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Supporting Clinical Development Through Integrative Continuing Education for Field Instructors

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Abstract

Field education is the signature pedagogy of social work education, but there is no standardized mechanism to ensure field instructors are trained in the same clinical modalities as social work students or are well-trained in the provision of clinical supervision. Feasibility was assessed of providing field instructors (n = 9) with a continuing education (CE) program to train them in a specialized evidence-based practice, motivational interviewing (MI) in a recovery context, and strategies for supervision. Participants of the CE program gained confidence ($p < .05$) and knowledge in the spirit ($p < .01$) and skills ($p < .001$) of MI; while participants described initial reactions of disdain when role-plays were introduced in the training, they ultimately identified role-plays and facilitator modeling as key features in producing their own practice change and mimicked the use of parallel process – using MI as a way to teach MI – in their provision of supervision. Findings suggest that offering a CE program to train field instructors in a specialized evidence-based practice embedded in course work and strategies for supervision is feasible and may result in enhanced supervision in field education.

Keywords Field education · Clinical supervision · Continuing education · Motivational interviewing

Field education is the signature pedagogy of social work education (Bogo, 2015; CSWE, 2015; Olson-Morrison et al., 2019; Wayne et al., 2010). In field education, social work students apply classroom learning in real-life practice settings under the close supervision of social work field instructors (FIs) (Ketner et al., 2017; Tam et al., 2018; Wayne et al., 2010); however, FIs supervising master of social work (MSW) students may not be sufficiently trained or experienced to effectively serve in that role (Tippa & Mane, 2018). Students often experience inadequate or harmful supervision, particularly insufficient direct observation and feedback on the services they provide (Barretti 2009; Ellis et al., 2014; Kourgiantakis et al., 2019; Miller et al., 2005), and they often perceive FIs to lack expertise and training in evidence-based practice (EBP) and content from coursework (Stanhope et al., 2011; Tennille et al., 2016). Given the preeminent status of field education in social work, FIs are critical members of the educational team, and schools have

a vested interest in ensuring that FIs have received high quality training to effectively supervise students.

Unfortunately, there is growing concern about the ability of schools to identify a sufficient number of high-quality FIs to supervise MSW students (Ayala et al., 2018; Bogo, 2015; Cleak & Zuchowski, 2019; Crisp & Hosken, 2016; Regehr, 2013). Moreover, there is no standardized mechanism to ensure that social workers who are willing to serve as FIs are prepared to supervise students in the clinical content embedded in advanced MSW courses, nor is there a standard mechanism to ensure FIs have received training in the provision of supervision in general. The authors of this article attempted to address the training gap by piloting a continuing education (CE) training program for FIs that included clinical content from an MSW course as well as strategies for supervision. This paper reports on the feasibility of providing such CE programming to FIs to support the larger work of educators seeking to provide high-quality field education for MSW students interested in clinical social work practice.
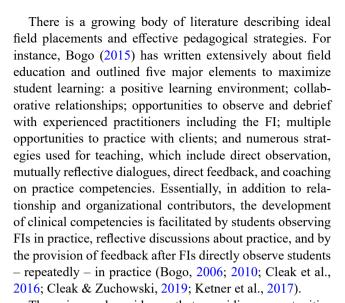
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Background and Significance

In 2008, the Council on Social Work Education (CSWE) established field education as its signature pedagogy (Bogo, 2015). According to CSWE (2015), "Signature pedagogies are elements of instruction and socialization that teach future practitioners the fundamental dimensions of professional work in their discipline: to think, to perform, and to act intentionally, ethically, and with integrity" (p. 20). The intent of field education is "to integrate the theoretical and conceptual contributions of the explicit curriculum in the field setting" (CSWE, 2015, p. 20). In this model, MSW students apply what they learn in the classroom to "real world" settings in the field under the close supervision of FIs (Ketner et al., 2017; Wayne et al., 2010) with opportunities to process the experience both in the classroom and with field personnel (Olson-Morrison et al., 2019). As students encounter new opportunities in agency settings to apply curricular content, they rely on guidance from FIs during regular supervision to support meaning-making and the development of professional competencies (Hay et al., 2019).

Broadly, FI responsibilities extend to supervision in all nine competencies described by CSWE, which provide guidance for generalist social work practice. Individual master's programs are encouraged to "extend and enhance" competencies for each specialized area of practice (CSWE, 2015, p. 8). For students in a clinical specialization, requisite competencies often include the integration of EBP into the professional application of clinical social work skills and values, and FIs ideally play a key role in supporting the development of such competence (Grady et al., 2018).

As the movement toward embracing EBP has gained traction, educators have grappled with how to prepare students for professional social work practice in the midst of change in the field at large (Okpych & Yu, 2014) and the "continuous learning and changes in the social environment and professional knowledge base" (CSWE, 2015, p. 7). While faculty have progressively integrated content on EBP into coursework (Okpych & Yu, 2014), creative pedagogical techniques are needed to help students learn strategies for "real world" implementation given the complexities of agency settings, clients' environmental and structural realities, and rapid change in the existing workforce of social work practitioners, and progressively greater demands on providers' time (Gambrill 2007; Howard et al., 2007; Okpych & Yu, 2014; Tuchman & Lalane 2011). Field is an ideal forum for students to learn how to link theory and evidence-based treatments to actual practice behaviors, and in fact, students identify a preference for FIs who are able to articulate that process as part of the supervisory experience (Lefevre, 2005).

There is a growing body of literature describing ideal field placements and effective pedagogical strategies. For instance, Bogo (2015) has written extensively about field education and outlined five major elements to maximize student learning: a positive learning environment; collaborative relationships; opportunities to observe and debrief with experienced practitioners including the FI; multiple opportunities to practice with clients; and numerous strategies used for teaching, which include direct observation, mutually reflective dialogues, direct feedback, and coaching on practice competencies. Essentially, in addition to relationship and organizational contributors, the development of clinical competencies is facilitated by students observing FIs in practice, reflective discussions about practice, and by the provision of feedback after FIs directly observe students – repeatedly – in practice (Bogo, 2006; 2010; Cleak et al., 2016; Cleak & Zuchowski, 2019; Ketner et al., 2017).

There is ample evidence that providing opportunities for students to directly observe FIs and critically dialogue about implementation of EBP within agency settings helps students bridge the gap between learning in the classroom and implementation in practice; indeed, such opportunities may in part explain students' preference for FIs to be on-site in field placements in spite of growing trends to increase practicum placement opportunities by locating off-site FIs who are willing to provide the qualifying supervision to students (Cleak et al., 2016; Cleak & Smith, 2012; Cleak & Zuchowski, 2019). While learning through observation and reflective dialogue is critically important, it also appears to be insufficient for MSW students to actually build practice competencies. Because student self-assessment and self-report may be distorted from actual performance (Baxter & Norman 2011; Eva & Regehr 2005; Bogo, 2015; Tajima et al., 2022), it is critical for students to be observed directly, evaluated, and coached to effectively build practice competencies. In fact, research has abundantly demonstrated that students require repeated opportunities to practice and obtain feedback about their performance after observation to build competence (Barretti 2009; Cross et al., 2011; Kourgiantakis et al., 2019; Miller et al. 2005; Tennille et al., 2016). Such feedback is more readily accepted when the FI has directly observed the student and when the FI is perceived to be credible and knowledgeable about the practices (Bogo, 2015; Eva et al., 2012). When those conditions are present, students value feedback about their practice and associate it with the quality of their supervision (Ladany et al. 2013). Despite these desires, students often report inadequate and infrequent feedback about their practice behaviors (Barretti 2009; Kourgiantakis et al., 2019; Miller et al. 2005).

One possible explanation is that there may not be enough experienced FIs who are also trained in EBPs embedded in MSW curriculum to adequately provide opportunities for

observation and feedback (Stanhope et al., 2011; Tennille et al., 2016; Tippa & Mane, 2018). FIs, like many social workers, are faced with increasing pressures and demands on their times with decreasing resources and may not have the capacity or opportunities to learn new EBPs (Ayala et al., 2018; Mirabito, 2012). As EBPs become the expectations in social work settings, social work education must adapt and teach new content associated with advances in the field (Mirabito, 2012; Pomeroy, 2010), which could include social work faculty sharing in the responsibility to provide continuing education to FIs to train them in practice innovations and EBPs (Grady et al., 2018).

Faculty members in schools of social work can and have provided necessary training to community-based social workers not only to support workforce development but also to ensure a well-trained cadre of social workers available to serve as FIs (Bogo, 2015; Howard et al., 2007; Mirabito, 2012; Okpych & Yu, 2014; Tennille et al., 2016). Authors of this article collaborated to think creatively about university-community partnerships that might improve training for FIs embedded in the community behavioral health workforce to enhance the quality of field education for MSW students in a clinical specialization. Ryan Petros has a background in behavioral health service provision and serves as co-chair of the clinical specialization in the University of Washington School of Social Work. Jessica Lapham is a doctoral student with prior experience teaching MSW students. Stacey De Fries teaches MSW courses and is a field instructor in charge of coordinating field placements and providing orientation and training to FIs. At the time of the project, Beth Wierman Rubin was a behavioral health service provider and administrator with extensive experience teaching clinical practice courses to MSW students and training community-based providers in motivational interviewing. The team sought to pilot and assess the feasibility of offering CE to FIs to train them in an EBP embedded in course content from one required MSW clinical course, with additional content on the provision of supervision.

The Pilot Continuing Education Program

Decisions about content for the CE program described in this article were intentionally driven by curricular content. MSW students in our program who declare a clinical specialization dedicated to work in behavioral health have one required clinical practice course they must complete in the first quarter of their final year in the program. The course prominently features motivational interviewing (MI) and embeds a recovery-orientation throughout. The CE featured content on MI with a recovery orientation to mirror content from the course, and it included strategies for the

provision of supervision to augment FIs' capacity to effectively supervise students in MI and recovery-oriented service exchanges. The CE program was named for the clinical utility it could ultimately have for clients and to underscore the relationship between the school of social work and the FIs who volunteer to supervise MSW students. The program, PRACTICE, is an acronym for Promoting Recovery [of clients] through Advanced Clinical Training and Integrative Continuing Education, and it was designed specifically for FIs who supervise MSW students placed in community behavioral health centers.

MI has broad appeal for MSW curricular content and for CE designed for FIs for a number of reasons. MI is an evidence-based, collaborative communication style that is considered a promising approach to practice in many fields (Lundahl, Kunz, et al., 2010; Lundahl, Moleni, et al., 2013; Rubak et al., 2005; VanBuskirk & Wetherell, 2014). MI aligns with social work values and practice and is considered a strong fit with social work curriculum (Hohman, 2021; Manthey et al., 2011; Wahab, 2005). MI further has the potential to improve professional communication skills, satisfy accreditation competencies, and increase the employability and effectiveness of graduates (Hohman et al., 2015). Moreover, a previous survey of FIs connected to our school identified MI as the top priority for competencies of MSW graduates. Students, on the other hand, identified insufficient supervision in MI and opportunities to practice in their practicum placements.

Recovery also appeared to be a natural choice for the pilot CE program. Social workers are well-positioned to lead the behavioral health field in adopting recovery-oriented services, particularly because it aligns with social work values of self-determination, empowerment, and the strengths-based perspective (Carpenter, 2002; Ramon, 2009). Research suggests, however, that service exchanges may not consistently reflect the basic tenets of recovery (Craig, 2008; Davidson et al., 2006; Petros & Solomon, 2020; Ramon et al., 2007), perhaps due to difficulty understanding how to apply recovery principles in practice (Chen et al., 2013) or because providers are hesitant to embrace all aspects of recovery (Davidson et al. 2006; Ramon et al. 2007; Craig, 2008; Ramon, 2009; Russinova et al. 2011). Even in settings that privilege biomedical approaches over programming and resources that may more effectively promote recovery, social workers can still emphasize a recovery-orientation in their service exchanges with clients (Kourgiantakis et al., 2022). Service provision can be enhanced with the support of clinical supervision by skilled professionals who are themselves committed to recovery and proficient at translating principles of recovery into practice (Choy-Brown et al., 2016; Hoge et al., 2009).

Table 1 Continuing Education Program Training Topics

PRACTICE Session	Training Topics
Day 1 morning	Overview, justification of PRACTICE Recovery: definitions, evidence, recovery-oriented services and systems of care
Day 1 afternoon	Spirit of MI, role-plays
Day 2 morning	Skills and techniques of MI, role-plays
Day 2 afternoon	MITI: fidelity assessment protocol, practice
Coaching call 1*	Approaches to defining supervision (Tsui, 2005); Supervision functions and tasks (Kadushin & Harkness, 2014)
Coaching call 2*	Comprehensive model of social work supervision (Tsui, 2005)
Coaching call 3*	The supervisory relationship and intersections with recovery framework
Coaching call 4*	Supervision contracts – monitoring and evaluation; parallel process with MI – motivational congruence
Coaching call 5*	Serious mental illness – disparities in treatment, predictors of provider endorsement of recovery-oriented services
Coaching call 6*	Review, development of learning goals, termination

*Only didactic content listed – each coaching call also included check-ins, consultation, and goal-setting

Consistent with literature on field education, the supervision content highlighted the importance of demonstrating MI and recovery-oriented service exchanges for students to observe and critically debrief. There were also opportunities for the CE facilitator to observe and provide feedback to FIs during the training and to subsequently underscore the importance of observing students and providing feedback to them on their performance during the provision of supervision.

The CE program was designed to utilize several methods and pedagogical strategies (e.g., lecture, small group discussion, role-play, virtual sessions) to explore which were most feasible and preferred by FIs and also included structured homework activities to encourage interactive practice and feedback sessions between FIs and the MSW students they supervised. Training began with a two-day interactive seminar (see Table 1) with Beth Wierman Rubin, an experienced clinical trainer and supervisor who is part of the Motivational Interviewing Network of Trainers. The two full-day sessions were held on Fridays in the School of Social Work and spaced two-weeks apart. A series of six one-hour coaching sessions were delivered online using Zoom and were held approximately every other week, beginning one month after the second training day. Each coaching session followed the same format: Participants had an opportunity to "check-in" and solicit feedback about clinical issues related to MI, recovery, or supervision, followed by didactic content on supervision strategies and consultation about real-time supervision and practice concerns. Each coaching session

Table 2 Sample Demographic Characteristics

Participants (n = 9)		Total N (%)
Sex		
	Male	1 (11.1)
	Female	8 (88.9)
Race/Ethnicity		
	White	7 (77.8)
	Black	0 (0)
	Latinx	1 (11.1)
	Multiracial	1 (11.1)
Age (Mean)		41.9
Years of post-MSW Experience (Mean)		11.6
MI Experience		7 (77.8)
Social Work License		8 (88.9)

ended with the development of personalized supervision goals, which participants discussed during the "check-in" segment of the subsequent coaching call. The training began in October 2019 and concluded in March 2020.

As indicators of feasibility, we sought to recruit and retain FIs in the CE program, increase FIs' own knowledge and confidence in the provision of MI and recovery-oriented service exchanges, and improve strategies the FIs used to provide clinical supervision to the MSW student they supervised. The guiding research question was: What is the feasibility of providing CE to FIs that includes content about a specialized EBP embedded in a required MSW clinical course and strategies for supervision?

Methods

The institutional review board at University of Washington approved all study procedures. All participants consented to participate in the research.

Recruitment and Participants

Eligible FI participants were King County community behavioral health center employees who were contracted to supervise an advanced year MSW student in the clinical specialization. Potential FI participants (n = 35) were emailed an invitation to join the project, and each was emailed up to four times until they responded or the recruitment window closed (i.e., the CE program began). All nine FI participants who enrolled in the project (see Table 2) were provided 14 h of CE credit hours and a total of $500 to compensate them for their time. They ranged in age from 30 to 62 years ($M = 41.89$, $SD = 10.03$), and included 1 man (11.1%) and 8 women (88.9%). FIs were primarily White (n = 7; 77.8%) with one self-identifying as Latinx and one as multiracial. All but one FI had obtained a Washington State social work license, and seven (77.8%) reported previous

experience with MI prior to this study. The year in which FIs completed their MSW degree ranged from 1994 to 2015, with 11.5 mean years of post-MSW experience.

Modifications to Data Collection Plan

We planned to evaluate feasibility primarily by successful recruitment and retention of FI participants, changes in recovery knowledge and expectations, improvements in MI knowledge and confidence, and MI fidelity of both FIs and their paired MSW student. The original plan included recorded role-plays within the supervisor-supervisee dyad and a fidelity assessment with structured feedback using the Motivational Interviewing Treatment Integrity coding system during approximately a one-month window that occurred after the CE programming finished and before completion of practicum placements at the end of the academic year; however, a state-wide "Stay at home" order and research restrictions associated with COVID-19 were announced during the month of planned data collection. Thus, we were unable to collect role-play data due to disruptions in practicum placements and limited adoption of video platforms during the initial period of the pandemic, and research protocols had not been designed and approved in time to collect recorded interview data remotely as an alternative indicator of feasibility and acceptability. Because approval had been originally obtained to interview participants (unrecorded) to solicit feedback about the program (satisfaction and recommended changes), the lead researcher (RP) interviewed FI participants by phone and kept copious notes of the exchange, including as many direct quotes as possible to increase rigor of data collection (Padgett, 2016). The lead researcher reserved at least 30 min after each interview to expand notes taken during the phone call and wrote memos with subjective reflections about the interview immediately after completing expanded field notes (Miles et al., 2014; Padgett, 2016).

Data Collection Procedures

FI participants completed questionnaires with relevant measures at two time points: prior to the beginning of the training in mid-September 2019 (T1) and at the conclusion of the training and coaching sessions in April 2020 (T2). All questionnaires with measures were emailed to participants to be completed electronically and returned to JL, who was identified as the research coordinator. Following completion of T2 measures, the lead researcher emailed participants to schedule an interview. Interviews were semi-structured, took place by phone between April and May 2020, and lasted between 25 and 45 min.

Measures

Knowledge about recovery was measured using the 20-item Recovery Knowledge Inventory, which measures general knowledge about recovery (Bedregal et al., 2006). The scale was originally conceptualized in four domains with modest structural integrity: three with good-acceptable internal consistency and one falling below that range (0.81, 0.70, 0.63, and 0.47) (Bedregal et al., 2006). Despite concerns about the individual domains, the Recovery Knowledge Inventory is widely used and typically reported as a composite score with good internal consistency (i.e., Cronbach's Alpha of 0.87 in Petros & Solomon, 2020). It includes items such as 'Not everyone is capable of actively participating in the recovery process' and 'It is often harmful to have too high of expectations for clients,' rated on a 5-point scale (strongly disagree – strongly agree).

Expectations for recovery was measured using the 11-item Recovery Expectation Scale, developed to measure attitudes about recovery for clients in general and has high internal consistency ($a = 0.91$) (Salyers et al., 2013). Items ask respondents to indicate the number of clients they believe will "be able to function very well in the community" and "be able to achieve personal goals" on a 5-point scale (none – almost all) (Salyers et al., 2013).

MI knowledge was evaluated using items created for the project based on content from the MI training. Participants were asked to list the four elements that describe the spirit of MI and to complete the acronym for "OARS," representing basic MI skills of open-ended questions, affirmations, reflections, and summaries. These elements of the spirit and skills of MI are foundational elements of MI included in most MI trainings that can be found in the community. While knowing the answers does not suggest competence in delivering MI, knowledge of these components do suggest retention of basic elements of MI content.

Two items were also included to assess FIs' confidence in delivering MI and their willingness to use MI. The items were developed using a basic MI scaling technique to reinforce training content. Participants were asked to rate their confidence in providing MI and willingness to provide MI on a scale of 0–10, where "0" is no confidence/willingness and "10" is very confident/willing.

The semi-structured interview guide included questions such as, "What was helpful about the training?" and "What aspects of the training could be improved?" with prompts as needed to understand how the training impacted their understanding and application of MI, recovery-oriented services, and supervision strategies. FI participants were also asked for advice about the format of the training, given the mixture of in-person and virtual training as well as full-day and hour-long sessions.

Analysis

Quantitative analyses were conducted using Stata 16.1 (Stata Corp., 2019). MI and recovery measures were assessed for pre-post differences using Fisher's Exact test due to the small sample size. Change in MI knowledge was evaluated based on the number of correct responses out of four for both the spirit of MI and for OARS. Changes to participants willingness to use MI and confidence in providing MI were assessed separately using the numbers indicated out of 10. Changes to recovery knowledge were assessed by reverse scoring necessary items in the Recovery Knowledge Inventory and summing response options with scores from 1 to 5 for each of the twenty items (possible range of 20–100). Scores for each item in the Expectations for Recovery Scale were summed, given that no reverse scoring is needed (possible range 10–50).

It is common in qualitative research for data analysis to begin during data collection to refine the process of data collection and interview guides (Miles et al., 2014; Padgett, 2016). Accordingly, the lead researcher took notes during interviews, writing direct quotes as often as possible, and expanded notes immediately after the interview. Once notes were completed, memos were immediately completed to capture subjective impressions and cumulative analytic observations (Padgett, 2016). Two researchers (RP and JL) met weekly to review interview data and memos and to refine probes for interviews during the process of data collection; they continued to meet weekly after data collection was completed to discuss findings and refine themes derived from the interviews. Two researchers collaboratively conducted content analysis to analyze interview data, with themes staying close to the data themselves (Vaismoradi et al., 2013). All themes were agreed upon by consensus.

Results

All participants were retained in the study, completed all measures, and agreed to a phone interview. There was no significant pre-post change in willingness to use MI, which began and remained relatively high (mean of 9.2 and 8.9, respectively, out of 10). Confidence in using MI improved significantly, increasing to a mean of 7.4 from a mean of 4.5 (p < .05). Knowledge of the spirit of MI and OARS increased significantly, moving respectively from a mean number of correct responses of 0.4 to 3.4 (p < .01) and from 1.7 to 3.9 (p < .001) – each out of a total possible score of 4. There were no significant changes in expectations for recovery or recovery knowledge.

Salient feedback about feasibility and acceptability of the CE program included content about the training format, strengths, and practice change as a result of the program. A summary of qualitative findings can be found in Table 3. In general, participants noted preferences for in-person training, followed by synchronous online components, which they preferred to access over time in lieu of training that occurred on only one or two occasions. Moreover, they underscored the importance of having time to digest the material after each training session rather than immediately transitioning back to work. Participants identified that key strengths of the CE program included the extent to which the facilitator modeled the use of MI throughout the training, enabling both observation of the benefits and expert applications of MI. Participants also underscored the benefits of small group activities and role-plays to practice skills, build competence, and gain confidence. Finally, participants articulated practice changes associated with parallel process: As student learners sought advice on how to navigate client ambivalence, participants used MI in their delivery of clinical supervision to support student learners to navigate the students' own ambivalence about how to respond to clients, ambivalence about how to use supervision, and ambivalence about how to choose and implement clinical services. Participants also commented on how the dynamic changed and improved between them and the student learners they supervised, situating themselves more collaboratively as co-learners.

Discussion

Field education holds a preeminent place in social work education. As its signature pedagogy, personnel at schools of social work have a responsibility for ensuring quality in all aspects of field just as they do for the classroom experience (Domakin, 2015). One way to support the quality of field education is to take an active role in training FIs, both in the specialized EBPs that students learn in the classroom and in how to provide clinical supervision. This project demonstrates the feasibility of providing such CE to FIs.

In our study, the specialized EBP that was embedded in coursework and featured in the CE program was MI in a recovery context. Because MI has been broadly disseminated, we anticipated that many FIs would already have some exposure to it and wondered if that previous exposure would limit recruitment and retention in the CE program. We successfully recruited nine participants, and all but one had previous exposure to MI; however, perceived competence and confidence in implementation were medium to low. This is consistent with other literature that demonstrates a lack of sustained proficiency even after training unless specific steps are taken to support competence and ensure fidelity over time (Hall et al., 2016). In spite of previous

Table 3 Findings from Interviews

Topic	Theme	Quote / Observation
Training format	Hierarchy of preferences	In-person training preferred: easier to focus on training when able to physically "get out of my workplace."
		For online: synchronous preferred, but asynchronous content is helpful for later review
	Multiple days, extended duration	Helpful to have the training in "different installments" rather than "having it all at once…It gives more time to integrate knowledge rather than just getting a bunch of information and being expected to use it right off the bat."
		It is "so easy when you do a training and you learn something" to just "forget about it." Coaching calls "supported learning over the course of some time" and "helps to keep it in the forefront of your mind."
	Transition time	"Getting sucked back into work immediately" does not "let things sink in as well." Commute time after off-site training and not immediately immersing oneself back into work facilitates time and "mental space" to digest program material
Training strengths	Modeling parallel process	Trainer demonstrated the use of MI "in all of her communication throughout the coaching calls," without which, "I don't think I would have considered how to incorporate [MI] into supervision and how to train the student in MI"
	Interact and apply: no "dumping information"	"I can't just do all lecture." [I need] "opportunities to break into groups and talk to people, which is helpful rather than just sitting and absorbing information." Participants emphasized the importance of discussing case vignettes and case consultations to facilitate deeper understanding of material and "see it in play with other supervisors."
	Role Plays	"As much as I don't love them," "painful role-plays" are the most helpful for learning and building skills.
	Learning from peers	"It was one of the first times that I was connected to other supervisors in the field from other organizations."
Practice Change	Utilizing parallel process	"This [program] was unique because there are not a lot of trainings on *how* to provide clinical supervision," and some began using MI in their delivery of supervision, resulting in (1) "guiding" rather than "directing" sessions, (2) developing supervision goals collaboratively, (3) perceived increase in student empowerment, and (4) improvement in student critical thinking to solve problems independent of the supervisor
	Enhanced structure	As supervisors and supervisees learned concurrently, supervision sessions were structured to reflect progression of MI training
	Collegial and collaborative relationships	Some supervisors transparently situated themselves as "co-learners" of MI and set norms for reciprocal sharing of successes and challenges implementing MI: "It was nice for us both to be in a learning position." "I would say that [the program] deepened [our relationship] a little bit."

exposure, all participants completed the CE program and shared positive feedback about the training, indicating feasibility and acceptability. Moreover, by the final session of the CE program, knowledge about basic MI concepts and confidence in implementation had increased significantly. While we were unable to conduct and provide feedback about a fidelity assessment, we are optimistic about the results we did obtain for a number of reasons.

First, the fact that all participants completed the program and participated in phone interviews is impressive, given the global pandemic that broadly disrupted services and interrupted practicum placements; however, it is perhaps not surprising. A study in England found that FIs (called practice educators) desired a closer working relationship with universities in part because they felt marginalized and disconnected from curricular content (Domakin, 2015). Providing

CE to FIs that is based on student coursework keeps FIs informed about curricular content. Moreover, making such an investment in training FIs signals their importance to the education of students and enhances the connectivity between school personnel and FIs. This is especially important given the "crisis" in social work education for securing a sufficient number of high-quality field placements with FIs willing to supervise MSW students (Ayala et al., 2018; Egan et al., 2018; Morley & Clarke, 2020).

Second, providing CE about specialized EBPs to FIs may in and of itself help to increase the quality of supervision they provide to MSW students. Because FIs and students in our study received training in MI concurrently (FIs in the CE program and students in the classroom), several FIs situated themselves as co-learners with students and described how doing so enhanced the quality of their relationship,

increased the frequency and depth of MI practice evaluation (including direct observation and feedback), and resulted in improved MI competency for both. For these dyads, the process of learning concurrently over time resulted in increased opportunities for students to observe the FI in practice, critical dialogic reflection, and direct feedback on students' provision of the EBP – all components associated with positive supervisory experiences and increased competence. Because this was a feasibility pilot, additional research is necessary to evaluate whether engaging FIs in such CE reliably results in increased opportunities for observation, critical reflection, and feedback in the FI-student dyad. It is difficult to know whether change in supervisory practices were directly associated with active participation in the CE program, increased personal confidence or competence in the EBP for the FIs, or something else. Additionally, further research is needed to investigate whether students' competence in MI (or another EBP selected for CE programming) increases more when supervised by FIs engaged in such CE programming compared to students supervised by those not engaged in CE programming.

Third, there were clear indications that the experiential aspects of the training (i.e., training strategies) changed supervisory practices in the FI-student dyad. Most participants had previous exposure to MI and still reported moderate-low confidence in their ability to implement it at the start of the pilot. Participants overwhelmingly ascribed their unique post-training success with building MI competence to the structure and content of the CE program. The depth of content that full-day training enables, the extended duration of coaching calls over time, and the interactive nature of the training throughout – particularly role-plays – were all perceived as essential contributors to their growth in competence and confidence, which comports with extant research (Archer et al., 2020; Taylor et al., 2019). Interactive components and opportunities to practice over time have been shown to improve actual practice behaviors more than didactic education alone (Davis et al., 1999; O'Brien et al., 2007; Schwalbe et al., 2014), and participants reported utilizing increased interactive strategies (similar to those from the training) with students in the provision of supervision because of the training – including bidirectional observation, real-plays, and feedback about students' performance. Interestingly, FIs unanimously shared initial reactions of disdain for role-plays in spite of their valuable contribution to developing competence. It may be worth considering what facilitated engagement in role-plays in the training so that FIs can use similar strategies in supervision to facilitate student engagement in role-plays and other interactive strategies.

One possibility lies in the idea of parallel process. A number of participants commented on how the CE facilitator taught MI and concurrently used MI as a main facilitation strategy. Using and demonstrating MI offered participants the opportunity to observe expert implementation of MI. Moreover, as participants observed the facilitator implement MI throughout the training, they became more invested in the utility of MI by experiencing it first hand as the recipients of MI-style facilitation. Bernard & Goodyear (2019) refer to this approach as parallel process, and they suggest that modeling the implementation of an EBP during supervision as a way to provide supervision in that EBP can reinforce student investment in it for clinical practice. In our study, the facilitator's consistent application of MI normalized and encouraged the practice of MI-style conversations during the training, which encouraged FI engagement in role-plays, and it encouraged the FIs to emulate the facilitator's use of parallel process by using it themselves in the provision of supervision. In other words, FIs used MI as a strategy to provide clinical supervision to students while training those same students in MI. One participant felt utilizing parallel process in supervision was particularly effective, and articulated how integrating the spirit of MI in supervision empowered a student to identify their own strategies for solving clinical problems. The FI estimated that as a result, the student's overall clinical growth outpaced previous students by an academic quarter.

Ultimately, the interactive components of clinical supervision that are associated with increased competence and satisfaction for students (opportunities for observation, critical dialogue, and opportunities to practice over time with feedback) also made for effective and satisfying CE programming for the FI participants in this project. Moreover, experiencing the benefits of such strategies themselves during the training may have contributed to FIs willingness to integrate those approaches into their approach to the provision of clinical supervision to students. Additional research is needed to examine and confirm if and how providing opportunities for FIs to experience the value in such interactive training strategies results in increased use of the same strategies as they supervise students and also if there are any subsequent increases in student competence in the EBP and satisfaction with supervision.

Implications for Social Work Practice, Education, and Research

More research is needed to investigate strategies to intentionally enhance the quality and effectiveness of supervision provided by FIs, particularly related to an array of EBPs taught in classroom settings. In particular, research is needed to investigate whether training FIs in EBPs embedded in coursework increases student competence in the EPB and/or satisfaction with field placement and supervision.

Educators developing CE for FIs may consider how to utilize parallel process in the facilitation of CE programming; however, it may be that parallel processes associated with MI are uniquely suited to improving the quality of supervision, whereas other EBPs may have important strengths and limitations that support or limit the applicability of parallel processes. Research is also needed to investigate whether the use of parallel process during supervision is associated with increased student competence and satisfaction with supervision.

In general, continuing education improves clinical practice and client outcomes (Institute of Medicine, 2010; Taylor et al., 2019), and considerable research has been conducted about how best to deliver education and training to adults (Archer et al., 2020). Some argue that COVID-19 instigated a renaissance for adult education as the rapid shift to online delivery required creativity and renewed reflection about the effectiveness of teaching strategies (Kaiser & McKenna, 2021). However, adult education (Johnston et al., 2015) and social work CE programming (Congress, 2012; Kurzman, 2016) have thrived online well before COVID-19. While some preferences and best practices for continuing education have already changed since the beginning of the pandemic, it seems reasonable to assume they will continue to evolve as people progressively return to in-person work settings.

In this study at the time of data collection, participants overwhelmingly expressed a preference for in-person training and the benefits of it lasting a full business day. Many felt disconnected from other behavioral health supervisors and expressed gratitude for the opportunity to interact with such peers, a sentiment consistent with other research (Archer et al., 2020). While participants acknowledged the inconvenience of traveling to an in-person training and the barriers it creates for access, it was clear that the pressure to multitask and engage in work during online trainings was viewed as a more significant barrier. Moreover, participants described the necessary "mental space" that commuting to and from an in-person, off-site training offered; instead of immediately returning to work, or being expected to multitask and attend to emergent work responsibilities during the training, they had time to reflect on training content, which they felt promoted retention of training material and increased the likelihood of applying new strategies in clinical settings – a finding consistent with previous research (Lowe et al., 2007).

While an all-day training justified commuting to an off-site training location, participants felt the shorter, hour-long coaching calls were better conducted online, even with the inherent problems of short, online learning. Aside from the lack of mental space and the expectation for multitasking during online trainings, participants reported that the major downside of short, online trainings is that they are relegated to a lower priority and easier to skip in lieu of emergent work activities. In fact, no coaching call had more than seven participants present. However, the extended duration of the coaching calls over the course of three months enabled participants to keep training content fresh in their minds, resulting in extended reflection on the material and continued attempts to hone associated skills, a finding consistent with current research about the effectiveness of ongoing coaching to increase practice competency (Taylor et al., 2019). Participants indicated that such extended engagement with the material was possible because of the use of technology and short-duration sessions. Thus, participants ultimately expressed a preference for "blended learning," a combination of online and in-person learning, which tends to be popular in general and is at least as effective as purely in-person learning (Könings et al., 2018).

Limitations

There are a number of limitations in this project. First, the original plan to assess fidelity to MI and provide feedback to participants was abandoned due to the rapid change in research protocols associated with COVID-19. Second, as the purpose of the pilot was to evaluate feasibility of providing CE to FIs that includes content in a specialized EBP embedded in coursework, we are unable to report outcomes associated with efficacy. However, there is evidence that participants increased knowledge and confidence in MI. Future research is needed to evaluate changes to FI practice competencies and whether those changes result in enhanced student competencies. Third, there was no measurable change to recovery knowledge or expectation scores, and no evidence in the interviews that participants deepened their understanding of recovery. It may be that the measures used to track pre-post changes were not sensitive enough to detect change in the small sample; however, feedback from the facilitator suggested that participants felt they knew recovery enough, and it may have resulted in recovery content not being emphasized sufficiently in the training. It may also be that participants viewed MI as a clearly defined EBP that was hierarchically more important than the more conceptual ideas of recovery, resulting in MI receiving more attention in supervision. Fourth, the pilot was purposefully small so as to remain nimble and adjust programming to participants' needs. The pilot was intended to inform the development of subsequent iterations of CE programming and identify lessons learned in general for training FIs in specialized EBP embedded in coursework rather than construction of a standardized CE manual. As most schools of social work develop syllabi independently of other programs, the purpose of this article is not to disseminate the particular CE

program as a product but to share insights with other social work faculty members interested in developing their own CE to train FIs in specialized EBPs embedded in coursework and to add to the larger conversation about the responsibility of social work educators to actively participate in developing creative strategies to strengthen field education. Fifth, the facilitator shared didactic content on the use of parallel process in supervision and encouraged the use of interactive strategies in supervision. We are unable to determine the degree to which such didactic content in supervision strategies may at least partially explain change in supervision behaviors; however, participants expressly articulated that the experiential components of the CE program, particularly participation in interactive strategies such as role-plays and the facilitator's modeling of parallel process, were instrumental and more important than the didactic content on supervision. Thus, although additional research is needed, we have confidence that didactic content alone did not produce reported practice change in the provision of clinical supervision.

Conclusion

This article reports on the feasibility of delivering CE to FIs that contains content on a specialized EBP embedded in a required MSW clinical course and strategies for supervision. While FIs may be averse in the abstract to role-play and interactive strategies focused on building competence, in practice, there is a recognition of the central importance of such interactive strategies. Not only did participants report satisfaction with the program, the CE programming resulted in improved confidence and knowledge about MI and perceived enhancements to the supervision they provided to MSW students, demonstrating the feasibility of offering such CE to FIs.

Statements and Declarations

Conflict of Interest The authors declare that they have no conflict of interest.

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