
Working with Social Workers

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Training

Social workers must complete an MSW (Master's in Social Work) after college, which includes both coursework and practical placements across various social work agency settings. Many go on to become psychotherapists, typically obtaining an LCSW (Licensed Clinical Social Work), which requires about 2 years of post-master's clinical experience. Social workers are well-versed in many of the clinical areas familiar to psychiatrists, except with more emphasis on psychosocial treatments. Their training covers in-depth interviewing techniques to understand patients' social and psychological issues, and they learn about theories of psychopathology, including psychodynamic theory. They also become highly knowledgeable about public assistance programs like Medicaid, social security disability, and various human service agencies to aid the indigent.

Duties

Like you, social workers see their assigned patients daily (or nearly every day) and write a note. Their schedule will be similar to yours, and for this reason it's often helpful for you and the social worker to see patients together. Their responsibilities can include:

- **Psychosocial Assessments:** Evaluating all new patients.
- **Family and Caregiver Liaison:** Contacting family members and outside caregivers for additional insights and to address issues during the hospitalization.
- **Discharge Planning:** This involves scheduling outpatient appointments, coordinating services such as day treatment programs and visiting nurses or case workers, and making referrals to the Department of Mental Health (some hospitals employ dedicated discharge planners).
- **Utilization Review:** Securing authorization for extended inpatient care from insurance companies (this task is handled by dedicated utilization reviewers in some hospitals).

Collaborating Effectively with Social Workers

- **Communicate.** One of the most common complaints from social workers is that the psychiatrist comes in and writes a bunch of orders and then leaves. Often the patients are not told about the medication changes, and then the social worker bears the brunt of the patient's questions/complaints. Always check in with the social worker before leaving the hospital to discuss any new orders.
- **Be involved in family meetings.** Usually the doctors ask the social workers to do family meetings, but families usually have many questions for the doctors, such as why certain medications were chosen and what side effects they might have. They also often want to find out the rationale for why the patient is not being discharged. The social worker can rarely provide answers to all these questions, so it's helpful for you to at least make a brief appearance in these meetings.
- **Assist with Forms:** Coordinate on filling out forms that require extensive clinical information, like applications for guardianship/conservatorship and for DMH follow-up. Doctors often hate dealing with forms and delegate them to social workers, who then have to struggle through the clinical portions—sections that doctors could complete more easily.