# **Continuing Professional Education and Competency: Implications for Social Work Practice**

# Mark R. Marquez

Dept. of Social Work, Fayetteville State University 1200 Murchison Rd. Fayetteville, NC, United States Tel: 1-910-672-2671 E-mail: mmarque2@uncfsu.edu

## Abstract

Competent professional practice requires ongoing professional development. Not only to enhance current competency but also to develop the necessary competency to address new and emerging issues within and given profession. Though it has long been understood that a training need exists when an individual lacks the skill or knowledge to perform adequately, many professions, including social work, historically did not pay attention to the relationship between training and improved practitioner performance. However, with public expectations of competent performance and credentialing activities to insure such, the professions are aware that they must maintain high levels of competence and that Continuing Professional Education (CPE) is a valuable tool in achieving such. This article is a discussion of how CPE can play a significant role in developing and enhancing professional social work practice competency.

Keywords: Education; Competence; Professional; Social Work

# 1. Introduction

Social Work has been struggling to be recognized as a profession ever since, in 1915, Flexner concluded that social work was not a profession (Falkenheim, 1993). As with many professions, there is a long history of the issue of competence being an important issue (LeBreton et al., 1979) for psychologists (Spruill, Jean, et al., 2004) and the social work profession, as highlighted by the current implementation of updated social work educational policies and standards that emphasize competent social work practice (CSWE, 2015).

Using Ewalt's (1979) long held view that competence is one's ability as related to any given task required, the question of professional social work competence becomes, how does the professional social worker develop the ability to perform advanced practice-specific tasks as related to advanced levels of task requirements? The formal degree based education that they receive certainly helps lay the foundation but the development of existing levels of competence as well as the establishment of competencies related to new and emerging social work practice areas and issues requires more than the formal degree-related education experience. Elman, Illfelder-Kaye & Robiner (2005) suggest that it requires on going continuing professional education (CPE), as does Robotham (2003).

While lifelong learning is an effective method for developing and maintaining high levels of competence in a profession (Houle, 1980) it has not always been actively embraced by the professions, including the social work profession. To treat people with complex psychosocial problems successfully, a practitioner

needs to have special training (Lieberman, 1982). Though it has long been understood that a training need exists when an individual lacks the skill or knowledge to perform adequately (ASTD INFO-LINE, 1985), many professions, historically did not pay attention to the relationship between training and improved practitioner performance (Todd, 1987). Todd (1987) suggested that continuing professional education could improve performance if it focused on what the practitioner did in day-to-day practice.

### 2. Discussion

The following is a discussion of variables significant to the understanding of the implications of CPE on social work practice competency, with an emphasis on clinical social work competency. The discussion, while addressing professions in general, focuses on social work and by highlighting historical variables as well as current activities related to professional social worker competence and its relationship to CPE.

# 2.1 Professions and Competency

A common element of all professions is the ongoing improvement of performance (Nowlen, 1988). This is pertinent to clinical social work because competence is part of being an effective counselor (Cormier & Hackney, 1987). In the field of social work, issues of accountability have in part focused on the ultimate competence of MSW graduates (Kameoka & Lister, 1991).

The Council on Social Work Education (CSWE) is the entity that accredits Baccalaureate and Master's social work education programs. The CSWE 2015 Educational Policy and Accreditation Standards for Baccalaureate and Master's Social Work Programs (EPAS) (CSWE, 2015) demonstrated the Council's view of the importance of competency in social work practice was emphasized in its actions in 2008 when it adopted a competency-based framework. The Council's continued focus on competent social work practice was again emphasized when it updated its educational policies and standards. The standards now prescribe nine (9) social work competencies and allow programs to add other competencies under certain conditions.

The National Association of Social Workers (NASW) is the social work professional organization in the United States. It carries out duties related to the profession to include establishing a Code of Ethics for social workers. Over the years it as addressed the issue of professional social work practice competence as an ethical issue and standard.

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly: The NASW Code of Ethics (1990) states "The social worker should accept responsibility or employment only on the basis of existing competence or the intention to acquire necessary competence" (p.3). The NASW Standards for the Classification of Social Work Practice (1981) focused on a definition of the necessary basic competencies at differentiated levels of practice. It used a knowledge, skills, and abilities approach to classify levels of competence. The levels included: (a) basic professional level that requires skills not normally obtainable from day-to-day practice, (b) specialized (expert) professional level in which one has mastered at least one knowledge and skill area, (c) independent professional level that requires that a practitioner have the ability to practice independently based on achievement of practice resulting from special training and supervised practice, and (d) advanced professional level in which a practitioner has

major social or organizational responsibility or has achieved professional growth demonstrated by advanced conceptual contribution.

Wodarski (1986) suggested that when addressing competence in social work, people need to address three areas: (a) interpersonal skills, with special emphasis on empathy, unconditional positive regard, and genuineness; (b) theoretical knowledge; and (c) practice skills such as interviewing and diagnosis. Wodarski made it clear that the assessment of competence and effectiveness of practice are critical social work issues.

#### 2.2 Certification

Partially due to the public outcry for competency on the part of the professional, the need to put some controls on the professions has been recognized. One significant attempt at control has been that of certification. In several professions the issue of certifying professional competency has been at the forefront of professional issues (LeBreton et al., 1979). Regarding clinical social workers in North Carolina, "Continuing education is required for certification renewal to maintain professional knowledge and technical competency" (Kledaras, 1995, p. 2).

For the purposes of this discussion, this author used the Gilley and Eggland (1989) perspective of the differences between certification and licensure. They presented licensure as a required process administered by some political body or governing group and certification as a voluntary process by which the professional organization or association addresses the degree of competency of its own practitioners. LeBreton et al. (1979) charged the professional associations with enhancing and protecting their professions as well as policing their membership in terms of performance. The issue of performance or competency has promoted the use of continuing education programs for professionals.

The use of continuing education as part of the recertification process is a common practice in many professions (Reinhart & Keefe, 1990). Many states have required mandatory continuing education for certain professions (Nowlen, 1988). Cervero (1988) noted that all 50 states require participation in some form of continuing education as a relicensing factor for some professions. In fact, Curry and Wergin (1993) stated that society wants professionals to be accountable throughout their careers. They made a reasonable argument for recertification. LeBreton et al. (1979) related that some lawyers perform at substandard levels because they had forgotten what they had learned, never learned what they needed to know, what they did learn was no longer valid, and advancements in the profession required new skills.

Public laws can affect the practice of social work in terms of a social worker's having to have specific knowledge to operate under the law (Openshaw, 1981). Licensure will affect social work education because if we do not modify our programs our graduates will fail to achieve licensure. (Hartman, 1990).

The Department of Health, Education and Welfare took an active role in addressing concerns about credentialing during the 70's (Whyte, 1979). Coincidentally, or not, the social work profession started viewing legal regulation as a major goal during the 70's (Dinerman & Geismar, 1984).

Cohen and Deri (1992) stated that licensure has been used to insure a level of practitioner competency. They also related that "grandparenting " has the potential to undermine this intent if the social work training needs of licensed social workers, without formal social work education, were not properly addressed.

Helper and Nobel (1990) supported this concept when they stated that social work practitioners without appropriate preparation would be unable to perform professional social work effectively.

Potentially even more serious to the future of the profession is Barker's (1992) belief that as long as grandparenting is allowed, social work will not be able to claim the rigorous quality control that goes with accountability. The CPE needs of grandparented social workers needs to be addressed since the research findings of Dhooper, Royse, and Wolfe (1990) indicated that those individuals with formal social work training were better prepared for social work positions than those who did not have formal training.

## 2.3 CPE

"The purposes of continuing professional education are quite clear - to ensure competence and enhance performance of professionals" (Queeney & Smutz, 1990, p. 162). There are various terms for defining and describing what happens after formal education has ceased. The terms include continuing higher education, continuing professional education, and the general term of continuing education. Wordarski (1986) stated that continuing education is viewed differently by different people.

Given the differences in perspectives in this area, this researcher will present information from the literature as related to the continuing professional education of clinical social workers. Related areas include: (a) adults as learners because most if not all clinical social workers are adults, (b) continuing education in general because continuing professional education is a subset of continuing education, (c) continuing higher education because of its link to continuing professional education, (d) continuing professional education, and (e) the connection between continuing professional education and clinical social work.

Adult learners comprise the most rapidly growing segment of American education (Gessner, 1987). A subset of adult learners in the education field is related to continuing education. Continuing education is different from general adult education in that continuing education occurs after initial education (Jarvis, 1983). Continuing education takes place in a variety of settings, including universities and colleges. Continuing education in these settings is referred to as continuing higher education. Continuing education for the professions has increased to the point that continuing professional education has become a new field of practice (Cervero, 1988) and that "continuing professional education will become a more prominent subfield of practice in adult and continuing education" (Cervero, 1989, p. 521).

A majority of adult students seeking continuing higher education hold professional or managerial positions and range in age from mid-twenties through retirement (Freedman, 1987). While these individuals are engaging in both higher education and continuing education, there is a stated difference between adult education and continuing education. The difference is that continuing education occurs after an initial education regardless of whether it occurred in adulthood or not (Jarvis, 1983). Though there are differences, there are related factors to consider when one is involved with adults. Tyler (1949) stated "learning takes place in the active behavior of the student" (p. 63). Merriam and Caffarella (1991) stated that learning in adulthood is a very personal activity and therefore the programming that adults are involved in should reflect an understanding of that individual's needs. Additionally, adults are very busy people and

will not participate if they do not think the involvement is going to be of some value to them. Merriam (1984) stated that understanding adult development issues is critical to any educator of adults.

Jarvis (1983) argued that continuing education is becoming a very significant part of the field of education, and Freedman (1987) viewed it as integral to the success of the United States in the future. Jarvis (1985) suggested several functions of adult education and continuing education in our contemporary society: (a) it maintains the social system and the reproduction of existing relationships, (b) it assists in transferring knowledge, (c) it helps in individual advancement and selection, (d) it seems to give some individuals a second chance or legitimizes certain situations, (e) it allows for leisure time pursuit as well as institutional expansion of non-work time, and (f) it also helps with individual development.

#### 2.3.1 CPE and Social Workers

NASW (1982) indicated that the NASW Board of Directors approved a set of standards for continuing professional education on June 18, 1982. It was stated that:

The National Association of Social Workers (NASW) views continuing education as an essential activity for ensuring quality social work services for clients. By consistent participation in educational opportunities beyond the basic entry level professional degree, social workers are able to maintain and increase their efficiency and service delivery, new knowledge is acquired, skills are refined, and professional attitudes are reinforced. (p. 3)

The concept of professional schools needing to have continuing education responsibility dates back at least two decades (Hughes, Thorne, DeBaggis, Gurin & Williams, 1973) and continues to be a significant part of education (Gessner, 1987; Jarvis, 1983). Lerner and King (1992) believe that society wants universities to take an active role in solving problems and that continuing education is a way that this can be done. In terms of professional schools' relationship with continuing education, Loavenbruck (1981) stated that continuing education is the link between social work education programs and the practice community.

The Master of Social Work (MSW) degree granting programs currently reflect some interest in continuing education. More specifically, the University of North Carolina at Chapel Hill (UNC-CH) School of Social Work stated that its continuing education programming is aimed at meeting the needs of practitioners throughout the state of NC ( "Continuing Education," 1994).

How does continuing education link with the needs of professionals? Continuing education for professionals is part of a complex societal movement (Gessner, 1987). The concept of continuing education is that it will help an individual mature and be better able to deal successfully with the changes with which one is confronted (Gessner, 1987).

Curry and Wergin (1993) suggested that professional practice is characterized by complexity and uncertainty. This concept is hard to argue with, given the known complexities and uncertainties of professional practice. Todd (1987) stated that the purpose of continuing professional development is to improve the quality of a professional's performance. He added that continuing professional education is gaining in importance.

Continuing education for professionals has been increasing steadily since the early 1960's (Queeney & Smutz, 1990). Cervero (1988) suggested that professionals learn from formal education, informal

education, and the rigors of everyday practice. The concept of the reflective practitioner appears related to the issue of education's relationship to everyday practice. Houle (1980) suggested that the term "continuing professional education" came to be used regularly late in the 1960s.

Houle (1980) and Cervero (1988) suggested that there are similarities in continuing education throughout the professions. Houle (1980) added that, if someone confines himself or herself to one viewpoint on how education should occur, he or she is not going to be able to adjust to the changes that are going to arise over time. Lerner and King (1992) indicated that there was a need for alternatives to traditional ways of conducting continuing education so that changes that occur in society and the professions can be properly addressed.

Loavenbruck (1981) stated "continuing education is a primary vehicle for maintaining the vitality of any professional's knowledge base and practice skills" (p. v). In seeming support of this concept, Davenport (1992) related that most professions, such as law, medicine, nursing, and social work, require continuing education. In further support of this, numerous states have mandatory continuing education for selected professionals, to include 20 states having continuing education requirements by statute or regulation for social workers as of 1986 (Nowlen, 1988).

Continuing education is important to social work (Cohen & Deri, 1992; NASW, 1991; Wordarski 1986). While there may be a variety of reasons for this view, there are two that are of major importance. Davenport (1992) stated that an increased emphasis on continuing education in terms of social work was in part due to increased expectations around accountability and evaluation of practice. Additionally, NASW (1982) standards on continuing education state that the "belief in the client's right to have knowledgeable and skillful assistance provides the basis for the social workers participation in continuing education" (p. 5).

In terms of professional social work practice, the NASW has established standards for continuing education. The NASW standards on continuing education (1982) stated "continuing education is a self-directed process that requires social workers to assume responsibility for their professional development...for the practitioner, the standards encourage self-assessment with regard to continuing education activities" (p. 3). These standards state that social workers are to complete a minimum of 90 hours of continuing professional education every 3 years. The guidelines that were set up for meeting these standards included three categories of continuing education. The standards indicated specific time requirements for each category. Category one is any related formally organized event in which the social worker is to complete 40 hours over a 3-year period. Category two includes professional meetings and organized learning events. A social worker should have 30 hours of this over the 3-year period. Category three includes individual professional activities and the worker should complete 20 hours.

In consideration of the professional social work clinician, O'Neil (1984) stated that the MSW graduate should have specialized as well as general expertise if one is to practice successfully. However, Lieberman (1982) stated that much post MSW clinical practice training does not adequately address the necessary knowledge base. He went on to state that general continuing development of clinical skills has been promoted traditionally by: (a) supervision, (b) intensive case consultation, (c) in-service training seminars, (d) staff development programs, and (e) workshops and meetings. He indicated that while these can be very

helpful, they do not provide the planned progression of professional development with well-defined educational aims.

Barker (1992) saw the private social work practitioner as having to make numerous judgments quickly without much direction from others. This independent decision-making responsibility is indicative of leadership responsibilities. Hickman and Silva (1984) stated that to be successful, leaders need to learn new skills. It follows that clinical social workers need to learn new skills.

#### **3. Implications for Social Work**

Change is going to happen; the professions can plan and manage it or they can let it just happen (Schien, 1972). Additionally, society lacks confidence in some professions (Schon, 1983). These concepts are very pertinent to social work. The profession is in the position to be involved in the change and to build society's confidence in the profession. Social workers, including clinical social workers, can help facilitate increased confidence by being competent practitioners. The concept that certifying professional competency is a significant professional issue (LeBreton et al., 1979) is well established in the field today. The status of clinical social work in the US is characterized by a climate of change and accountability. Certification, licensure and vendorship laws have influenced the social work field by encouraging it to take a look at competent professional social work practice

The results of this discussion suggested that Gartner's (1976) view that social work was not clearly defined continues to be true today. It appears that this is not solely because it does not have a distinct definition but that it is in the process of clarifying its roles and functions. A major obstacle to this clarification process has been that historically anyone could be called a social worker, despite background or preparation. Another major problematic issue confronting clinical social work is that there is not a clear and widely accepted understanding about what constitutes the core competencies of clinical social work. The roles and functions will continue to be issues because it will take time for them to be clarified and broadly accepted. This is in part due to social work practice's not being confined to one theory of practice (Saari, 1986) and the possibility of there being many who have not met the rigid requirements with which future clinical social workers need to be competent practitioners.

It is indicated that there is agreement that continuing professional education will play a vital role in the future of clinical social work in NC. The view that continuing education is important to social work (Cohen & Deri, 1992; NASW, 1991; Wodarski, 1986) is consistent with these findings. Considering this and that much post-MSW clinical practice training does not adequately address the necessary knowledge base (Lieberman, 1982), it is important that training be developed around the knowledge and skill requirements of competent practice.

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