Who Am I and What Do I Do? Developing a Social Work Identity Through Interprofessional Education and Practice

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Abstract: The purpose of this study is to examine social work professional identity development through interprofessional education and practice. The Integrated Mental and Behavioral Health Training Program (IMBTP) was developed to prepare students for collaborative practice in integrated behavioral health settings. Interprofessional education and training was a core component of the IMBTP. At the conclusion of five cohorts (graduating 2014-2018), 61 MSW students had completed the training program. Content analysis of qualitative evaluation data revealed professional identity development as a recurring theme across multiple domains. Results demonstrate that providing opportunities for social work students to participate in interprofessional education and training allows for a greater understanding of other professional roles and perspectives, while at the same time helping to solidify the role and identity of a social worker. Social work education programs should consider including interprofessional education experiences for all students.

Keywords: Interprofessional education; MSW education; professional identity; integrated care

Fostering student development of a social work professional identity has long been a core component of social work education (Miehls & Moffatt, 2000; Oliver, 2013; Wiles, 2013). While always a complicated endeavor, the recent growth of interprofessional practice adds new challenges for social work students as they work toward forming their own professional identity (Ambrose-Miller & Ashcroft, 2016; Oliver, 2013). This article focuses on how the development of a social work identity can occur through interprofessional education and practice. The study stems from evaluation of student learning outcomes in a specialized training program intended to prepare students for collaborative practice in integrated behavioral health settings. The original goal of the data analysis was to identify key elements of the training model that enhanced student knowledge of integrated practice and ability to implement integrated and interprofessional practice skills. Unexpectedly, professional identity development emerged as an important outcome of the training experience when students reflected on their learning in the program. Students identified interprofessional experiences as integral in helping them to understand and solidify their role and identity as a social worker.

Social Work Identity

Social work educators know that becoming a social worker is not solely grounded in knowledge and skill development. Professional identity development is complex and

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involves internalizing a profession's norms and values as part of one's own behavior and self-perception (Adams et al., 2006; Levy et al., 2014). Social work, as defined by the International Federation of Social Workers, is grounded in a commitment to social justice, human rights, and empowerment of people, along with a respect for diversity (International Federation of Social Workers, 2014). These are all value-based concepts that social work educators hope students develop and embrace as they grow into their roles as professional social workers. Wiles (2013) notes that students must "develop a personal sense of *being* a social worker" in order to develop professional identity, and "that this can only emerge through opportunities to articulate this identity in both the workplace and academic setting (p. 864)."

The social work field placement or practicum provides many students with their first opportunity to represent and articulate the profession of social work in a workplace setting (Scholar et al., 2014). Many educators consider the field placement experience as the cornerstone in student development as a professional social worker (Loseke & Cahill, 1986). As required by the Council on Social Work Education (CSWE), social work students in placement are supervised by a professional social worker who holds a degree in social work (baccalaureate or master's when supervising baccalaureate students and master's when supervising master's level students) and at least two years post degree experience. This ensures that a social work practice perspective is reinforced throughout the placement experience (CSWE, 2015). With the recent growth of interprofessional practice, students may be placed in settings where their supervisor or field instructor is the only social worker among other professionals. In some cases, the social work field instructor may be off-site or external to the host organization and only meet with the student periodically to provide social work supervision. This raises a potential challenge for students in developing and maintaining a social work professional identity with limited social work role models while working among others who may not be familiar with the values and goals of social work (Scholar et al., 2014).

Social Work Identity Within the Context of Interprofessional Practice

A growing emphasis on prevention and related efforts to contain health care costs have resulted in the emergence and growth of integrated care approaches (Zerden et al., 2017). Integrated care includes a range of practice approaches that aim to coordinate physical and behavioral health services among behavioral and primary health care professionals. This coordination of services relies on effective interprofessional collaboration and communication (Vogel et al., 2017). In response to this need, academic programs across the country have developed training models to prepare students to work effectively in interprofessional settings (e.g., Abu-Rish et al., 2012; Bridges et al., 2011; Davis et al., 2015; Rishel & Hartnett, 2017; Zerden et al., 2017). For social work students, this means an increased likelihood of completing field placement experiences in settings where they work closely with colleagues from many professions, in comparison to working solely or mostly with other social workers. Helping students develop a professional social work identity is especially important in a practice environment where students may be learning what it means to be a social worker without other social workers around to assist, and

performing work within an interprofessional team that may utilize different approaches from the social work professional norm (Oliver, 2013).

Development of a strong professional identity is an important factor in effective interprofessional practice (Bronstein, 2003). Effective team practice depends on knowledge contributions from each team member. Uncertainty about professional identify and role conflict can impede knowledge sharing and cause problems within an interprofessional team (Karpetis, 2014; Mitchell et al., 2011). In a recent study of social workers and interprofessional collaboration, social work identity was recognized as an important factor that facilitated effective collaboration in team practice. Specifically, participants emphasized the need for social workers to be confident in their identity as a social worker. Closely related to professional identity, role clarification was another factor identified as important for interprofessional practice. Participants noted particular challenges in team functioning when social workers were not clear of their role or the roles of their interprofessional colleagues' (Ambrose-Miller & Ashcroft, 2016).

Considering the changing practice context and growth of integrated care, the challenge for social work educators is to prepare students for interprofessional team practice (which often includes placement in settings that provide opportunities for interprofessional exposure, learning, and practice) while at the same time assisting them to develop a solid social work professional identity that supports their functioning as an effective team member. Interprofessional education models, such as the interprofessional socialization (IPS) framework, may help educators in guiding students through the process of social work profession socialization, professional role learning, understanding of other professions, and ability to integrate these into effective interprofessional practice (Khalili et al., 2013). Preparing students for interprofessional, collaborative practice has been identified as critically important in order to successfully implement new integrated health models that provide better health services and achieve improved health outcomes (Gilbert et al., 2010). Opportunities to work beside and learn with other professionals as part of a social work field placement can help prepare students to enter the workforce ready for collaborative team-based care (Rishel & Hartnett, 2018). Learning the practice of social work within an interprofessional team, however, may also create tension between a student's developing social work values and identity formation and the expectations within that interprofessional team and its organizational norms. Some studies note that social work students and professionals report feeling a threat to their values and professional culture, an integral part of their professional identity, when practicing as part of an interprofessional team (Barnes et al., 2000; Wiles, 2013).

The potential tension between social work professional identity and interprofessional practice is recognized in standard 2.03, Interdisciplinary Collaboration, of the National Association of Social Workers (NASW) *Code of Ethics*. The standard states that "social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession" (p. 16). The standard goes on to state that "professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established" (NASW, 2017, p. 16). The NASW *Standards for Social Workers in Health Care Settings* provide further guidance for social

workers practicing in interprofessional health settings. Standard 8, Interdisciplinary and Interorganizational Collaboration, notes that social workers should promote collaboration among team members and engage in interdisciplinary education to learn about each profession's contributions to improving client outcomes (NASW, 2016). The balance of promoting interprofessional collaboration, while at the same time maintaining a social work professional identity can be challenging to navigate as a student in an interprofessional setting. This study specifically examines student development of a professional social work identity within the context of interprofessional education and practice.

Program Overview

Responding to a national need to prepare social workers for interprofessional practice in integrated health settings, the West Virginia University MSW program developed the *Integrated Mental and Behavioral Health Training Program* (IMBTP) in 2012. Supported via 2012 and 2014 behavioral health grants from the Health Resources and Services Administration (HRSA), the IMBTP aimed at preparing students for collaborative practice in integrated behavioral health settings. Training emphasized prevention and intervention with particular focus on interprofessional approaches. The program was delivered via a cohort model with selected students from the larger MSW program grouped together for specialized coursework, field instruction, advanced skills workshops, and mentoring. At the conclusion of five cohorts (graduating 2014-2018), 61 students had completed the IMBTP.

The training program included four key components: a) specialized advanced field placements in integrated behavioral health settings that included opportunities for interprofessional practice; b) required program-specific coursework, including two 3-credit courses entitled, "Advanced Clinical Social Work Practice in Integrated Healthcare" and "Child Mental Health: Promotion, Prevention, and Treatment"; c) required training workshops with interprofessional colleagues (two per year) targeting behavioral health practice knowledge and skill development; and d) ongoing mentorship, leadership development, professional networking opportunities, and employment placement support. Grant funding provided students with a $10,000 stipend to support training in advanced field placement. The stipend is intended to help students offset living expenses and allow them to focus more fully on their program of study than might be possible without the support.

Interprofessional education and training was a core component of the IMBPT. Students in the program had access to specialized advanced field placements that emphasized opportunities for interprofessional training and practice. Participating field sites allowed students to practice with, and learn from, a variety of professionals working within a range of settings. Field sites included health care settings (e.g., Federally Qualified Health Centers, Hospitals, VA Medical Centers), educational settings (e.g., public schools, Early Head Start/Head Start), and other behavioral health settings (e.g., psychiatric treatment centers, University counseling center, adolescent residential placement centers). In all collaborating field sites, students had opportunities to practice on interprofessional teams with other health care professionals, educational professionals, and/or behavioral health

professionals. Students reflected on their field placement experiences in the classroom with other trainees where faculty facilitated discussion on the opportunities and challenges of integrated and interprofessional practice. Students also participated in interprofessional education opportunities through full day workshops held each semester that included participants from a wide variety of professions to learn about and discuss specific topic areas relevant to integrated health care. A full description of the training model can be found in Rishel and Hartnett (2017).

Method

Participants

As part of acceptance into the training program, students consent to participate in program evaluation activities. Sixty of the 61 trainees completing the training program from 2014-2018 were included in this study. None of the students left the program before program completion. The one trainee who was not included was not able to participate the day that the qualitative free write was conducted for that cohort. Of these 60 students, four graduated and completed the program in May of 2014, seven in 2015, 19 in 2016, 15 in 2017, and 15 in 2018. Age of the students at program matriculation ranged from 21 to 51 with an average of 28.6 (SD=6.90). The majority of students identified as female (83%, n=50) and as White (87%, n=52). Six students (10%) identified as Black or African-American, one student as Asian, and one as Other. Four students indicated that they were veterans of the United States military.

Procedures

Data Collection. This study is part of larger study aimed at assessing student learning outcomes in the training program. A mixed-method approach was used for the larger study. First, students and field instructors rated student attainment of program competencies on a 5-point scale. Second, students participated in a free-write and guided discussion to assess knowledge and skill gained and contribution of training program components to learning and preparation for practice. Results of student learning outcomes related to competency attainment as assessed by the 5-point scale and discussion of associated knowledge and skill development are reported in Rishel and Hartnett (2017). The current study addresses the following research question: How does interprofessional education contribute to professional identity development in graduates of a behavioral health-training program? The free-write component of the larger program evaluation is used for this study. The free-write consisted of two 10-minute sessions in which students were asked to respond to the following prompts: "How has the IMBPT training influenced your knowledge of integrated practice in social work?", "How will this knowledge be applied to practice?" The free-write data were collected anonymously.

Data Analysis. Content analysis was used to examine the responses of students completing the training program from 2014-2018. All data were thematically coded using a directed content analysis approach (Hsieh & Shannon 2005). Initial data analysis revealed professional identity development as a recurring theme across multiple domains. Therefore, interpretation of the data was conducted systematically, and in relation to

professional identity development. This approach first requires the creation of key concepts derived from this focus. Using these concepts, a preliminary codebook was created outlining the operational definitions of the key concepts. After the creation of the initial codebook, the data was read through and all instances that matched the outlined operational definitions were noted.

After the initial analysis, the data were revisited for further thematic coding. All the data that were not coded into the original domains, were again analyzed for the creation of additional categories. When appropriate, the data were subcategorized into the original coding schema. This resulted in the final codebook as found in Table 1. All coding was conducted by the author who was not involved in the free-write data collection and following guided discussion in order to reduce potential bias in interpretation of student written comments. This research is considered curricular evaluation by the West Virginia University IRB and is therefore exempt from review.

Table 1. *Operationalization and Frequency of Identity Domains*

Code	Operationalization	Frequency
Interprofessional awareness/networking	Discussion of building professional relationships, beyond social work (integration with other disciplines)	43
Growth/development as a social worker	Claim that the program has helped the individual become a better social worker or that they gained additional social work knowledge from the program	35
Development of integration skills/ knowledge	Discussion of an increased understanding of integrated practice or increase in integrated practice skills	27
Client Care	Discussion of improved client care/ways to better serve the client (including holistic approaches)	23
Advocacy	Discussion of wanting to advocate for change	17
Confidence	Claim of increased confidence in social work ability/knowledge	15
Prevention knowledge/skills	Discussion of increased knowledge of skills relating to prevention	13
Peer Collaboration	Discussion of importance of peer collaboration/support	8

Results

Eight different domains related to social work identity development emerged based on the content analysis of the 60 end-of-program free-writes. Students were most likely to discuss their "interprofessional awareness/networking" and "growth/development as a social worker." Both domains were salient, with over 40 instances of students mentioning "interprofessional awareness/networking" and over 30 instances of students discussing their "growth/development as a social worker." "Development of integration skills/knowledge" and "client care" were also both mentioned over 20 times. Lastly, comments relating to "confidence" and "advocacy" and "prevention knowledge/skills" all occurred over 10 times. "Peer collaboration" was the only domain that did not appear more

than 10 times. Table 1 depicts the operationalization used for each code and the occurrence frequency of each domain. While each of the following sections highlights a specific domain, a commonality across these domains is students' ability to better understand the roles and identity of a social worker.

Interprofessional Awareness/Networking

Student responses were most likely to include some discussion regarding their growth of interprofessional awareness and networking ability because of the IMBTP. Students' responses were coded into this domain if they discussed building professional relationships beyond the social work profession. Students often discussed the importance of fostering relationships outside of the social work profession and how these relationships will strengthen their social work practice. For example, one student wrote,

> *The appreciation I have developed for the various disciplines involved in healthcare teams (doctors, nurses, psychiatrists, first responders, etc.) will allow me to convey genuineness in all interactions and build professional rapport.* (Cohort 5)

Further, students often discussed their role as a social worker through the lens of integration. Students expressed how the effectiveness of their work as a social worker was dependent upon building relationships with other professionals. For instance,

> *The unique role of social workers in integrated models is to elicit some form of change, and to do this, it is necessary to build good working relationships. Understanding the nature and value of collaboration with treatments teams and with clients will allow me to do my job adequately and effectively. Building those relationships is really the most important aspect of my future practice.* (Cohort 3)

Lastly, students often mentioned the importance of interprofessional collaboration in achieving the best possible outcome for clients, as exemplified by members of cohorts 4 and 5,

> *I realize now integrated is more than just [placing a] social worker in [a] hospital, it is a way of thinking. Pulling from the strengths of doctors and social workers to produce better outcomes for the client.* (Cohort 4)

> *The IMBTP increased my knowledge of how to better communicate with other professionals to provide the best services.* (Cohort 5)

Growth/Development as a Social Worker

Students also frequently identified professional growth as a benefit of the IMBTP. This domain illustrates the individual's growth as a social worker because of the unique opportunities provided through the program. Many students pointed to the ability to grow their understanding of working with different populations. Understanding the variety of people with whom a social worker will work is vital to effective practice. Example comments include:

It has helped to develop my skills with a variety of populations in a comprehensive way through our training seminars, coursework, and approved field placement sites. (Cohort 3)

There are many different ways that I can be involved in social work, and it doesn't have to be the traditional child protective services or clinical counseling. (Cohort 2)

Students also noted the ability to learn new models and techniques. Acknowledging the need to have skills in multiple therapeutic models as a social work practitioner demonstrates an important step in professional development. For example,

The IMBTP increased my knowledge about therapy modalities CBT [Cognitive Behavioral Therapy]*, MI* [Motivational Interviewing]*, SFT* [Solution Focused Therapy]. (Cohort 5)

Lastly, students pointed to the benefit of learning their role as a social worker. Students again expressed learning about their role as a social worker in relation to others, such as,

...I have been able to see how I, as a social worker, can contribute in a multi-disciplinary team of professionals. (Cohort 3)

Development of Integration Skills/Knowledge

In addition to an increase in general social work practice knowledge, students also pointed to an increase in understanding integration and the skills needed to successfully engage in integrated practice. One student wrote,

I have developed a working knowledge of the various forms of integration as well as the benefits and challenges involved. I have witnessed the many benefits of integration in the school system (school + community resources + mental/ behavioral health providers). (Cohort 5)

Further, multiple students recognized the importance of the program in helping to shed light on the role of social workers within integrated settings. For example,

The course specifically designed for this program provided a mental framework of what integration looks like in its many partial and at times fully integrated forms. It taught me my place within that framework, where I am a valuable part of the healthcare team. It also taught me the vocabulary I will need to explain the benefits of integrated care wherever I end up in the future. (Cohort 5)

Another student pointed to the success of the program in teaching the importance of integration, and the role social workers can play in integrated practice. Understanding the variety of roles a social worker can play is an important component of professional identity. The student elaborated that:

This training has exposed me to a sector of social work that I didn't have much knowledge of. The specific course requirements (integrated healthcare, child mental health) were beneficial in teaching me about how integrated services work, how they can be adapted and implemented, and their benefits on clients,

professionals, and systems. I gained knowledge of the roles of a social worker/behavioral health provider in integrated care settings as well as how I could promote my own knowledge and skills to convince other professionals of the importance of these roles. (Cohort 3)

Client Care

Students often focused on the practical knowledge they could use to directly benefit their current and future clients. Many discussed the importance of a collaborative approach to understanding the concerns and needs of their clients. For instance,

All the professionals collaborate with one another in discussing every aspect of the client and decide with the client the best direction of treatment. This allows the client to be treated based on their needs. The implementation of integrated services can decrease onset as an adult, save taxpayers money and produce a more secure setting for the client in need. (Cohort 3)

Further, students also noted the importance of meeting clients where they are. One student expressed,

Simply meeting someone where they are and offering them information and options based on their own wants/desires has the ability to open up further dialogue and/or treatment in the future. IMBTP has taught me how to utilize resources and organizations to form a safety net around the most vulnerable individuals to help prevent negative outcomes. (Cohort 5)

Another student noted,

Meeting the client where they are at means gaining an understanding of all the different systems that the client is a part of. (Cohort 2)

Confidence

Students also reported feeling that they gained increased confidence in their role as a social worker because of their experience in the IMBTP. This confidence may stem from developing a strong sense of professional role and identity. One student explained,

I can feel confident working with adolescent populations. I feel confident working in a multidisciplinary team approach. (Cohort 3)

More specifically, many students noted their increase in confidence among other professions such as,

I feel confident leading and/or participating in treatment team meetings with other professionals. (Cohort 3)

Another specified,

I now feel prepared to work as an effective team player in integrated, team, or bi-locational professional and therapeutic settings. (Cohort 3)

In addition to feeling more confident in their abilities to work and collaborate with other professions, students also reported they were more confident in their ability to explain and advocate for integrated practice. For example,

> *I feel more competent explaining the value of integrated practice to others.* (Cohort 3)

Another wrote,

> *I feel that the knowledge that I have gained in this training program will allow me to be a leader in integrated care within our state.* (Cohort 3)

These sentiments point to an important programmatic outcome as it critical for the profession to develop leaders in integrated care models.

Advocacy

Students highlighted an increase in motivation for advocacy as one of the outcomes of completing the IMBTP. Advocacy is a critical role in the profession of social work, but often undervalued by students planning to practice in traditional clinical roles. Exposing students early to the need to participate in system level change as an integral component of social work may add to a greater understanding of the role of advocacy within the profession. Generally, students expressed wanting to advocate for further implementation of integrated care in other settings. One student said,

> *I will advocate for the use of integrated practice by educating co-workers, striving for continued knowledge regarding integrated practice, and promoting the research aspect. If my place of employment has already embraced an integrated practice approach, I will assist with its continued development, while advocating the practice with the resource partners which we interact with.* (Cohort 1)

Another student noted,

> *My knowledge about integrated services will be implemented through practice by advocating for more integrated services, continuing to collaborate with other health care professionals, advocating for policy changes that allows for more integrated services, continuing to learn about the approaches of other professionals, working on treatment teams to ensure patients are receiving quality and effective care, continuing to stay knowledgeable on best evidence-based practices, and linking my patients to various services and resources that they may need.* (Cohort 3)

Further, students also articulated the importance of advocating for their patients from rural settings such as,

> *As a rural social worker, I find it more necessary to advocate for IC (integrated care) settings in our state.* (Cohort 5)

Prevention Knowledge/Skills

Students were asked how the program helped to advance their understanding and knowledge of prevention interventions. As with other domains, the discussion of prevention was often related to an understanding of one's role and identity as a social worker. One student wrote,

The IMBTP has also influenced my understanding of the role social workers play in prevention, and how it can be implemented in integrated settings. (Cohort 4)

Other students noted,

Because of the training, I will think more about prevention efforts on a wide-scale, reaching kids before they need intensive care. (Cohort 3)

Prevention is the logical way to spend resources. So many disorders/challenges can be prevented or minimized by prevention efforts. I believe this is the most important facet of integrated care. (Cohort 4)

Peer Collaboration

While less salient than the other domains, students also noted the importance of peer collaboration within the program. In the instances when peer collaboration was mentioned, students often expressed the importance of these connections, and the unique opportunity to meet like-minded colleges. One student explained that the program:,

Gave me additional resources to depend on for knowledge through colleagues and other professionals met only in IMBTP. (Cohort 3)

Another student noted,

The support of my fellow IMBTP peers has dramatically increased my support system in learning. Practicing collaboration with peers in the educational process has also enhanced my confidence in reaching out to others for advice and fresh ideas. (Cohort 3)

Discussion

Results demonstrate that providing opportunities for social work students to participate in interprofessional education and practice allows for a greater understanding of other professional roles and perspectives, while at the same time helping to solidify the role and identity of a social worker. Specifically, graduates report that interprofessional education and practice: 1) helped to expand their understanding of what is possible as a social worker; 2) created a social work practice perspective that goes beyond their original understanding (e.g., prevention, holistic and rural practice); and 3) helped them gain confidence to shape the service delivery system to more effectively utilize social workers in integrated settings. Perhaps an unexpected benefit of interprofessional education is how it helped the students solidify a social work identity, not just learn how to work well with other professions. This project shows how professional identity is solidified by understanding social work roles as

same and different from others in the helping professions. As students gained more clarity about others' roles, they, in turn, better understood their own roles.

Several limitations of this study should be noted. Results are based on the qualitative reported experience of students in one specific training program. Their experiences may not be representative of others in similar training programs. Additionally, data collection only occurred at the conclusion of training participation. Collection of baseline data focused on student professional identity would allow for assessment of change in understanding of professional identity over time. Future work in this area would benefit from intentional study design to specifically examine student professional identify development in interprofessional education and practice settings.

The findings from this study have important implications for social work education. Traditionally, the focus of social work education has often been training social workers (in classroom and field settings) surrounded by only other social workers. Results from this study suggest that the development of a professional social work identity is not only possible in interprofessional settings, but that it is fostered or encouraged in ways that may not be possible in settings where students work only with other social workers. Based on these results, it may behoove programs of social work to expose students to a variety of techniques and modalities used in other helping professions during their education. This could provide a more robust understanding and foundation for social work practice. Additionally, social work programs should encourage field placement opportunities in interprofessional practice settings. Allowing students the opportunity to work in such settings as they are formulating their professional identity could lead to a stronger sense of the profession and their place in it.

References

Abu-Rish, E., Kim, S., Choe, L., Varpio, L., Malik, E., White, A. A., Craddick, K., Blondon, K., Robins, L., Nagasawa, P., Thingpen, A., Chen, L., Rich, J., & Zierler, B. (2012). Current trends in interprofessional education of health sciences students: A literature review. *Journal of Interprofessional Care, 26,* 444-451. https://doi.org/10.3109/13561820.2012.715604

Adams, K., Hean, S., Sturgis, P., & Macleod Clark, J. (2006). Investigating the factors influencing professional identity of first-year health and social care students. *Learning in Health and Social Care, 5*, 55-68. https://doi.org/10.1111/j.1473-6861.2006.00119.x

Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative health care teams. *Health and Social Work, 41*, 101-109. https://doi.org/10.1093/hsw/hlw006

Barnes, D., Carpenter, J., & Dickinson, C. (2000). Interprofessional education for community mental health: Attitudes to community care and professional stereotypes. *Social Work Education, 19*, 565-583. https://doi.org/10.1080/02615470020002308

Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I. V., & Tomkowiak, J. T. (2011). Interprofessional collaboration: Three best practice models of interprofessional

education. *Medical Education Online, 16,* 6035.
https://doi.org/10.3402/meo.v16i0.6035

Bronstein, L. R. (2003). A model for interdisciplinary collaboration. *Social Work, 48*,
297-306.

Council on Social Work Education. (2015). *Educational Policy and Accreditation
Standards*. Author. https://www.cswe.org/getattachment/Accreditation/Accreditation-
Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx

Davis, T. S., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L. M., & Swenson, S.
(2015). Integrated and culturally relevant care: A model to prepare social workers for
primary care behavioral health practice. *Social Work in Health Care, 54,* 909-938.
https://doi.org/10.1080/00981389.2015.1062456

Gilbert, J. H. V., Yan, J., Hoffman, S. J. (2010). A WHO report: Framework for action on
interprofessional education and collaborative practice. *Journal of Allied Health, 39*,
196-197.

Hall, N. (2015). *Global definition of social work*. International Federation of Social
Workers. https://www.ifsw.org/global-definition-of-social-work/

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis.
Qualitative health research, 15, 1277-1288.
https://doi.org/10.1177/1049732305276687

Karpetis, G. (2014). Advocating the clinical social work professional identity: A
biographical study. *Journal of Social Work Practice, 28*, 23-41.
https://doi.org/10.1080/02650533.2013.806888

Khalili, H., Orchard, C., Spence Laschinger, H. K., & Farah, R. (2013). An
interprofessional socialization framework for developing an interprofessional identity
among health professions students. *Journal of Interprofessional Care, 27*, 448-453.
https://doi.org/10.3109/13561820.2013.804042

Levy, D., Ben Shlomo, S., & Itzhaky. (2014). The 'building blocks of professional
identity among social work graduates. *Social Work Education, 33*, 744-759.
https://doi.org/10.1080/02615479.2014.883600

Loseke, D. R., & Cahill, S. E. (1986). Actors in search of a character: Student social
workers' quest for professional identity. *Symbolic Interaction, 9*, 245-258.
https://doi.org/10.1525/si.1986.9.2.245

Miehls, D., & Moffatt, K. (2000). Constructing a social work identity based on the
reflexive self. *The British Journal of Social Work, 30*, 339-348.
https://doi.org/10.1093/bjsw/30.3.339

Mitchell, R. J., Parker, V., & Giles, M. (2011). When do interprofessional teams
succeed? Investigating the moderating roles of team and professional identity in
interprofessional effectiveness. *Human Relations, 64*, 1321-1343.
https://doi.org/10.1177/0018726711416872

National Association of Social Workers [NASW]. (2016). *Standards for social work practice in health care settings*. Author. https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3d&portalid=0

NASW. (2017). *The code of ethics, Revised 2017*. Washington DC. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Oliver, C. (2013). Social workers as boundary spanners: Reframing our professional identity for interprofessional practice. *Social Work Education, 32*, 773-784. https://doi.org/10.1080/02615479.2013.765401

Rishel, C. W., & Hartnett, H. P. (2017). Meeting the challenge of preparing social workers for integrated health practice: Evidence from two MSW cohorts. *Journal of Social Work Education*, 53(sup1), S27-S39. https://doi.org/10.1080/10437797.2017.1288593

Rishel, C. W., & Hartnett, H. P. (2018). Innovations in field education to improve integrated care for young people and their families. *Field Educator, 8.2*, 1-17.

Scholar, H., McLaughlin, H., McCaughan, S., & Coleman, A. (2014). Learning to be a social worker in a non-traditional placement: Critical reflections on social work, professional identity, and social work education in England. *Social Work Education, 33*, 998-1016. https://doi.org/10.1080/02615479.2014.926320

Vogel, M. E., Kanzler, K. E., Aikens, J. E., & Goodie, J. L. (2017). Integration of behavioral health and primary care: Current knowledge and future directions. *Journal of Behavioral Medicine, 40*, 69-84. https://doi.org/10.1007/s10865-016-9798-7

Wiles, F. (2013). 'Not easily put in a box' Constructing professional identity. *Social Work Education, 32*, 854-866. https://doi.org/10.1080/02615479.2012.705273

Zerden, L. D., Jones, A., Brigham, R. B., Kanfer, M., & Zomorodi, M. (2017). Infusing integrated behavioral health in an MSW program: Curricula, field, and interprofessional educational activities. *Journal of Social Work Education, 53*, 59-71. https://doi.org/10.1080/10437797.2017.1288595

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