

POSITION TITLE**PSYCHIATRIC SOCIAL WORKER, ACSW/AMFT****JOB CLASSIFICATION:****NON-EXEMPT****TITLE OF IMMEDIATE SUPERVISOR:****PROGRAM DIRECTOR****DIVISION:****MENTAL HEALTH SERVICES****POSITION OBJECTIVE/SUMMARY:**

The Psychiatric Social Worker is responsible for participation in outpatient services with program staff on the coordination and service plans of all clients assigned to caseload, while making use of social work knowledge of the family and community while performing such duties under the clinical supervision of a Licensed Clinical Social Worker.

MINIMUM QUALIFICATIONS REQUIRED FOR THIS POSITION:

- A Master's Degree in Social Work, Marriage and Family Therapy or Clinical Psychology from an accredited college.
- A valid registration with the California Board of Behavioral Sciences or license eligible.
- A minimum of one (1) year experience in a psychiatric facility working with patients who are persistently and severely mentally ill preferred.
- Physically well, emotionally stable, and good communication skills, both verbal and written.
- Ability to work with a multidisciplinary treatment team essential.

GENERAL STATEMENT OF FUNCTIONS:

Recognizes the need for, and implements treatment of individuals, groups, conjoint or families, directed towards reducing the dysfunction of patients, whether it be reflected in their emotional life, physical symptoms, social or intellectual maladjustment or combination thereof.

Participates in intra-agency or inter-agency conferences and multi discipline staff meetings for the purpose of improving services and coordinating related activities, whether this be in the area of direct services to patient, administrative functioning, or professional growth.

SPECIFIC DUTIES AND RESPONSIBILITIES:

1. Conducts individual, conjoint or family therapy with assigned patients.
2. Assists in the formulation and implementation of coordination and service plans.
3. Participates in the review process to ensure that all clients accomplish full participation in program.
4. Assures continuity of care.

5. Responsible for discharge planning.
6. Participates in-service training for team.
7. Relieves other primary therapist in the Agency as needed.
8. Practices confidentiality in client related matters.
9. Cooperates with fund raising activities for the Agency.
10. Must have the ability to work with multi cultured and ethnic populations; and
11. Practices loyalty and commitment to the philosophy, goal and objectives of the Agency.
12. Maintains records and prepare reports or necessary referrals to assist in the treatment of clients.
13. Serve as liaison to other departments to facilitate communication and referral of clients.
14. Monitors patients satisfaction with services on a quarterly basis.
15. Refers to other agencies when appropriate.

GENERAL STANDARDS FOR CLINICAL SOCIAL WORK PRACTICE

Adequate records shall be maintained on each individual patient and shall include diagnostic studies and a record of services provided by the various disciplines to make possible the evaluation of services. The records shall reflect the following:

- A psycho-social history
- Documentation of the presenting problems as given by the client
- Diagnostic studies/tests and/or a diagnostic interview in sufficient details to sustain a preliminary diagnosis
- An assessment of how a client's illness impairs his functioning
- A coordination and service plan which includes treatment goals (short-term and long range).
- A global assessment scale rating upon entry into treatment
- Progress notes entries, giving a description of the changes in to client's condition including the client's general response to treatment and observations of psychosocial and physical manifestations
- Progress notes are to be dated
- Progress note entries signed with at least the first initial and surname of the therapist.
- Records shall be signed and identified by discipline
- Chart entries signed by social work students, trainees, or volunteers shall be countersigned by a supervisor
- The records of service provided shall be in sufficient detail to make possible the evaluation of the service and its quality
- Chart entries shall be legible
- Contact shall me made for missed appointments either by telephone or letter and documented

- Cases inactive for thirty (30) days or more shall be completed and closed
- The discharge summary or note must include:
 - A recapitulation of the client's course of treatment
 - A description of the client's condition on discharge
 - Recommendations concerning follow-up or aftercare
 - The client's immediate disposition upon discharge
- The discharge summary shall reflect an exit global assessment scale rating
- A final diagnosis shall be written in standard DSM-IV nomenclature

All patient's records shall be confidential. Information and records shall be disclosed only to: professional persons providing the patient with services or referral; qualified professionals involved in conservatorship proceeding in behalf of the patient; persons designated in writing by the patient or by his/her parent (in case of a minor); a patient's guardian or conservator; agencies to whom the patient is making a claim for insurance, aid or medical assistance; agencies designated by the patient to which he/she is applying for life or disability insurance; the courts as necessary to the administration of justice; government law enforcement agencies as needed for the protection of Federal and State elected constitutional officers and their families; the patient's attorney' or an ex-patient's probation officer if both the ex-patient and the medical director agree to it.

The following conditions shall be followed if information and/or records have been released to professional involved in the client's treatment, there shall be a record of:

1. The date of release
2. The circumstances of release
3. The name(s) of the recipient(s) and their relationship to the client
4. The specific information disclosed

In each instance where records/information have been released to persons or agencies outside the facility, there shall be a written consent signed by the client permitting this.

If there is any instance where the information regarding a patient was denied an employer because release would be contrary to the patient's best interest, the client must be notified within five (5) days.

If the patient's clinical record information for employment purposes is denied to the patient, there shall be a copy of a formal notice to this effect following the medical records policies and procedures as outlined in that offices' manual.

STANDARDS FOR CLINICAL SOCIAL WORK PRACTICE - OUTPATIENT SERVICES

1. Clinical social work services shall be provided as a primary therapist's function in each outpatient service.
2. Office space shall be available in which to see clients in private.

3. Records should indicate that the client has one therapist primarily responsible for his/her case.
4. Whenever possible, if a client returns to the facility after discharge, he/she should be assigned to the same therapist.
5. If a case has been inactive there shall be a case review within sixty (60) days for outpatients.
6. The clinical social worker shall participate, as well as make case presentations, in the regularly scheduled staff meetings/case conferences to discuss the evaluation and treatment of patients.
7. Records of service and progress reports by therapist shall be completed each visit for outpatients.
8. Therapy is to incorporate the appropriate psychiatric treatment modalities with emphasis on short-term treatment.
9. If there is a question about the client's medical/psychiatric treatment, the staff psychiatrist is to be consulted, as the psychiatrist shall assume medical responsibility for all patients.

STANDARDS FOR CLINICAL SOCIAL WORK PRACTICE - PARTIAL HOSPITALIZATION

1. Clinical social work services shall be provided as a primary therapist's function in each partial hospitalization service.
2. As a member of the treatment team the social worker ensures that the patient receives the following services by direct intervention, referral, recommendation, or from observation:
 - A. Lunch or meals for full-day patients
 - B. Recreational therapy
 - C. Occupational therapy
 - D. Group therapy
 - E. Individual therapy
 - F. Screening
 - G. Prescriptions and medication
 - H. A physical examination when there is no evidence of a recent physical examination
3. Records of service and progress reports by the primary therapist shall be completed each day for partial hospitalization clients.
4. If a case has been inactive there shall be a case review within thirty (30) days.

STANDARDS FOR CLINICAL SOCIAL WORK PRACTICE - INPATIENT SERVICES

1. Clinical social work services shall be provided as a primary therapist's function and in each inpatient service.
2. There shall be at least one licensed clinical social worker for every fifty (50) patients.
3. A social service assessment of the client shall be completed within 48 hours of admission.
4. Social services shall be provided by the social workers under the direction of the medical staff.

5. The social worker shall bring to the attention of the medical/nursing staff any observations which may warrant general medical, neurological and/or surgical services.
6. Progress notes shall be entered into the patient's medical record by the primary therapist at least every other day for inpatients. A summary note shall be written upon completion of the treatment program.
7. All documentation of services shall be completed within seventy-two (72) hours after discharge.

STANDARDS FOR CLINICAL SOCIAL WORK PRACTICE – FIELD SERVICES

- 1.

SUPERVISED LEARNING EXPERIENCE FOR SOCIAL WORK TRAINEES

1. Unlicensed social work personnel must be supervised by a LCSW, a minimum of one hour per week.
2. Social work personnel pursuing licensure must have one year of qualifying experience under supervision, of which, 800 clinical hours may be a licensed psychologist, board certified psychiatrist, or licensed clinical social worker.
3. Social work personnel who receive supervised training experience at Kedren Community Mental Health Center shall be subject to the standards, policies and procedures outlined in the trainee manual (see attached B).

COMPETENCIES:

- **Client Focus** – Identifies, analyzes, and implements evidence-based therapeutic interventions designed to achieve client goals; using research and technological advances; evaluating program outcomes and practice effectiveness; developing, analyzing, advocating and providing leadership for policies and services; and promoting social and economic justice.
- **Collaboration** – Develops cooperation and teamwork while participating in a group, working toward counseling and solutions that generally benefits all involved parties with the client as the primary focus (if involved).
- **Context of Practice** – Responds to evolving organizational, community, and societal contexts at all levels of practice in an informed, resourceful and proactive way. Recognizes that the context of practice is dynamic and uses knowledge and skill to respond proactively.
- **Critical Thinking** – Obtains, analyzes and evaluates information effectively in the face of ambiguity. Makes appropriate decisions based on relevant information and experience.
- **Cultural Diversity** – Identifies, addresses and corrects inequities that exist in the provision of health care to culturally and ethnically diverse groups; continuously strives to achieve the ability and availability to effectively work within the cultural context of the client, family or community.

- **Documentation** – Writes clear, concise medical record notes (e.g., focus on referral problem, functional changes, duration, acute or long-term, functional impairment, recommendations, plan of action, results, adjustments, etc.).
- **Ethical** – Applies decision-making strategies that are grounded in social work values and ethics and person-centered principles.
- **Human Behavior** – Incorporates understanding and knowledge of human development across the life span, gender/sexual orientation, unique behavioral health needs of special populations and their social environments involved in assessment, intervention, and evaluation.
- **Interprofessional Teamwork** – Displays team-based professional skills, roles, and responsibilities in order to ensure an environment for safe, efficient, effective, and equitable care and innovative research.
- **Professionalism** – Thinks carefully about the likely effect on others of one’s words, actions, appearance, and mode of behavior. Selects the words or actions most like to have the desired effect on the individual or group in question. Demonstrates respectful and effective relationships with colleagues and clients and their families.
- **Research** – Analyzes and evaluates benefits and limitations of evidence-based treatment models, as they inform behavioral health practice with clients and family members from a perspective of wellness and resiliency.
- **Social Justice** – Applies knowledge to facilitate the removal of external and institutional barriers to clients’ well-being; recognizes the impact of social, political, economic and cultural factors on human development.
- **Thoroughness** - Demonstrates attention to detail and accuracy. Defines and organizes tasks, responsibilities, and priorities. Takes responsibility for timely completion.

Employee Name (please print):

Employee Signature

Date