Teaching a Mental Health Diagnosis Course Online: Lessons Learned from a Case Study

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ABSTRACT

In the last 10 years there has been a dramatic expansion of social work courses offered online. Concurrently, there is skepticism as to whether it is possible for online social work classes to be of high quality, particularly classes covering practice skills. There is a gap in the social work literature examining theoretically informed, high-quality pedagogical strategies to teach social work practice skills online. This conceptual paper provides critical reflection on the pedagogical lessons learned from teaching an asynchronous, online, mental health diagnosis course that is part of the foundational curriculum for a Master of Social Work degree at a public university in the United States (US). Our reflections on the strengths and limitations of teaching social work practice skills online are guided by the Garrison, Anderson, and Archer (2001) community of inquiry framework for online learning environments which emphasises that three intersecting processes – the social presence, cognitive presence and teaching presence – are critical to the online educational experience. Integrating our experience teaching an asynchronous mental health diagnosis class and the community of inquiry framework, we reflect on three lessons learned. First, we suggest that, when well designed, an online course offers strong opportunities for students to apply personal experiences to practice knowledge. We further find that the online setting offered instructors the opportunity to closely monitor student practice skills. Finally, we reflect that ethical dilemmas related to diagnosis can be addressed in online courses, but require a strong teaching presence. We propose that high-quality teaching of mental health diagnosis can occur in online platforms, but would benefit from guidance from the community of inquiry framework.

Keywords:
Online education; Teaching; Clinical skills; MSW students

INTRODUCTION

The rapid growth of online social work courses and programs continues to reshape how social work students are prepared for 21st century practice. While only 11% of social work programs in the US reported distance education offerings 20 years ago, 76% of Master of Social Work (MSW) graduate programs and 49% of Bachelor of Social Work (BSW) undergraduate programs currently offer (or intend to offer) online courses in the near future (Council on Social Work Education, 2015; East, LaMendola, & Alter, 2014; Levin, Fulginiti, & Moore, 2018). Between 2013 and 2015 the percentage of US social work institutions offering fully online MSW programs more than doubled (Council on Social Work Education [CSWE], 2015; Levin et al., 2018). Today, the US Council on Social Work Education reports 27 BSW and 80 MSW online or distance education programs online through accredited social work programs in the US (CSWE, 2019).

EFFICACY OF ONLINE SOCIAL WORK PRACTICE CLASSES

The expansion of online learning in social work remains contentious among social work scholars in part because of the intrinsic nature of social work as a theoretically informed, practice-oriented discipline (Levin et al., 2018). The proliferation of online social work education has resulted in a growing volume of literature examining both the efficacy and challenges of online and hybrid course delivery. Critics of online social work education note concerns with the capacity to effectively teach clinical practice skills through online course delivery. More specifically, critics of online social work education question whether online courses provide adequate space for students and faculty to develop interpersonal relationships (Jones, 2015; Levin et al., 2018), allow for the authentic use of self in the online classroom (Levin et al., 2018), and can ensure academic honesty and integrity (Reamer, 2013).

Despite persistent concerns, a growing number of studies have found no significant differences between the efficacy of online and face-to-face social work classes. Wretman and Macy (2016) conducted a systematic review of 38 studies focused on technology-based instruction in social work education across the US; the review included 18 studies involving web-based technology, 12 studies involving interactive television-based technology (also referred to as *distance education*), with the remaining studies employing variations of both delivery systems. Web-based technology included both synchronous course delivery such as interactive video chatrooms where faculty and students meet in real time, and asynchronous course delivery involving online modules and discussion threads that students can participate in within a designated time period. Wretman and Macy (2016) found that 84.2% of published studies identified that technology-based courses produced equivalent or better academic outcomes (predominantly defined as grades or test scores) than their traditional face-to-face counterparts.

A growing number of studies have specifically examined the effectiveness of teaching social work clinical practice skills online. Siebert, Siebert, and Spaulding-Givens (2006) conducted a quasi-experimental study comparing student outcomes and satisfaction in online and traditional face-to-face sections of a course focused on knowledge and skill development in crisis assessment, brief treatment, and evaluation. A mental health professional (affiliated with the university in which the study was conducted) observed students performing role plays to assess the application of core skills learned over the semester. While there were no

significant differences between online and face-to-face student outcomes in skill development, students were more satisfied with their face-to-face experiences (Siebert & Spaulding-Givens, 2006). A similar study found no significant difference between interviewing skills in students in an online versus face-to-face class (Ouellette, Westhuis, Marshall, & Chang, 2006).

Numerous scholars have conducted studies resulting in similar findings over the past decade, providing more robust data in support of the efficacy of online education in teaching social work clinical practice skills. Cummings, Chaffin, and Cockerham (2015) compared the educational outcomes of online and traditional face-to-face MSW programs ($N = 345$), measuring knowledge, skill, and satisfaction outcomes for students. Field instructors evaluated student progress in eight core competencies (assessment, intervention, policy practice, leadership, ethics, evaluation, advocacy and professional development) using a 5-point Likert scale. Online students received higher ratings in seven out of eight competencies (Cummings et al., 2015). This study also assessed student confidence in their ability to effectively use core practice skills; there were no significant differences detected between online and face-to-face student scores. Forgey and Ortega-Williams (2016) also examined differences in student learning between online and face-to-face sections of a generalist practice with an Individuals, Groups and Families course by comparing student self-report scores on learning objectives. No significant differences were detected between online and face-to-face student scores in eight learning objectives including assessment, goal development, understanding of diversity, and application of strength-based concepts. Wilke, King, Ashmore, and Stanley (2016) compared the development of clinical assessment and intervention skills between students enrolled in face-to-face ($N = 74$) and online asynchronous ($N = 78$) sections of a crisis-intervention course. Student outcomes included both crisis-intervention knowledge and skills, assessed via a digitally recorded role play of an assigned crisis case scenario. Role plays were evaluated by the same doctoral student; there were no significant differences in scores between online and face-to-face students (Wilke et al., 2016).

These studies represent a handful of studies conducted in the last 15 years examining the efficacy of online learning to teach clinical and generalist social work practice skills with individuals, groups and families. The greater volume of data available is consonant with the findings presented and suggests that social work scholars have consistently found no significant differences in the efficacy of teaching practice skills between online and face-to-face course delivery systems (Cummings et al., 2015; Cummings, Foels, & Chaffin, 2013; Forgey & Ortega-Williams, 2016; Levin et al., 2018; Moore, 2005; Phelan, 2015; Siebert et al., 2006; Wretman & Macy, 2016).

SOCIAL WORK FACULTY PERCEPTIONS OF EFFECTIVENESS OF ONLINE SOCIAL WORK EDUCATION

Interestingly, social work faculty remain skeptical about the effectiveness of online education despite a growing body of research demonstrating no significant differences in effectiveness or student satisfaction between online and face-to-face social work classes. Levin et al. (2018) surveyed BSW and MSW faculty ($N = 376$) about their perceptions of the effectiveness of both fully online and face-to-face education to teach students nine core social work competency domains determined by the CSWE, the sole national accrediting

agency for social work education in the US. Conducting a series of paired *t*-tests, researchers found that faculty perceptions of the effectiveness of teaching online was significantly lower than perceptions of face-to-face effectiveness across all nine competencies (ethics, diversity, social and economic justice, research, policy, practice engagement, practice assessment, practice intervention, and practice evaluation). Similar to previous findings, faculty perceived online education to be less effective in teaching practice skills (Levin et al., 2018; Moore, 2005).

There is some evidence that, as social work educators gain experience in teaching online, their perception of the efficacy of teaching social work classes online increases. In the study mentioned earlier (Levin et al., 2018), a regression analysis of factors associated with perception of online teaching efficacy found that previous online teaching experience and technological preparedness were positively associated with perceptions of effectiveness of online education. These results are informative as schools of social work continue to seek to expand online learning opportunities.

Faculty have articulated a number of specific issues regarding the effectiveness and ethics of teaching social work practice competencies through online course delivery. Faculty questions regarding how to effectively teach "use of self", to build empathy among students, to teach holistic assessment skills, and to develop authentic interpersonal relationships online have triggered important debates within the field of social work education. Faculty also express consistent concerns about appropriate compensation (Levin et al., 2018), potential impact on faculty workload (East et al., 2014), and a general lack of interest or lack of perceived self-efficacy in using evolving technology (Levin et al., 2018).

CONCEPTUAL FRAMEWORK

Numerous studies have explored whether social work clinical practice classes are effective online, an important area of inquiry. However, given that evidence is accumulating that social work classes can be effectively taught online, but that social work educator skepticism remains high, alongside these efficacy studies we see a need for additional case studies detailing the development of theoretically informed, high-quality social work clinical practice courses online. The community of inquiry framework is one such framework that can guide high-quality social work teaching online.

The community of inquiry framework emphasises three interdependent domains of teaching and learning in online environments: social presence, cognitive presence, and teaching presence. Social presence reflects the ability of learners to project themselves socially and emotionally indicated by open communication, emotional expression, and group cohesion (Garrison & Arbaugh, 2007). Social presence is conceptualised as foundational for cognitive presence, or the ability of learners to construct meaning through reflection and discourse (Garrison & Arbaugh, 2007). Finally, teaching presence is defined as the "design, facilitation, and direction of cognitive and social processes" for the purpose of learning outcomes (Anderson, Liam, Garrison, & Archer, 2001, p. 5). Teaching presence includes instructional design (i.e., the structure of the course), facilitation (i.e., connecting ideas, asking for clarification, and diagnosing misconceptions), and direct instruction (i.e., presenting content, assessment and feedback) of both cognitive and social processes.

Critically, it is the integration of the three domains of the community of inquiry framework that leads to a strong student learning experience in online environments. Although the social presence is necessary for high-quality cognitive processes in online learning environments, social interactions need to be designed and facilitated in specific direction – thus the need for a teaching presence (Garrison et al., 2010).

Scholars have argued that the community of inquiry framework is a helpful model for describing, explaining, and improving online educational experiences (Shea & Bidjerano, 2009) – in line with the goals of this conceptual paper. This framework has been widely used to examine the educational experience of learners in online learning, although it has received limited attention in the social work discipline. In this conceptual paper, we chose the community of inquiry framework to guide our reflections on what worked well in teaching mental health diagnosis in an online course given that it offers a well-rounded foundation for teaching in online environments.

AIMS OF THIS CONCEPTUAL PAPER

While the available literature supports the efficacy of online education for the delivery of clinical practice skills, social work educators remain skeptical about the efficacy of online social work programs, particularly as it relates to teaching practice skills. Scholars have argued that additional research is needed to understand the teaching strategies that contribute to student mastery of social work clinical practice skills taught in online environments (Forgey & Ortega-Williams, 2016). Scholarship reflecting on the specific strategies in online learning environments that support student learning of social work clinical practice skills is important – given that many educators are faced with the daunting task of designing online social work clinical practice courses for the first time.

The purpose of this conceptual paper, therefore, is to reflect on lessons learned about teaching effectively from a fully online, asynchronous course on mental health diagnosis, guided by the community of inquiry framework. We hope this conceptual piece provides strategies that foster high-quality teaching of social work clinical practice skills.

COURSE CONTEXT

This course is part of a larger program of study for the Master's degree in Social Work (MSW) School of Social Work at the University of Connecticut, a large public university located on the East Coast of the United States. Clinical Conditions with Children and Adolescents is a required course for all MSW students in the Individuals, Groups and Families method at the School of Social Work. The School of Social Work offers the course in both face-to-face and online formats for its MSW students. In this case, we present the version of Clinical Conditions with Children and Adolescents developed to be fully online and asynchronous, where students can access the course modules at any time, without any pre-determined, synchronous online meetings with other students and the instructor. In the online format, the three-unit course consists of 14 different modules made up of short, pre-produced video lectures, and a range of online activities for students to complete.

CORE LESSONS LEARNED

In this section, we reflect on three core lessons learned from teaching social work practice skills online in an asynchronous, fully online, mental health diagnosis course: the *use of self in teaching practice skills; assessment and provision of feedback of clinical diagnostic skills;* and *ethical issues in social work practice*. We ground our reflections in the community of inquiry framework.

Social presence: The use of self in teaching practice skills

A perceived challenge relating to the development of social work practice skills in online classes involves the barriers to developing interpersonal relationships in online settings (Jones, 2015). In the broader literature on online education, a common concern is the loss of connectedness and community when moving from the face-to-face classroom experience to online learning settings (So & Brush, 2008). Aware of these challenges, we designed the course material to be grounded in strong social connections in several ways. First, the course was created to set a warm environment that inspired robust student participation. In the course orientation, the instructor includes a short video providing her own background as a social worker and encouraged students to reach out to her when questions arise. Students, at start, were invited to introduce themselves in a discussion board forum and share their own social work practice experience.

Further, a core strategy we used to encourage collaboration among students was small group online discussions. Each student was assigned to a small (i.e., three to four students) group for weekly online discussion topics; the small group remained the same for the entirety of the semester. In online small group discussions, in addition to the initial post mid-week, students were required to respond online to at least two other students throughout the week. The discussion questions provided space for students to engage in both academic and social topics – for example, in the unit reviewing eating disorders, students were asked to reflect on their own background relating to eating and sleeping, and how they would handle situations when clients had different views. Topics with room for personal reflection provided a space where students might form more personal connections. The discussion board posts were evaluated not just for the number of posts, but the quality of posts and interaction between students – an expectation communicated to students through the posting of a discussion board rubric at the start of the course.

In addition to the small, online group discussions, the course was designed to include multiple small group tasks that required students to work collaboratively online. For example, in one task, small groups were required to assess the level of suicidality of several case studies. The small groups – collaborating on a Google document, a web-based application in which documents can be created, edited and stored online – were tasked with applying various risk indicators to each case study and coming to agreement on a level of risk as a small group. The presence of a clear, focused task that engaged learners in content was designed to maximise student collaboration.

Over the course of the term, we observed a high degree of engagement and student disclosure within their groups. For example, within the context of a unit focusing on the stigma surrounding diagnosis, students were asked to reflect their own relevant experience

– professional or personal. Numerous students chose to discuss their own experience with a mental health diagnosis; what followed was an engaged and highly revealing discussion relating to vulnerability, mental health needs, and stigma.

Our experience of observing strong student application of the use of self to clinical skills is in line with the community of inquiry framework emphasis on the integration of social presence and cognitive presence. Garrison and Arbaugh (2007) argue that social presence is a foundation for cognitive presence. In most effective learning environments, social presence, according to Garrison and Arbaugh (2007), starts out as online acquaintance, shifts to feeling part of a community through the thoughtful exchange of ideas, and finally leads to camaraderie after the long-term and intense exchange of ideas. As noted above, we designed the course to encourage student belonging by assigning students to the same weekly small-group discussions (students were placed in groups of three to four for the duration of the semester), which focused on specific questions related to the mental health diagnosis. We observed the evolution of social presence and its connection to cognitive presence: over the course of the semester, we noted increasing levels of comfort among the students applying their personal experiences to the small-group discussion questions, which resulted in responses with greater analytic depth.

Specific to social work, the ability to cultivate a social environment online where students feel comfortable to bring themselves to their reflections has important cognitive value. Social work scholars have noted that the presence of the self inevitably shapes clinical decision making and perception (Reupert, 2006). Being open to the self encourages students to both be aware of the self they bring to their practice, but also consider their unique strengths in social work practice and how to bring this to their work (Reupert, 2009).

The use of self-disclosure between students in this class has implications for teaching social work practice online. Beyond simply suggesting that it is possible to build strong social connections in an asynchronous fully online course focused on diagnosis, we saw there were unique strengths to social connection through conducting the course in the online learning environment. Reviews of the literature have noted that online communication may lead to increased comfort and self-disclosure (Nesi, Choukas-Bradley, & Prinstein, 2018). We have taught this class in person and held discussions on the same topic, and have not observed a similar level of personal disclosure and connection. In line with the community inquiry framework, we suggest that the combination of consistent small groups and the ease of discussing sensitive topics online appeared to facilitate meaningful social connection to peers in this course and, in turn, the course materials. While it is not possible to conclude based on this case that such connections to self are *because* of the online course setting, we contend that students' likely increased comfort to self-disclose in online spaces may be a support to developing social work practice skills in online courses.

Teaching presence: Assessment and provision of feedback of clinical diagnostic skills

An additional concern regarding teaching social work practice online relates to the barriers to assessing clinical skill development in the absence of face-to-face interactions between instructor and students. We shared this concern in our online course; given that our diagnosis course was offered in a fully online, asynchronous format, we were unable personally observe

students' interpersonal skills with respect to clinical interviewing and assessment. While face-to-face assessment was not possible, we found that the online format of the course offered ample opportunity to provide formative assessment and feedback of written diagnostic skills. We designed the online course to provide frequent, immediate, explanatory feedback of the written diagnostic skills for each student throughout the course.

Specifically, with each diagnosis covered, we included a case video in which students were required to identify the appropriate diagnosis and justify this choice by applying the diagnostic standards and evidence from the video. For example, in the unit introducing disruptive disorders (i.e., conduct disorder and oppositional defiant disorder), a brief video lecture provided an overview of the diagnostic criteria of these disorders. Students were then asked to watch a video of a diagnostic interview with a client who had one of these disorders and make an argument for which diagnosis was most appropriate, applying the diagnostic criteria to evidence from the video vignette.

Critically, for each of these written essays, we designed the course to provide prompt, personalised, explanatory feedback, drawing on a three specific strategies. First, the expectation was set at the start of the semester that the instructor would provide feedback on assignments within one week. This task was potentially daunting, given that each unit includes two to three assignments. To manage this time commitment, the instructor set aside specific blocks of time each week to prioritise providing timely feedback on students' written clinical diagnosis.

Additionally, the instructor communicated the expectation for diagnostic assessment skills through rubrics that included detailed descriptions for the quality of posts. The rubric included critiera such as application of the diagnostic criteria, evidence from the case study, and depth of analysis, with detailed descriptions of the levels of achievement for each category. To encourage students to adhere to these high expectations, the instructor shared model assignments from previous students (with their permission) throughout the course. Finally, in the cases where students' written diagnostic skills fell below expectations, the instructor immediately reached out to the student and raised concerns.

While face-to-face classrooms offer the advantage of observing student clinical skills, in such settings it is not always feasible to individually monitor and assess student skills and abilities for each activity. By providing timely, regular and substantive feedback on students' diagnostic skills – and drawing on the earlier-mentioned instructor strategies to manage the feedback process – we found that an advantage of teaching clinical skills in this online class was the ability to frequently monitor and assess the written clinical skills of each student.

Our observation of the strong role of feedback for learners in the online learning environment is in line with the community of inquiry's emphasis on direct instruction (one of the three dimensions of teaching presence). In outlining the role of direct instruction, Garrison and Arbaugh (2007) suggest that explanatory feedback from a subject matter expert is crucial to the learner experience, and specifically, that the communication of feedback must be perceived to have a high level of social presence and instructor immediacy to be effective. We reflect that a critical dimension of student learning of diagnostic skills was

through providing personalised instructor feedback on written diagnoses. By responding in a timely fashion, and specifically to what the student demonstrated, students had the opportunity to reflect and refine their skills as the course progressed.

Integration of social, cognitive and teaching presence: ethical issues in social work practice

Scholars have noted that it remains an open question as to whether social and ethical values can be transmitted in online education (Brey, 2006; Zidan, 2015). Specific to social work, there are concerns about whether it is possible to teach social work values, which often involves difficult and complex discussions. Concurrently, social work scholars have underscored that it is critical that online courses have assignments specifically directed at ethical dilemmas (Siebert & Spaulding-Givens, 2006).

Aware of the importance of addressing ethical issues surrounding mental health diagnosis, we included a special focus on this topic. For example, in our course, drawing on a written case study as a prompt, we asked students in discussion board posts to reflect on the ethical issues surrounding the diagnosis of a youth who would likely meet the criteria for a mental health diagnosis, but whose aspirations would likely be negatively impacted by such a diagnosis. We set clear expectations for the discussion board posts through the use of rubrics, which detailed what constitutes high-quality posts, including wielding evidence from the case, depth of analysis, and thoughtful responses to peers. Students worked through the discussion topic in the small groups they had been assigned at the start of the term, peers with whom they already had some social connection. In responses to the discussion prompt, students engaged in a lively discussion around the ethical concerns relating to diagnosis. The instructor was actively present in the discussion and encouraged students to respectfully disagree. When students struggled to provide thoughtful responses to peers, the instructor followed up with the student with some specific tips for engaging in thoughtful response posts in discussion forums. We were pleased to see that students raised a range of ethical issues, and when students brushed aside ethical concerns, their peers gently disagreed.

Our experience facilitating high-level thinking about ethical issues in mental health diagnosis reflects Garrison and Arbough's (2007) assertion that cognitive presence is complemented by social and teaching presence. Garrison and Arbough (2007) define cognitive presence as a cycle of inquiry that starts with a triggering event (here, a case study dilemma identified for further inquiry), continues with student exploration, and leads to integration – where learners construct meaning based on ideas started in exploration. Critically, moving through the cycle of inquiry to integration depends on both teaching presence and social presence. Garrison and Arbough (2007) note that cognitive integration typically requires enhanced teaching presence in two ways. Discussion prompts that are case based with clear expectations – as was the case in our discussion related to the ethics of diagnosis – are more likely to progress to the integration phase. Further, during discussions, learners are more likely to move to higher-level thinking when the instructor probes for ideas, as the instructor did in this discussion. Throughout this process, the social presence – in this case, supported by students consistently connecting in their small groups – provides the groundwork for students to honestly respond and respectfully challenge each other in discussions. In our experience facilitating the cycle of inquiry around the ethical issues surrounding mental

health diagnosis, we saw evidence that ethical issues can be addressed online. However, doing so, as Garrison and Arbough (2007) suggest, requires thoughtful prompts addressing ethical dilemmas, active instructor presence in the discussion, and the facilitation of strong social connections among students so they are more likely to engage with each other when opinions differ.

CONCLUSION

Adding to the literature highlighting specific practices that produce effective online courses (Goldingay, Epstein, & Taylor, 2018; Levin & Fulginiti, 2017), and grounded in Garrison et al.'s community of inquiry framework for online teaching, in this paper, we reflect on three pedagogical lessons learned from teaching a fully online, asynchronous, MSW practice course on mental health diagnosis. The community of inquiry framework underscores that effective educational experience in online learning environments must be supported through the complementary domains of social presence, cognitive presence and teaching presence. We suggest that teaching a mental health diagnosis class in the online environment offers strong opportunities for students to apply personal experiences to social work practice, facilitated by cultivating a strong social presence among the students. Further, we reflect that, through carefully designed tasks and timely personalised feedback – in other words, teaching presence – the online learning environment offers ample opportunity for students to improve their written mental health diagnostic skills. Finally, we suggest that facilitating high-level thinking about ethical challenges related to mental health diagnosis is possible in the online learning environment (akin to cognitive presence), but requires active instructor facilitation (teaching presence) and a class culture of open peer communication (social presence).

As is the case with in-person classes, just because a course *can* be taught well online does not mean it always is; the quality of course design and instruction are equally critical (Wilke et al., 2016). We echo Forgey and Ortega-Williams' (2016) call to move beyond whether social work classes can be taught online, to how they can be taught online. We commend the accumulating scholarship documenting approaches to effective teaching of social work in online learning environments, including the use of digital storytelling to examine issues in social work practice (Goldingay et al., 2018), the use of film to teach about death and grief (Head & Smith, 2016), and the use of specific simulation tools to teach social work practice skills (Washburn & Zhou, 2018). This article aims to contribute to this area of the literature by providing detail on the construction of a high-quality online social work diagnosis class drawing on the community of inquiry framework. Based on this case, we suggest that high-quality teaching of mental health diagnosis can be designed in online platforms, but – like any face-to-face course – requires careful consideration of student learning.

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