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“No Small Parts”: Enhancing Ethics Training for Helping Professionals Through Simulation-Based Learning

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DANIEL'S FUND ETHICS INITIATIVE

2021-2022 ETHICS FELLOW

Agenda



Welcome & introductions



Overview of 2022 SWRK
DFEI Ethics Project

Ethics Legal Training
Simulation-Based Training
• Scenarios



Student Feedback



Q & A



References

Introduction

- ▶ Social work practitioner-scholar
- ▶ Clinical and teacher for 14 years
- ▶ Forensic social worker
 - ▶ Jail 10+ years
- ▶ Project planned in collaboration with:
 - ▶ Dr. Malikah Marrus
 - ▶ Professor Ila DeBose



Examples?



Can anyone discuss major ethical challenges you have faced in your work?



What were the features of those ethical challenges?



Who were the players?



How did you navigate them?

2022 Ethics Project

- ▶ Three components
 - ▶ 1 - Legal training on Ethics and Duty to Warn
 - ▶ 2 - Simulation-Based Ethics Training
 - ▶ 3 - SWRK Ethics Syllabus
- ▶ Focus on interdisciplinary challenges
- ▶ Professional compromises

Ethics Legal Training

- ▶ March 11, 2022: Guest Speaker: Deb Henson, JD, LCSW – Self-Protective Handling of Ethical Dilemmas that Arise Around Imminent Risk Cases
 - ▶ 100 attendees!
 - ▶ From around the country
 - ▶ 2 hours of continuing education credits for attendees
- ▶ Case examples of Ethics/Duty to Warn



Simulation-Based Training

"Technique, not a technology"

Types of healthcare simulations

- 1 – Human patient simulators
- 2 – Simulated clinical environments
- 3 – Virtual procedure station
- 4 – Electronic medical record



Human Patient Simulators

- ▶ Mannequins
- ▶ Virtual reality
- ▶ Live actors

Social Work Education



Relies on Field Placement as the “signature pedagogy”



Field Instructors assist in training students in agency settings



Clinical supervision



Process recordings serve as a learning tool

Grounded in Daniel's Fund Ethics Initiative Principles

- ▶ Student welcome video
- ▶ Ethics principles handouts
- ▶ Integration of DFEI principles & SWRK ethics



DANIELS FUND ETHICS INITIATIVE

PRINCIPLES

Integrity

Act with honesty in all situations

Trust

Build trust in all stakeholder relationships

Accountability

Accept responsibility for all decisions

Transparency

Maintain open and truthful communications

Fairness

Engage in fair competition and create equitable and just relationships

Respect

Honor the rights, freedoms, views, and property of others

Rule of Law

Comply with the spirit and intent of laws and regulations

Viability

Create long-term value for all relevant stakeholders

Variation #1

- Client is experiencing psychiatric crisis and is cooperative with law enforcement but triggered by the Social Work Student becoming paranoid, angry, fearful of the student.

Variation #2

- Client is experiencing psychiatric crisis and is cooperative with Social Work Student but triggered by law enforcement becoming paranoid, angry, fearful of the office.
Disagreement between LEO and SW about next steps

Variation #3

- Client is experiencing psychiatric crisis and is initially cooperative with law enforcement but becomes triggered and the scene escalated into excessive use of force by Law Enforcement Officer.

Learning Objectives:

- Build rapport
- Assess for intoxication
- Ask about meds|
- Assess for mental illness
- Ask about resources
- Students ID problems in social worker/law enforcement dynamic
- Student takes steps to de-escalate situation
- Student can ID possible interventions re: use of force

Scenario 1: SW & Law Enforcement

Variation #1

- Client is stabilized and no longer considering suicide. Normal risk assessment.

Variation #2

- Client remains depressed and despondent. Is verbally stating that they are not considering suicide, but non-verbals and affect indicate the client may not be forthcoming. Despite some obvious red flags, the clinical supervisor is pushing the client to “say the right things” to ensure they can be released.

Variation #3

- Client’s mood appears stable, upbeat, future oriented, but there are passive comments about wanting to exact revenge on their spouse. Client maintains stability for first part of session but then becomes heightened and threatening with non-verbals, glaring eye contact. Client has a “chills down your spine” vibe.]

Learning Objectives:

- Build rapport
- Assess mood
- Assess for risk factors
- Assess for protective factors
- Ask about resources upon release
- Assess safety plan
- Students ID problems in the clinical supervisor’s behaviors with clients
- Student takes steps to return to ethical interventions
- Student explores role norms and standards of communicating patients

Scenario 2: Imminent Risk Assessment

Variation #1

- Client is presenting with some sort of mood distress and is being long-winded in their explanation of feelings. Prescriber is initially patient but quickly becomes frustrated with the client's tangential replies and becomes rude and dismissive of the client.

Variation #2

- Client is experiencing severe symptoms (either depression, mania etc...). Client is on the fence about trying Lithium as a medication. Prescriber is misleading the client about side effects of the medication and stating there are basically no side effects of Lithium. Client asks the student their opinion on meds. (In reality, there are massive side effects)

Variation #3

- Client is experiencing severe symptoms. Student and prescriber meet with client about treatment plan. Client is more interested in talking with student. Prescriber threatens the client with forced medication if they do not voluntarily accept medications.

Learning Objectives:

- Build rapport
- Assess for mood
- Ask about med history
- Assess for mental illness
- Students ID problems in the psychiatrist's behaviors with clients
- Student takes steps to return to ethical interventions
- Student avoids colluding with the psychiatrist
- Student identifies "splitting" behaviors

Scenario 3: Self- Determination Violations

Variation #1

- Couple begins session indicating that they are “doing great” and just looking for some support from a therapist to “get back on track”. Soon into session, it becomes obvious that they are in more severe emotional distress.

Variation #2

- Couple is several sessions into treatment. As the session starts the feminine partner passes the therapist a note indicating that she is fearful for her safety from the masculine partner. Student probes for IPV themes.

Variation #3

- Couple with young children is several sessions into court-ordered treatment. Child protection (the student) is involved because of a report that one parent was using drugs in front of the children. That partner has been sober for 6 months. During the session, there are signs that the partner has relapsed.

Learning Objectives:

- Build rapport
- Assess for mood
- Ask about couple dynamics
- Assess for mental illness
- Assess for the nature of conflict
- Student uses risk assessment techniques
- Student asks to speak with each member of the couple individually for that session
- Student navigates the intensity of dynamics in the room
- Student identifies a realistic safety plan with the fearful spouse
- Student directly addresses the signs of substance use

Scenario 4: Intimate Partner Violence

Benefits of Simulation-Based Training in Social Work

Give and receive feedback

Repetitive practice

Adjusting the intensity

Exposure to common and uncommon events

Opportunities for assessment

Can start and stop as needed

Absence of risk to clients

Students in Action

- ▶ Scenarios designed to elicit emotional reactions
- ▶ Created ethical dilemmas for students
- ▶ Double-binds



Students in Action

- ▶ Promote collaborative problem solving
- ▶ Simulate high-stakes situations in low stakes learning environments
- ▶ Encourage interdisciplinary problem solving



Students in Action

- ▶ Expose students to volatile situations
- ▶ Support student practice and skill development
- ▶ Focus on interdisciplinary conflict





Students in Action

- ▶ Expose students to higher intensity practice
- ▶ Collaborative problem solving
- ▶ Progressive coaching

Student Feedback



100% of students reported
being satisfied with this
training

75% reported they
were "very satisfied"
with this training



81% of students reported
that this training
"increased their interest
in ethical decision making
in social work"

60% reported this
was a "significant"
increase

Student Feedback

- ▶ “The actors made the experience so raw and realistic that it made me feel a little more prepared for the real world of social work. The group setting both applied pressure to pull out your own knowledge and also gave ample examples of what others have learned”.



➤ “My right leg was shaking from how quick I had to think to calm the client while calming the cop. I am proud of myself for being to control my anxiety. I like the fact that we had feedback, better knowledge retention, and were able to improve our skills”.



▶ “I was amazed at how professional and wonderful the actors and simulations were. It was amazing to see how realistic the scenarios were. I am a more visual and hands-on learner, so it was very valuable for me”.





“Also, great engagement of emotional intensity - you could hear the groups collectively take a breath when certain scenarios concluded”.

“Students were able to fully immerse in uncomfortable situations without the fear of messing up. There was opportunity for growth and discussion while still being faced with a real situation”.



“Students were able to fully immerse in uncomfortable situations without the fear of messing up. There is opportunity for growth and discussion while still being faced with a real situation”.

- ▶ “This was a great experience and should be repeated. I felt like I was part of each scenario in some way. Up close and personal, because you know that one day that could be you in a very similar situation”.

Professional Skills Students Identified

- ▶ Navigating ethical dilemmas
- ▶ Conflict management
- ▶ Interviewing skills
- ▶ Verbal & non-verbal communication
- ▶ Patience
- ▶ Empathy
- ▶ Communication
- ▶ Connection
- ▶ Safety precautions
- ▶ Crisis intervention
- ▶ Realistic skills
- ▶ Strengths & weaknesses
- ▶ Quick decision making
- ▶ Therapeutic bond
- ▶ De-escalation skills
- ▶ Quick thinking
- ▶ Overcoming “stage fright”
- ▶ Professionalism



Questions?

References

- ▶ Costello, M., Huddleston, J., Atinaja-Faller, J., Prelack, K., Wood, A., Barden, J., & Adly, S. (2017). Simulation as an Effective Strategy for Interprofessional Education. *Clinical Simulation in Nursing*, 13(12), 624–627. <https://doi.org/10.1016/j.ecns.2017.07.008>
- ▶ Dodds, C., Heslop, P., & Meredith, C. (2018). Using simulation-based education to help social work students prepare for practice. *Social Work Education*, 37(5), 597-602. <https://doi.org/10.1080/02615479.2018.1433158>
- ▶ Ferguson, V., & Driver, P. (2018). Digitizing experience: The creation and application of immersive simulations in the context of social work training. *The Journal of Practice Teaching & Learning*, 16(1/2), 38. <https://doi.org/10.1921/jpts.v16i1.1227>
- ▶ Gates, S. A., & Brown, J. R. (2017). Preparing Nursing and Social Work Students to Care for Patients in Acute Alcohol Withdrawal. *Journal of Addictions Nursing*, 28(3), 143–147. <https://doi.org/10.1097/JAN.0000000000000178>
- ▶ Gellis, Z. D., & Kim, E. G. (2017). Training social work students to recognize later-life depression: Is standardized patient simulation effective? *Gerontology & Geriatrics Education*, 38(4), 425–437. <https://doi.org/10.1080/02701960.2017.1311882>
- ▶ Hitchcock, L. I., King, D. M., Johnson, K., Cohen, H., & Mcpherson, T. L. (2019). Learning outcomes for adolescent SBIRT simulation training in social work and nursing education. *Journal of Social Work Practice in the Addictions*, 19(1-2), 47-56. <https://doi.org/10.1080/1533256X.2019.1591781>
- ▶ Lateef F. (2010). Simulation-based learning: Just like the real thing. *Journal of emergencies, trauma, and shock*, 3(4), 348–352. <https://doi.org/10.4103/0974-2700.70743>
- ▶ Sacco, P., Ting, L., Crouch, T. B., Emery, L., Moreland, M., Bright, C., Frey, J., & DiClemente, C. (2017). SBIRT training in social work education: Evaluating change using standardized patient simulation. *Journal of Social Work Practice in the Addictions*, 17(1-2), 150-168. <https://doi.org/10.1080/1533256X.2017.1302886>
- ▶ Schnurr, M. A., & MacLeod, A. (2021). Simulations and student learning. University of Toronto Press. Sollars, E. D., & Xenakis, N. (2021). Simulation-based continuing education in health care social work: A case study of clinical training innovation. *Clinical Social Work Journal*, 49(2), 162-171. <http://dx.doi.org/10.1007/s10615-021-00806-y>



Thank
you!