate, bachelor, and masters level. Many social workers who work in behavioral health are also credentialed as Chemical Addictions Counselors. I have had both credentials for many years, and feel it is one of the best ways for clinicians to establish their cross-competency in mental health and substance use disorders that the LMSW alone does not signify.

Suzanne: Does your school offer courses in substance use disorders to support student work in field placement agencies?

Jennifer: We offer a Specialty Program for Alcohol and Drug Abuse (SPADA) and the undergraduate and graduate courses offered within that. However, there is likely not enough content related to substance use disorders or stage-matched interventions in general in social work programs, including our own. We do try to introduce stages of change to all BSW and MSW students, and the importance of staging to guide treatment for everything from diabetes to bipolar disorder, and opioid use to family reunification. We also have substantive focus on motivational interviewing and cognitive behavioral therapy in our direct practice MSW courses. However, I have thought about incorporating the same training we provided for field instructors into our BSW and MSW field courses, and that is something we will discuss this Fall.

Suzanne: Do you have advice for other Schools of Social Work who are interested in developing trainings on opioid use disorders and related topics for their field instructors?

Jennifer: We all know the role of stigma in preventing people from receiving treatment for physical, mental, and substance use disorders. I think we have done important work as a society in decreasing stigma for physical health and mental illness. However, many people with substance use disorders, including opioid use disorders, continue to be shamed for their illness, and told sometimes by professionals that they just need to “suck it up and quit using drugs.” It is the equivalent of telling people “tell your pancreas who’s boss and start making it produce glucose better,” or “smile more and just be happy and then you won’t be depressed any more.” Substance use disorders are chronic relapsing and remitting health conditions like diabetes and depression. People can and do recover from substance use disorders, and they also die from their illnesses every day. Choices play a role, as does genetics, access to appropriate treatment,

and the way people are treated. We can all help educate our communities about the similarities between opioid use disorders and heart disease. With both illnesses, they are easier to prevent than treat, and often behavioral health, exercise, support, and peer services are the most efficacious ways to treat these illnesses. As social workers, we have the privilege to help people work towards lives of recovery and wellness where they are involved with their families and neighborhoods.

I find that even among social work faculty, who tend to be a sharing oriented group, field faculty and other professionals are perhaps most oriented towards the sharing of knowledge. It's one of the things I appreciate about my field director colleagues. I clearly think the topic of opioid use disorders is important for us all to expand our skills in, for our students, our clients, and our communities. If any *Field Educator* readers would like to use any of the materials we developed for the Western Michigan University training, we are glad to share. Then, if you make improvements, please share them back with us and others so we can continue to grow our collective knowledge.

Suzanne: How do you see the role of University field departments in maintaining strong and reciprocal relationships with community agencies?

Jennifer: I hope that relationship is clear and crucial. Schools of social work are a significant education, service, and research center for many of our communities. Yet we can lose touch with the very communities we serve if we are too focused only on our students and research, which can lead to being part of the oppression that traditionally underrepresented groups already experience in their relationships with higher education. Field education is, as we know, the most direct way for students to learn and practice social work competencies and the nuts and bolts of our profession. I sometimes say that social work has as much in common with plumbing as it does with psychology. We are a skilled trade profession, I think proudly, and field education is where it all comes together for our schools and students. Keeping relationships strong with field organizations, and expanding the reach of social work into new organizations and communities, makes field direction constantly invigorating. It is one of the best places to be in a school of social work.

Field also offers faculty, field instructors, and students opportunities to be involved in research with communities to impact social change in a way that does not simply see community members as research subjects, but as collaborators. This type of participatory research, or the translation of research into work that can be used in social work practice, takes longer but is aligned with our values as social workers, so it is worth pursuing. We want our students to be able to use evidence in their practice, and also to use their practice knowledge to inform further development of the evidence. This is a circle of evidence-based practice and practice-based evidence that

we in social work, and especially in field, are poised to be involved in and to impact.

Suzanne: Jennifer, thank you for taking time to talk to the *Field Educator* and also, thank you for your offer to share the training materials. Readers can request access by emailing Jennifer.Harrison@wmich.edu