2022

Professional Identity Within an Evolving Profession: Clinical Social Work in Puerto Rico

LORNA BETZAIDA COLON GONZALEZ
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Social Work Commons

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Lorna Betzaida Colon Gonzalez

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Alex Casiano, Committee Chairperson, Social Work Faculty
Dr. Debora Rice, Committee Member, Social Work Faculty
Dr. Cynthia Davis, University Reviewer, Social Work Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Professional Identity Within an Evolving Profession: Clinical Social Work in Puerto Rico

by

Lorna B. Colón González

MS, Universidad del Este, 2015

BS, Universidad del Este, 2012

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2022

Abstract

More than three decades of data document the challenges of clinical social workers in establishing their professional identity within the social work profession in Puerto Rico. Less is known specifically about how they identify within interdisciplinary and multidisciplinary teams in the various clinical settings on the island. The purpose of this study was to explore the perceptions of clinical social workers in Puerto Rico regarding their professional identity as compared to generalist social workers. The generic qualitative study was based on the ecological system theory framework. Data were collected from semistructured interviews with a purposive sample of 10 clinical and generalist social workers in Puerto Rico. The participants were asked questions related to several thematic areas derived from the literature, including the professional identity, functions, and academic preparation of clinical social workers in Puerto Rico. Emerging themes related to acceptance or rejection of clinical social work, differences between clinical social work and generalist social work, and professional identity were extracted from the interview data through a content data analysis process and validated through member verification. Differences between clinical social work and generalist social work were also identified. Professional identity and acceptance of clinical social work emerged as areas for improvement. Clinical social work leaders in Puerto Rico can use the results of this study for positive social change by increasing the awareness among governing agencies of the various specialties within the profession and to advocate for more competitive salaries for clinical social workers on the island.

Professional Identity Within an Evolving Profession: Clinical Social Work in Puerto Rico

by

Lorna B. Colón González

MS, Universidad del Este, 2015

BS, Universidad del Este, 2012

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2022

Dedication

First, I dedicate this work to God for giving me the strength and wisdom to complete it despite the obstacles encountered along the way. Thank you, Lord, for your mercy and blessings in my life. Also, I want to dedicate this project to my daughter Alondra, the light of my eyes. Alondra, you are my reason and my engine to live and continue forward. Daughter, you are everything to me and the inspiration for everything I do. I hope you can see that with sacrifices, determination, and faith in God any dream can be achieved. In life, you will face many obstacles, but you should never give up despite the falls. Always continue forward regardless of how many times you fall, always get back up. I would like to dedicate this accomplishment to my husband, mother, two fathers, and siblings for always supporting me in my projects, believing in me, and not letting myself fall. Finally, I want to dedicate this project to all clinical social workers who strive every day to enhance the profession.

Acknowledgments

      First, I want to extend my most sincere thanks to my team: Dr. Alex Casiano, my chairperson; Dr. Bliss, my committee member; and Dr. Debora Rice, my university research reviewer. This project would not have been possible without you. Dr. Casiano, your commitment and dedication in the process was essential. Your support, encouragement, and guidance realigned my vision of the study. You inspired me to think big. I hope to make you proud with the result. Dr. Bliss, without your advocacy I could never have completed the project. You made me see beyond my initial idea and made me have the confidence in myself to believe in the project. Thank you to all the Walden University faculty and staff for your support and disposition. To my daughter, Alondra Pietri Colon, and my husband, Edgar G. Ramirez Cruz, thank you for always being present, supporting me, and believing in me; I love you. To my mother, Betsy Gonzalez Vargas, for always being present for me; I love you. To my siblings, Yomayra and Erika Mercado Gonzalez and Julio V. Colon Valentin, I love you. To my fathers, Julio V. Colon Santiago and Luis A. Mercado Vega, for supporting me, I love you. Special thanks to my aunt Olga Gonzalez Vargas and my uncle Monserrate Casiano (RIP), who since my studies began, supported me with the care of my daughter; I am eternally grateful to both of you, and I love you. Thank you to all the individuals who provided support to this project. Finally, thanks to all the participants in this study, without whom this work would not have been possible.

Table of Contents

iii

List of Tables

Section 1: Foundation of the Study and Literature Review

Introduction

Social workers practice in different scenarios and have different functions. Social work client systems include individuals, groups, and communities. Each area provides a different dimension to the profession, establishing differences in the types of intervention that should be used. Some are generalist interventions, focused on problem solving, while others are solely clinical, based on psychotherapeutic intervention models (Ituarte, 2017). In practice, clinical social workers intervene directly with individuals and families, make diagnostic assessments and therapeutic interventions. According to the National Association of Social Workers (NASW, n.d.), "clinical social work is a specialty practice area of social work which focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances" (para. 1).

Because of the depth of clinical social work practice, it requires specialized training beyond generalist social work. Clinical practice has an explicit requirement of complementary training on clinical processes and therapeutic techniques from the foundations of social work (Ituarte, 2017). Therefore, generalist and undergraduate training are only the beginning of the preparation for the practice of clinical social work, which requires specific postgraduate training (Ituarte, 2017).

What is known today as clinical social work was formerly known as social casework and psychiatric social work (Karpetis, 2014). For Ituarte (2017), clinical social work is a specialized practice of social work and a relational psychotherapeutic process that tries to help clients face their psychosocial conflicts and improve their interpersonal

relationships using their personal capacities and the resources of their socio-relational context. In practice, clinical social work aligns with other mental health professions such as psychology and counseling, and there may be blurred lines about what each professional can or cannot do. This is particularly true in places like Puerto Rico, where clinical social work is an evolving profession that is yet to be regulated (LexJuris, 2018).

Because generalist social workers and clinical social workers in Puerto Rico hold the same license, there are issues regarding professional identity and role clarity. Ruiz (2018), and Velez, and Serrano-Garcia (2017) confirmed that the professional identity of clinical social workers is not clear and that there is a debate between these social work specialties regarding the functions each one can perform. Generalist social workers have traditionally focused their interventions on the problem-solving model within a strengths-based perspective. In principle, clinical social workers still base part of their intervention on problem-solving but they also intervene with clients using psychotherapeutic models like other mental health professionals do (Nieves, Rivera, Ortiz-Candelaria et al., 2019). They are, after all, mental health professionals. As such, there is a need for further studies focused on clarifying the professional identity of clinical social workers.

Social workers play a key role as agents of social change and providers of mental health services. The NASW Code of Ethics (2017) states that social workers will look after disadvantaged and vulnerable populations. According to the NASW (n.d.), clinical social work services include private practice, hospitals, community mental health, primary care, and agencies. Common treatment modalities in clinical social work practice include individual, group, and family therapy. In addition, social workers should promote

social, political, and economic changes from the micro to macro levels within society (NASW, 2017).

In this research project, I explored clinical social workers' perspectives regarding their professional identity as compared to generalist social workers in Puerto Rico. Potential social changes from this study may come from the knowledge gained on the professional identity of clinical social workers in Puerto Rico. As a result of increased insight into professional identity, clinical social workers might be more confident in overcoming challenges in providing clinical services to the diverse populations they serve. Furthermore, study findings may help to clarify clinical social workers' understanding of their role, which may allow them to provide better services in the various clinical settings in Puerto Rico. Social workers in general may benefit from this project by becoming better informed about their professional identity. Section 1 includes the problem statement, purpose statement and research question, nature of the doctoral project, significance of the study, theoretical/conceptual framework, values and ethics, review of the professional and academic literature, and summary.

Problem Statement

According to the Puerto Rico Statistics Institute (2020), Puerto Rico had 3,725,789 habitants in 2010. During the 2014-2018 period, 36 of the 78 municipalities had 50% or more of the population in a situation of poverty (Red State Data Center of Puerto Rico, 2019). Overall, 44.5% of the population and 40.9% of families lived in poverty in Puerto Rico during that time frame (Red State Data Center of Puerto Rico, 2019). The highest percentages of poverty were found in the central, southern, and

western regions of Puerto Rico (Red State Data Center of Puerto Rico, 2019). According to a study conducted by the Mental Health and Addiction Services Administration in 2016 (ASSMCA, 2017) 7.3% of Puerto Ricans adults between the ages of 18 to 64 years suffer from a serious mental condition; 9.7% suffer from some severe depressive disorder; 18.7% suffer from some psychiatric condition; 23% of adults with mental health problems also have substance abuse problems and 36.1% of adults with serious mental health problems do not received services in 2016. Meanwhile, 24% reported disabling disorders and received specialized services for their condition (Red State Data Center of Puerto Rico, 2019).

Over the last two and a half years, the need for clinical social work services in Puerto Rico has increased. In September 2017, Puerto Rico was devastated by Hurricane Maria. The damage to infrastructure was estimated at over $90 million, and close to 5,000 Puerto Ricans lost their lives (Avila, 2018). The natural disaster triggered a mass migration, and over 135,000 Puerto Ricans left the island (Echenique, 2018). The psychosocial ramifications of Hurricane Maria were only exacerbated by the earthquakes of January 2020, which caused great damage in the southern part of the island (Sanchez, 2020). Furthermore, the COVID-19 pandemic has left Puerto Ricans facing emotional vulnerability as well as financial difficulties as they experience social isolation and mandated curfews (EFE News, 2020). These crises have increased the need for clinical social work on the island, a specialized area of the profession that is still in development and is not regulated.

Clinical social work in Puerto Rico boomed during the 1980s (Ruiz, 2018).

According to Ruiz (2008), contributing factors to this boom were the dismantling of a

part of the welfare state and the privatization of different services in the island. All these

changes caused many social work professionals to venture into private practice and

professional services to care for psychiatric patients while others in the profession

focused their efforts on social action and social legislation (Ruiz, 2008). Initially, social

work was a community-based profession, having developed in the poor and

disadvantaged communities of Puerto Rico in the early 1930s (de Jesus, 2016). Then,

social workers used the generalist model with individuals, families, groups, and

communities to address social problems such as poverty, oppression, social exclusion,

and the economy (de Jesus, 2016).

In the same line, Coady and Lehmann (2016) pointed out that the problem-solving

model is known as the "general model of generalist social work" (para. 2) because it is

considered an important element in direct practice with individuals, families, groups, and

communities. According to the authors, it is a flexible and eclectic model that uses

reflective, intuitive-inductive processes in the theory and practice. This model is based on

the recognition of life as a problem-solving process, Coady and Lehmann noted. The

model includes six steps. These are (a) identifying the problem, (b) identifying the

person's subjective experience of the problem, (c) examining the causes and effects of the

problem on the individual's life, (d) considering the pros and cons of the various courses

of action, (e) selecting and enacting a course of action, and (e) assessing the effectiveness

of the action. These steps can be grouped into the following four phases: (a) engagement;

(b) data collection and assessment; (c) planning, contracting, and intervention; and (d)

evaluation and termination. This model recognizes that problem solving is not a linear

process but rather one of spontaneous and cyclical action.

On the other hand, Ituarte (2017) pointed out that clinical social work is

considered a specialized practice area of social work and a psychotherapeutic relational

process that provides direct evaluation, prevention, and intervention services to

individuals, groups, and communities. Clinical social workers provide these services so

that clients can face their psychosocial conflicts, overcome their psychosocial discomfort,

and achieve more satisfactory interpersonal relationships using their personal capacities

and the resources of their socio-relational context. According to the author, clinical social

workers use a bio-psycho-social approach in which they analyze and deepen the feelings,

emotions, experiences, and difficulties of the individual to assess how these factors affect

the individual and are manifested in their significant interpersonal relationships; this

approach allows the individual to reach the necessary understanding of their situation in

order to make changes. The author pointed out that clinical social workers strive to make

it easier for the individual to become aware of their subjectivity and to express it. In

addition, the author mentioned that the clinical social worker must know how to insert

themself in their relationship with their client to provide the necessary help for a client in

significant psychosocial distress (p. 21).

On the contrary, Ruiz (2018) mentioned dissatisfaction with the fact that the

social work profession has adopted the clinical modality as the favorite, as opposed to the

generalist modality, in the face of macrosocial circumstances. According to the author,

there are discrepancies and disagreements about the clinical modality among social work

professionals, which reflects a persistent tension between generalist social work and

clinical social work and the social work mission of social, individual, and family change.

For the author, clinical social work is far from the essence of the social work practice.

Furthermore, the author pointed out that the acceptance of clinical social work as

synonymous with direct service should be ruled out because there are generalists with

undergraduate training only who also provide direct service in several work settings.

According to Ruiz, the complexity of society requires something more than social

workers focused on microlevel concerns. Society requires professionals with a broad and

holistic vision of human problems who can intervene at all levels of the social system and

in the search for alternatives to human problems.

Furthermore, de Jesus (2016) and Seda (2009) pointed out the professional

dissatisfaction among clinical social workers regarding their clinical interventions in

comparison to generalist social workers. The authors recognized that even though clinical

social workers use diverse theoretical and intervention models to work with

multiproblematic situations, in many cases their clinical skills and competences are

judged and/or not recognized by other mental health professionals or clients. Indeed,

numerous authors (de Jesus, 2016; Ruiz, 2008, 2018; Seda, 2009; Velez & Serrano, 2017)

have identified the professional identity as a limitation that triggers the insecurity of

professionals around the effectiveness and ability to make decisions in their interventions.

In other words, the authors identified as the main limitation the insecurity existing in

clinical social work professionals when carrying out their clinical interventions with

clients in the absence of a clear professional identity in comparison to generalist social workers.

As well, Velez and Serrano (2017) and Ruiz (2008) concluded that the professional identity of clinical social work in Puerto Rico is not clear in relation to the functions that they can perform at the clinical level. According to the authors, this has generated an ongoing debate between generalist social workers and clinical social workers on what tasks each can perform in the diverse scenarios of the profession, particularly interprofessional mental health settings. These discrepancies stem from the skills, knowledge, and scope of practice of clinical social workers.

The professional identity disagreement has led to a lack of recognition of clinical social workers within interprofessional teams, causing confusion among the public served by social workers (Karpetis, 2014). Ultimately, this disagreement has led to a loss of credibility and lack of interest among participants who may not be motivated to seek clinical social work services in Puerto Rico (Ruiz, 2018). In reviewing the literature, I noted few studies about the social work profession in Puerto Rico. The dearth of scientific literature may ultimately impact the provision of mental health services by clinical social workers. Because of this gap in knowledge, I sought to assess the professional identity of clinical social workers in Puerto Rico as members of an evolving profession focused on the provision of mental health services.

Purpose Statement and Research Question

The purpose of this study was to explore the perceptions of clinical social workers in Puerto Rico regarding professional identity as compared to generalist social workers.

Specifically, I examined how clinical social workers identify themselves in numerous work scenarios, how they perceive their integration to interprofessional teams, and how they perceive their clients' acceptance or rejection of clinical social work services. The results of this study have the potential to improve the general understanding of clinical social work services in Puerto Rico. In addition, the results of these study may address a current gap in knowledge about the clinical social work professional identity in Puerto Rico. For the research approach, I used the qualitative paradigm. The research question of the study was the following: What is the perception of clinical social workers in Puerto Rico regarding their professional identity in comparison to generalist social workers? The identified variables include professional identity, clinical social work services, mental health service, resource availability and accessibility to resources, and professional competence and training for clinical social workers.

Nature of the Doctoral Project

The nature of this study was qualitative. Qualitative research is consistent with understanding how clinical social workers in Puerto Rico face challenges regarding their professional identify in comparison to generalist social workers, which was the focus of this study. Ravitch and Carl (2016) mentioned that qualitative researchers begin with an interest or problem of the researcher. Qualitative researchers use a variety of approaches, including observing the phenomenon from the researcher's perspective and collecting the data in narrative forms using people's own words (Denzin & Lincoln, 2013; Ravitch & Carl, 2016). Through this method the researcher tries to understand, describe, and define

the event from the perspective of the personal experience of the individual (Denzin &
Lincoln, 2013; Ravitch & Carl, 2016).

The primary source of information came from clinical social workers. I
interviewed 10 social workers in practice in Puerto Rico. I used my contacts as a social
worker on social networks to reach social work professionals who might be interested in
participating in the study. Phone calls, email, and networking were used to communicate
with potential participants. I sent an introductory email to potential participants
explaining the study, followed by a call to those who expressed an interest or agreed to
participate.

Significance of the Study

I addressed the gap in the understanding of the challenges clinical social workers
face in their practice in Puerto Rico in the absence of recognition of their professional
identity in comparison to generalist social workers. This project is unique because it
addresses a poorly researched area of study (de Jesus, 2012). In addition, it is a topic that
has generated interest in the social work profession in the last decade by both clinical and
generalist social workers, in an attempt to establish the professional identity of each type
of social work (Cordova, 2010; de Jesus, 2012; Ruiz, 2008; Seda, 2009).

The results of this study will provide much-needed information about the
challenges faced by social work professionals with a clinical specialty in the exercise of
professional practice in Puerto Rico. Clinical social workers can contribute to social
change in Puerto Rico through the provision of mental health services. Similarly, with
their professional identity clearly established, clinical social workers may be able to

expand their interventions at the level of independent practice, as well as obtain

management positions in the different mental health services agencies on the island.

Theoretical/Conceptual Framework

I based the framework for this study on Bronfenbrenner's (1979) ecological

system theory. This theory focuses on the influence of the environment on the

development and behavior of the individual. According to Bronfenbrenner, this theory

prioritizes the importance of understanding the individual within the context in which

they unfold and that influences change. The individual's cognitive, moral, and relational

development occurs within five interrelated systems: microsystem, mesosystem,

exosystem, macrosystem, and chronosystem. These systems are constantly changing;

therefore, the individual adapts to change as a whole to them. It is a two-way relationship

between the individual and the systems.

The theory of ecological systems supports the notion that individuals are sociable

beings immersed in an environment with a specific culture and context that influence

their living conditions (Álvarez, 2019). The theory of ecological systems suggests

considering the different systems linked to the individual when trying to understand the

external forces that influence the individual in decision making (Álvarez, 2019;

Bronfenbrenner, 1979). Using this theory, I sought to understand how the relationships

and interconnections between the five systems influence the perception of the

professional identity of clinical social workers in Puerto Rico based on the historical and

current context of Puerto Rico. The use of this theory allowed me to understand, from the

perspectives of clinical social workers, the environmental challenges and the external influences that affect the clinical social work services in Puerto Rico.

The ecological system theory aligns with the problem statement and the study's research question by focusing on the factors presents in clinical social workers in Puerto Rico regarding their professional identity that create service barriers. Also, by using the theory, I was able identify the environmental factors that interfere with the social worker's ability to meet the needs of those who serve. For social work practitioners, the ecological system theory helps in identifying the impact of interventions and outreach as well the engagement process between the clinical social worker and their clients.

Values and Ethics

Social work professional in Puerto Rico must comply with the Association of Social Workers Act (1940) and the Code of Professional Ethics established by the College of Puerto Rico Social Work Professionals (CPTSPR; 2017). The Association of Social Workers Act, or Law 171, establishes that no person who is not a member of the CPTSPR may practice the profession in Puerto Rico; those who do will be subject to the penalties provided by law. In addition, to practice the profession in Puerto Rico under the provisions of the law, social work professionals must comply with the annual renewal of the CPTSPR membership, which includes 12 hours of continuing education annually and a payment of $100.00 annually (CPTSPR, 2018).

The CPTSPR Code of Ethics (2017) stipulates the ethical values and principles of the profession in Puerto Rico. Among the ethical principles are recognition of the importance of human and solidarity relationships, upright behavior, and the updating of

professional qualifications and skills. These ethical principles are based on the values of human and solidarity relations, integrity, and professional qualifications whose aims are the exercise of the profession within the framework of knowledge, the provision of quality and excellent services, and the recognition of human rights (CPTSPR, 2017).

Meanwhile, the NASW Code of Ethics (2017) establishes as an ethical principle the recognition of the central importance of human relations as a significant vehicle for change and aid processes. Social workers must be committed to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. This study supported the values and principles of the CPTSPR Code of Ethics (2017) and the NASW Code of Ethics (2017) through the exploration of social worker competence, roles, and relationships regarding professional identity.

Review of the Professional and Academic Literature

In the literature review, I discuss selected articles relating to clinical social work services and the challenges faced in the profession. The keywords searched were *social work*, *social work services*, *social work practice*, *social work professional identity*, *challenges face in social work profession*, *clinical social work*, *clinical social work professional identity*, *clinical social work profession*, *clinical social work services*, *clinical social work practice*, *clinical social work identity*, and *clinical social work challenges*. To find literature, I searched Walden University Library databases (e.g., EBSCOhost offerings and PsycINFO) as well as the Google Scholar search engine. Also, clinical and generalist social work and qualitative statistical books were used for this

research. I focused on articles from the last 10 years. However, articles with dates from 1979 to 2020 were used due to the lack of literature focused on Puerto Rico on the research topic.

Social Work as a Profession in the United States

Garcés Carranza (2011) stated that social work in the United States had its origin during the 19th century because of the perceived threat poor people posed to the social order. According to Garcés Carranza, the first social workers were called "friendly visitors" (para. 2) and were volunteers or missionaries of the high society. Their job was to decrease the public burden on poor people through direct services and prayer. By that time, rescue societies helped prostitutes, and nursing homes cared for the mentally ill (Huff, 2008). The philosophy was based on "charity" which should be "secular, rational and empirical" (Huff, 2008, as cited in Garcés Carranza, 2011, (para. 3). By the end of the 1880s, a new community movement was created to address social problems focused on the causes of poverty (Garcés Carranza, 2011). It was called the Reform, Investigation, and Residence. The services offered included education, legal aid, medical services, and advocating for changes in social administration focused on community movements (Huff, 2008).

The debate for the professionalization of social work began in the early 20th century between the Mary Richmond Charitable Society Organization and the Jane Addams Community Home Movement. According to Garcés Carranza (2011), the debaters wanted to know if the problem should be intervened with the traditional and scientific method with an efficient and preventive approach or by delving into the

problem, canceling the lines between the controller and the client. The first social

workers in the United States were educated academically at the Summer School for

Applied Philanthropy with training programs led by professionals, including Mary

Richmond (Garcés Carranza, 2011). They expanded social welfare by expanding the

practice in child welfare institutions and juvenile court (Garcés Carranza, 2011).

According to Barker (1998), the friendly visitors were identified as case social workers

later.

In 1905, social work entered hospitals through Dr. Richard Clarke Cabot, head of

the Department of Medicine at Massachusetts General Hospital in Boston, but it was not

well received (Gehlert & Brown, 2006). The National Association of Hospital Social

Workers was established in 1918 with the purpose to improve the relationship between

formal education and practice in hospitals (Davidson, 1990). By then, the role of social

workers was to provide social services to those in need (Davidson, 1990). In 1929 there

were 10 university courses in the United States in medical social work, and the

competition between psychiatry, psychology and social work for hospitals began (Garcés

Carranza, 2011).

By the late 1930s, social workers had deemphasized addressing social problems

and had added a scientific basis for dealing with patients, and challenging behaviors were

seen as emotional problems (Barker, 1998). Finally, staff at the National Institute of

Mental Health (1991) had identified that social work and the promotion of mental health

and treatment dated to the very beginning of the profession. According to the National

Institute of Mental Health, social workers offered individual and family psychotherapies

as efforts to prevent mental illness and alleviate its effects. As well, developed programs,

and advocate for the creation of it. Additionally, requested funds to treat mental illness,

for the development of theories and interventions, and private practice from a bio-

psychosocial approach (National Institute of Mental Health, 1991).

Social Work as a Profession in Puerto Rico

Ruiz (2008) stated that the social work profession in Puerto Rico emerged during

the first 3 decades of the 20th century due to a series of events that had an economic,

social, and political impact on the island landscape. According to the author, the island

was suffering the effects of the political transition from Spanish rule to North American

hegemony, a result of the Spanish-American War and its culmination in 1898 with the

change of sovereignty. Also, Hurricane San Felipe, which hit on September 13, 1928,

notably affected the agricultural economy that provided livelihoods to thousands of

Puerto Ricans (Ruiz, 2008). According to Ruiz, it is at this stage of turbulence that the

conditions that would favor the birth of the new profession on the island begin to

develop.

Ruiz (2008) pointed out that even though the Spaniards arrived in Puerto Rico in

1493, it was not until the 19th century that they began to introduce charitable elements on

the island. By then, this was reduced to charity offered by the Catholic Church and

people with economic resources (Ruiz, 2008). The author identified several charitable

events during Spanish rule on the island, among them:

1. in 1821 a house was founded to house women in San Juan under the rule of a

   Catholic priest.

2. in 1844 a benefit house for the mentally ill, children, and prostitutes condemned by the court was founded.

3. in 1898 the Spanish government paid an unspecified amount of money to the Catholic Church to be used in charitable efforts.

4. in 1899 a Board of Charities dedicated to the distribution of food for needy people was organized.

Ruiz (2008) noted that it was not until the arrival of the North American government that leaders began to embrace the well-being currents that were germinating in the United States. This effort began with the significant movement of the Organic Charter of 1917 that was granted to the Department of Health by public charities on the island by order of the American Congress (Ruiz, 2008). In that same year, the Puerto Rico Chapter of the American Red Cross emerged with the purpose of providing services to the families of the military affected by the First World War (Ruiz, 2008). In turn, the first volunteer social workers came to be, trained by the agency in its Home Service Department, which created in 1918; the emergence of volunteer social workers coincided with the development of the Red Cross Youth Chapter, which was oriented towards providing services to children (Ruiz, 2008). Later, in 1923, the Red Cross began offering training workshops to its personnel; meanwhile, the Department of Health created the government-sponsored Division of Public Welfare. According to Ruiz, the foundations of social medical work were solidified between 1923 and 1931 with the creation of the first public health units in 1925 and the beginning of the placement of social workers in the country's hospitals.

On the contrary, Burgos (1998) stated that social work in Puerto Rico began with 28 women led by Dorothy D. Bourne who worked mainly in the Second Rural Units. These 28 women are often called the "Pioneers in the Second Rural Units of Puerto Rico" (Burgos, 1998, p. 27). Most of these women studied for "normal" teachers and later completed university studies (Burgos, 1998). The 28 women worked for the Puerto Rico Department of Public Instruction, mainly in rural areas of Puerto Rico (Burgos, 1998). They studied at the University of Puerto Rico Graduate School of Social Work, completing courses on the country's economy, poverty, diseases, and unemployment (Burgos, 1998; Cordova, 2010). However, they started social work without any experience, and, by the end of the first of four summers of study, they still had no clear idea of what social work was (Burgos, 1998).

According to Burgos (1998), to get to their jobs the women had to go on horseback or stay in nearby places, so it was preferred that they were single. Little by little and, with the help of teachers and the community, they developed services and programs, such as hospitals, school canteens, and health services, in the communities they served. Subsequently, they established the Home Improvement, School Health Improvement, and Moral Improvement committees to continue community development efforts with community members. In addition, they participated in case management and family planning. Most worked in federal programs in supervisory and management positions in the Federal Emergency Relief Administration, which, according to them, hampered the development of indigenous social work. In addition, they founded 61

exchange cooperatives and were part of the Social Welfare Bureau of Puerto Rico's

Health Department (Burgos, 1998; Cordova, 2010; Ruiz, 2008).

Some of the first social workers continued their studies in the U.S. mainland,

while others preferred to stay in Puerto Rico. In 1935, the pioneers of social work in

Puerto Rico founded the Insular Society of Social Workers. At that time, there was also

an organization called Porto Rican Organization of Trained Social Workers, which was

organized by social workers who had studied mainly at the School of Social Work of the

Catholic University of Washington in the United States (Burgos, 1998; Ruiz, 2008).

According to scholars, this group opposed the granting of a social work license to

professionals who had studied at the University of Puerto Rico in the summers for "not

having the necessary studies to practice the profession" (Burgos, 1998, p.50). In 1940,

lawmakers passed Law 171, creating the College of Social Workers in Puerto Rico, and

the idea of membership under the Insular Society of Social Workers arose; Puerto Rico

became the first island in the Western Hemisphere to regulate the profession of social

work (Burgos, 1998). By 1948, social workers were participating in the Puerto Rican

League Against Cancer, mostly in an educational way, and by 1953 a social worker

directed the Industrial School for Women, giving priority to rehabilitation (Burgos,

1998). By 1974, the Food Stamp Program began to ensure families with limited incomes

and adequate nutritional diet (Burgos, 1998).

On the other hand, Ruiz (2018) pointed out that clinical social work boomed in

Puerto Rico in the 1980s after the decline of case social work in 1960s. Furthermore,

Ruiz pointed that it continues "surrounded by a kind of halo, which highlights this task,

awarding to those who practice it a series of attributes that other social workers do not have" (para. 1). Ruiz stated that in 1970s was introduced bachelor programs in US universities. According to Ruiz, by 70s began hiring social workers for direct service practice. This original group of clinical social work postulated that the first obligation of social work was to attend to individuals, families, and groups victims of broader social problems (Ruiz, 2018). By 1972, the group was already strengthened, oriented to direct help, and created the Clinical Social Work magazine (Ruiz, 2018). Later, clinical social workers entered private practice with a middle-class clientele who preferred to be treated in private offices and not in agencies or clinics (Ruiz, 2018).

Meanwhile, Cordova (2010) pointed out that clinical social work practice was first documented in the Hospital de Psiquiatria in Rio Piedras, Puerto Rico as psychiatric social work. Cordova (2010) pointed it was linked to the social medical space of a tertiary psychiatric hospital. According to Cordova (2010) Ms. Celestina Zalduondo, social worker, was the founder of the psychodynamic philosophical theoretical orientation used to treat patients in the psychiatric hospital. Furthermore, Cordova confirmed that clinical social work in Puerto Rico has professionals who have practiced it for more than fifty years and who have been responsible for carrying out psychosocial interventions in mental health and psychosocial trauma. According to Cordova (2010), in the 1970s, clinical social work was practiced in Puerto Rico in public and private health facilities. Cordova (2010) identified scenarios such as:

1. psychiatric hospitalization units
2. outpatient mental health centers of the Department of Health (ASSMCA)

3. centers for survivors of domestic violence and child abuse in municipal agencies

4. centers for survivors of sexual assaults in public agencies

5. public and private forensic psychiatric units

6. penal institutions for adults and minors in the Administration of Correction and Juvenile Institutions

7. residential for alcoholic or substance-addicted persons of the Department of Health

8. the Veterans Hospital and the emergency rooms of the country's hospitals.

Social Work Professional Identity

Meyer (1983) mentioned the confrontation between clinical and generalist practice in the 1980s, which created confusion in the use of both terms. According to Meyer (1983), there was a recognition of the generalist practice as non-specialist before the clinicians. Along the same lines, Ruiz (2008) pointed out that for decades there has been a debate considered a specific-generic dilemma within the profession. For Ruiz, this debate opposes a generic vision of the practice of the profession against a vision that emanates from different methodologies and specializations. Moreover, Ruiz (2018) mentioned that the generalist approach in direct service could not be equated with the clinical one due to the academic training of the first one in the bio-psycho-social spiritual approach and a broad vision of human functioning. For Ruiz, clinical social work has a connection with case management of the 1930s.

Furthermore, Ruiz (2018) emphasized on understood clinical social work, to a certain extent, as the attempt of a profession that is not clear about its essence, to invade other fields in the disciplines of behavior. For Ruiz, "the essence of social work is clear, and is oriented towards social solutions to human problems" (p. 88). According to Ruiz "accepting clinical social work as a hegemonic model for practice diffuses the essence of the profession" (p. 90). Finally, Ruiz (2018) pointed out the search for the identity of the profession can be evidenced in the literature on history of social work since 1915.

Meanwhile, Nieves, Rivera, Ortiz, and Perez (2019) mentioned that clinical social work continues to be the axis of discussion around the definition, professional identity, and the scope of the practice. According to Nieves et al. (2019), the debate includes aspects as domain areas, the definition of clinical social work, the professional identity of clinical social work and the foundations of clinical social work. Moreover, Nieves et al. (2019) pointed there are clashes between conceptions about clinical social work among professionals with similar academic backgrounds. In addition, Nieves et al. (2019) mentioned the existence of debates regarding the conceptual, theoretical or reference models for practicing clinical social work. Also, pointed outed that clinical social work uses the psychology discipline as frame of reference in its professional interventions, which disrupts professional identity and the evolution of the profession (Nieves et al., 2019). For Nieves et al. (2019), is necessary to emphasize that social work has as its core social justice and the defense of human rights, as well as analysis and actions in the face of socio-structural problems and their implications for individuals, families, groups, and communities.

González and Gelman (2015) pointed out the constant struggle of social work to validate itself as a profession, especially clinical social work, and mention the difficulty in defining clinical social work. This has given way to various definitions by various organizations without being able to reach an official definition (González and Gelman, 2015). According to González and Gelman (2015), social work has been associated with the casework method designed to provide direct psychosocial services to individuals and families which was first conceptualized by Mary Richmond in 1917 in Social Diagnosis. Furthermore, González and Gelman and Karpetis (2014a) identified treatment approaches, such as problem solving, psychosocial model and functional model in clinical social work practice based on two pillars: indirect treatment and direct treatment.

Similarly, Hill, Fogel, Plitt and Erickson (2017) pointed out the difficulties that the social work profession has had, for more than a hundred years, to describe the characteristics that define it as a unique profession in society. Moreover, Hill et al. (2017) mentioned the lack of a formal definition that includes the relevant functions of social work. In Hill et al. (2017) qualitative study, was conducted a search of social work definitions and how definitions are understood throughout the United States. According to Hill et al. (2017), this implied an impact on the profession and professional identity of social workers. Therefore, Hill et al. (2017) promoted future studies that guide the establishment of universal ethical obligations regardless of where the profession is practiced.

Along the same lines, Spafford, Schryer, Campbell and Lingard (2007) conducted a multidisciplinary study with students of social work, optometry, and medicine, based in

Canada, related to the uncertainty that students have in the presentation of cases. The rationale of the study arose because of the evolution and recognition of the uncertainty in health, and social care in the provider/client relationship, and the limits in the knowledge of the providers (Spafford et al., 2007). The study raised the importance of reflecting on professional identity in face of ambiguity, complexity, and unpredictable situations that arise in the field between providers and their clients, which, in turn, caused insecurity in knowledge, and general status of the clients when there are no effective communication practices with the other professions (Spafford et al., 2007). This insecurity in knowledge was related to decision making in the treatment of the client (Spafford et al., 2007). According to Spafford et al. (2007), social workers do not recognize themselves as health professionals.

Social Workers as Members of Interprofessional Teams

Ambrose-Miller, and Ashcroft (2016) conducted a qualitative research study whose purpose was to explore social work's experiences of interprofessional collaboration. The research had the participation of Canadian social work educators, practitioners, and students who identified the barriers and facilitated collaboration from the perspective of social work on interprofessional collaboration in health care settings. According to Ambrose-Miller and Ashcroft (2016), interprofessional collaboration helps improve results for those individuals who use health care systems. The results of the investigation showed that collaborative care involves challenges, and rewards to social workers due to the lack of understanding of the role of social workers within the interdisciplinary team (Ambrose-Miller and Ashcroft, 2016).

On the other hand, Keefe, Geron, and Enguidanos (2009) identified the benefits and challenges of the social work role in the primary care of older adult patients with complex problems. The study focused on the perspective of the primary care physicians and nurses in relation to the integration of social workers in the primary care team of this population. According to Keefe et al. (2009), "social workers were significantly more likely to identify psychosocial problems than physicians (p.581)." Similarly, the integration of social workers was viewed positively since they can identify and treat the mental health problems in this population. Other benefits identified were the implementation of problem-solving skills, working with families, and providing in-depth knowledge of community resources (Keefe et al., 2009). However, the main challenge for the integration of the profession in these primary care teams was the lack of knowledge and understanding of the role of the social worker by the primary team (Keefe et al., 2009). Otherwise, the study identified with the integration of social work in primary teams, there was a reduction in visits to emergency rooms and admissions to hospitals in the aging population (Keefe et al., 2009).

In contrast, Cordova (2010) explained how the political-social-cultural-economic context of Puerto Rico throughout history has affected the practice of the social work profession in the island. According to Cordova (2010), Puerto Rican social work has been influenced by the construction of a Puerto Rican personality of beneficence and dependence. Along the same lines, de Jesus (2012) explained the diversity of social work in Puerto Rico, and the professional skills to practice the profession by areas of specialty.

De Jesus (2012) pointed the differences between the clinic aspect and other areas of specialty within the social work profession in Puerto Rico.

At the same time, de Jesus (2016) and Rios (n.d.) highlighted the diversity within social work profession, and the need to update the profession by areas of specialization. De Jesus and Rios proposed fostering future development strategies that allow establishing new spaces and integrating a greater number of professionals into independent practice, according to their area of expertise. Meanwhile, Seda (2009) called for the development of a critical conscience for the understanding of the profession with a focus on the social context of Puerto Rico. For Seda (2009), there is an urgent need to resume community social work, and insertion in the country's social policy beyond the provision of social services.

On the other hand, de Jesus (2016) provided information, from the point of view of the complexity and transdisciplinary of social work in Puerto Rico, and its regulatory law. According to de Jesus (2016), the social work practice has been assumed as a trans-discipline that advocates a multidimensional understanding of reality that understands social problems as complex. For de Jesus, complexity and trans-discipline leads us to understand that the individual is a bio-psycho-social entity that cannot be divided to work in one of the areas in isolation. De Jesus (2016) abounded the multiple conflicts that have arisen within the profession due to the need to create a new social work law that responds to the current needs of the profession. Likewise, de Jesus (2016) covered the need to conceive new theoretical-methodological approaches from the perspective of social work to work for the individual as a biopsychosocial entity.

While Reamer (2015) exposed the ethical dilemmas, and risk-management challenges clinical social workers face in digital environment. Reamer (2015) identified the ethical aspects, and risk-management issues that need to be considered by clinical social workers providing services using technology such as video counseling, email chat, social network websites, text messaging, smartphone apps, among others. Reamer (2015) established the importance of protect the identity of clients from damage, and prevent lawsuits, and licensing board associated with remote services. Reamer (2015) pointed social work professionals must comply with the confidentiality, and privacy practices established in the codes of ethics to carry out digital environment practice. Moreover, Reamer (2015) pointed the increase of clinical social work practice.

Challenges to Social Work Practice in Puerto Rico

Ruiz (2008, 2018) pointed out the complexity of the numerous roles social workers can performance based on academic training, and the traditional methods of the profession as one of the most important challenges for social work professionals. Furthermore, Ruiz recognized the benefits of an integrated approach, and specialization within the profession. However, Ruiz advocated a generalist approach to social work in which professionals have the basic, and generic skills focused on solving problems that allow them to face situations with their clients daily. Finally, Ruiz (2008, 2018) recognized the challenges, and dilemmas the profession faces concerning professionalization vs. de-professionalization, strengthening of the theoretical base, education, ambiguity regarding the focus of attention, private practice, evaluation of

effectiveness, the impact of technology, and the relationship with the welfare state as important points to work on in the profession.

On the other hand, Rosario, and Sanchez (2012) exposed the diversity of ways of conceiving social work in Puerto Rico, including clinical social work. According to Rosario, and Sanchez, the social work practice in Puerto Rico is the result of the presence of the NASW, and the relationship of political, economic, social, and cultural subordination with the United States for more than 113 years. Rosario, and Sanchez, stated despite the NASW's hegemonic conception for clinical social work, in Puerto Rico, few social workers in clinical practice have tried to construct new definitions from their experiences. Consequently, Rosario and Sanchez identified the lack of establishment of a clear professional identity regarding the functions of clinical social work in Puerto Rico.

Furthermore, Rosario, and Sanchez (2012) pointed the importance of discussing clinical social work practice complexity with the lack of debates on the subject in Puerto Rico. In addition, Rosario, and Sanchez draw the attention to the lack of a clear definition of clinical social work that establishes the workspaces, and the ethical-political, theoretical-methodological, and technical-operational foundations of clinical practice. In other words, there are still doubts about which are the workspaces in which clinical social workers can perform and which are the foundations clinical social workers use to carry out their clinical interventions. For Rosario, and Sanchez, assuming the perspective of the clinical social work profession as an evolutionary process is objectionable since there are historical, economic, social, political, and cultural factors that influence professional work. Finally, Rosario, and Sanchez (2012), stated the existence of ambiguities, and

contradictions in the training and practice of clinical social work in Puerto Rico, which

represents a major challenge for the Puerto Rico clinical social work university degrees,

and the clinical social work professional practice.

Along the same lines, Nieves et al. (2019) pointed out the greatest challenge

within the social work profession in Puerto Rico to prioritize the importance of opening

communication, and dialogue channels to elucidate existing debates with relation to the

specialty of clinical social work and generalist social work. In addition, Nieves et al.

identified the importance of establishing a consensual definition of clinical social work in

Puerto Rico. Finally, Nieves et al. recommended carrying out studies that document the

real practices that are being carried out by clinical social work professionals in the several

settings in Puerto Rico, including the services they offer, the competencies and the

affinity of their functions with the community bases and social justice.

Meanwhile, Cordova (2010) stated the invisibility of the existence of clinical

social work in Puerto Rico, and its minimization in contemporary professional

development. According to Cordova, clinical social work in Puerto Rico is confused with

the private practice practiced in the United States, which, for Cordova, are two different

practices, in two different countries with different historical contexts. Moreover, Cordova

mentioned social work professionals in Puerto Rico with their own offices are recognized

as independent practitioners. Cordova also stated the importance of identifying clinical

social work as equally important as community social work or political organization since

"the core essence of a profession lies in the ethical and moral principles of those who

exercise it and not in the social spaces in which it is exercised "(Cordova, 2010, p. 26-

27). Finally, the author pointed out the importance of clearly defining clinical social work and differentiating it from private practice as a challenge within the profession.

On the other hand, Wike, Bledsoe, Manuel, Despard, Johnson, Bellamy, and Killian-Farrell (2014) exposed the barriers, and challenges faced by clinical social workers in clinical, and organizational practice in the use of evidence-based practices. According to Wike et al., it is a challenge for social workers to apply EBP techniques in the absence of scientific evidence about the profession. Moreover, Wike et al. stated clinical social workers in independent practices doubt their abilities to implement EBP. For Wike et al., at the beginning of the social work profession, research evidence was not considered essential as an integral part of the practice and the transmission of knowledge. However, this has changed over time although even greater efforts are required (Wike et al., 2019). Therefore, for Wike et al., there is a call for future research to demonstrate the practices of social work at an independent, and organizational levels as evidence-based to develop new perspectives that include from organizations to policymakers, which would influence the client's quality of life.

Summary

In conclusion, I reviewed the challenges and issues faced by clinical social workers in Puerto Rico regarding their professional identity as comparison with generalist social work. I used a qualitative paradigm to explore the perception of clinical social workers in Puerto Rico regarding their professional identity. The focus of my study was identified the issues, and the challenges that impact clinical social work services in Puerto Rico. The purpose of my study was to increase the general understanding of

clinical social work services in Puerto Rico. In addition, address a current gap in

knowledge about the clinical social work professional identity in Puerto Rico. I utilized

the Ecological System Theory as the theoretical framework for examine the challenges

related to environment, and the relationship between clinical social workers, and their

clients. Finally, this project seeks to answer the research question on the perception of

clinical social workers in Puerto Rico regarding their professional identity in comparison

to generalist social workers.

Section 2: Research Design and Data Collection

Introduction

In Section 1, I provided an overview of the study. Using a qualitative research approach, I explored the perceptions of clinical social workers in Puerto Rico regarding their professional identity as compared to generalist social workers. Specifically, I examined how clinical social workers identify themselves in the numerous work scenarios, how they perceive their integration to inter professional teams, and how they perceive the acceptance, or rejection, of their clients to clinical social work services. In Section 2, I will discuss the research design and data collection for this study, as well as methodology, data analysis, and ethical procedures. I conclude the section with a summary.

Research Design

I explored the perception of clinical social workers in Puerto Rico regarding their professional identity in comparison with generalist social workers. My research question was, What is the perception of clinical social workers in Puerto Rico regarding their professional identity in comparison to generalist social workers? I used the qualitative paradigm for this study. I conducted semistructured interviews with clinical social workers to explore their perception regarding their professional identity in Puerto Rico. The purpose of the study was to explore the perceptions of clinical social workers in Puerto Rico regarding professional identity as compared to generalist social workers. Understanding the issues that limit clinical social work services in Puerto Rico may improve clinical social work services on the island.

Methodology

According to Hernandez et al. (2014), qualitative researchers use an interpretative perspective to describe and assess the data. In qualitative studies, the sample is more flexible because the researcher's interest is not to generalize the study results (Hernandez et al., 2014). I collected the data for this study from a sample of 10 social workers in Puerto Rico using semistructured interviews. The questions were open-ended and focused on the perceptions of clinical social workers in Puerto Rico regarding their professional identity in comparison with generalist social workers. The interviews will be carried out in the natural environments of the participants (see Hernandez et al., 2014). I explored the challenges and barriers identified by participating clinical social workers in Puerto Rico regarding their professional identity. I used the fundamental concepts of ecological system theory to guide the exploration of the investigation problem.

Data Analysis

I categorized and encoded the data into concepts, perceptions, experiences, and processes using individual and collective language of the participants (see Hernandez et al., 2014). I analyzed the data using the content analysis technique. According to Creswell (2014), the purpose of content analysis is to organize and obtain meaning and realistic conclusions from the collected data. First, I organized the data into codes and categories. Then, similarities in the data, such as repetitions and frequency of occurrence, were analyzed to form themes. I will present the identified themes in Section 3.

Ethical Procedures

I complied with the values and ethics that underpin social work services in Puerto Rico. Specifically, I complied with the Code of Professional Ethics of the CPTSPR (2017), which establishes research as an essential part in the development of the profession. In doing so, I sought to consider the objectives of the research and its contribution to society under the principles of respect, beneficence, and justice (CPTSPR, 2017). I evaluated the risks and benefits to protect the participants (CPTSPR, 2017).

I also complied with the Code of Ethics of the NASW (2017), which establishes that the participants' right to privacy and confidentiality must be respected. In turn, I obtained the informed consent of the participants orally and in writing prior to the investigation process (NASW, 2017). According to Connolly and Reid (2007), qualitative researchers need to adopt an ethical approach that respects established legal and ethical guidelines. This approach is guided by participant protection and risk management concerns (Connolly & Reid, 2007).

Before collecting data, I obtained the approval of the Walden University Institutional Review Board (IRB). My approval number is 05-25-21-0737680. According to the Walden University Center for Research Support (n.d.), no part of the research process involving participants may take place prior to IRB approval. I was not involved in research activities before the IRB approval. The participants had full disclosure about the study before any commitment to participate took place. The participants provided oral and written consent during the interview. I committed to ethical research practices throughout the process. I reviewed the inform consent process with participants, which

included disclosing to participants their right to withdraw from the study if they perceive any risk of harm.

I obtained information on clinical social workers from social networking sites, specifically Facebook. Phone calls, email, and online networking were used to communicate with potential participants. I sent an introductory email to potential participants explaining the study, followed by a follow-up call to those who expressed an interest or agreed to participate for the purpose of reviewing the study and answering questions. Upon expressing interest in the study, participants were sent the consent forms by email for review before our meeting. I sent additional emails with the details of the meeting time and place.

I kept all the data collected private and kept the identity of the participants confidential. According to Walden University's IRB (n.d.), researchers must protect the privacy of shared information. The IRB of Walden University also indicated a 5-year period for maintaining data from the study. Throughout the study, I took measures to ensure the confidentiality of the social workers who participated in the study.

Walden University Research Ethics and Compliance (n.d.) recommends privacy precautions with research data by protecting all computers with passwords, securing computers servers with locks, and backing up all data in a separate location from the computer. I kept the data on a password-protected laptop computer. In addition, I secured hard copies of my notes and recording transcripts from the research in a locked file cabinet to ensure privacy. I will also comply with all federal and institutional regulations for the protection of research participants.

I will organize the findings of the present study in a final report, which I will make available to the community. The study may be valuable for the Puerto Rican clinical social workers and those in surrounding countries as a step for the empowerment of the clinical social work professional identity, as well, clinical social work services and practice at the local and state levels. Furthermore, I plan to share the findings with other agencies that may be able to influence clinical social work services to further implement needed changes within the profession.

Summary

In summary, I used semistructured interviews to collect data on the perceptions of clinical social workers in Puerto Rico regarding their professional identity in comparison to generalist social workers. After obtaining IRB approval, I used convenience sampling to recruit Puerto Rican social workers. I complied with the ethical considerations of the research and provided appropriate protection of the participant data. After collecting the data, I began the analysis process. After analyzing the data, I summarized the findings for the participants to review. I complied with other ethical processes during the process. A final report of the findings will be prepared and made available to the clinical social workers in Puerto Rico and the community.

Section 3: Presentation of the Findings

Introduction

The purpose of this qualitative study was to explore the perceptions of clinical social workers in Puerto Rico regarding their professional identity as compared to generalist social workers. Specifically, I examined how clinical social workers identify themselves in numerous work scenarios, how they perceive their integration in interprofessional teams, and how they perceive clients' acceptance, or rejection, of clinical social work services. The implications of the current study are that it may improve the general understanding of clinical social work services in Puerto Rico and address a current gap in knowledge about the clinical social work professional identity in Puerto Rico. In the present study, I worked to identify the perception of clinical social workers in Puerto Rico regarding professional identity as compared to generalist social workers in the diversity of work scenarios. The research question of the study was the following: What is the perception of clinical social workers in Puerto Rico regarding their professional identity in comparison to generalist social workers?

Section 3 begins with an in-depth discussion of the data analysis techniques used in this research study. I then present the study findings arranged by themes and subthemes. The section also includes discussion of the validation procedures, limitations of the research study, and a summary of unexpected outcomes and the resulting impact on social work profession.

Data Analysis Techniques

Data collection occurred on August 2, 2021, in a private room in my house in San German, Puerto Rico. I conducted individual interviews online via the Zoom application rather than face-to-face due to the ongoing COVID-19 pandemic. Interviews were carried out in the Spanish language. Interviews were audio-recorded with the participants' authorization. The interviews lasted approximately 9-45 minutes. The interviewees included five clinical social workers and five generalist social workers. Five participants indicated being in the west, two in the north, one in the northwest, one in the metropolitan area, and one in the center area of Puerto Rico. Each participant confirmed being in active practice at the time of the interview. Subsequent data collection and contact with participants after the interviews occurred by telephone.

Recruitment for this study began in June 2021 after I received Walden IRB approval to conduct the investigation. The recruitment process began when I posted on my Facebook page the invitation flyer requesting participation on it. Social work colleagues shared the flyer on their personal pages. Puerto Rico Social Work Groups on Facebook also shared the flyer on their pages. On a weekly basis, I shared the flyer on my Facebook page for several hours a day to reach as many social workers as possible. In this initial process, a response was obtained from the first five colleagues. From the initial recruitment, I identified three clinical social workers and two generalist social workers who met the criteria for the study and who agreed to participate in it. In the following weeks, the remaining five social workers were recruited. A total of 10 social workers in active practice were recruited, of whom five were clinical social workers and five general

social workers. The 10 social workers contacted me by phone or email to express their interest in the study. I made telephone contact to ensure that the interested candidates met the eligibility criteria to participate in the study.

I sent a copy of the informed consent in Spanish to each prospective participant. The informed consent provided the participants more information about the study. Participants were given the opportunity to review the informed consent and ask any questions or express any concerns. Participants were asked to respond to the email acknowledging that they reviewed the informed consent and consenting to participate in the research study. After receiving an affirmative email, I contacted each participant by telephone to coordinate the day, time, and place/method to carry out the interviews based on each participant's schedule and availability. The participants were informed about the interview questions to be prepared for the interview. All the participants preferred to conduct the interview via Zoom application rather than face-to-face due to the ongoing COVID-19 pandemic. An email was sent with the Zoom link invitation including the date and time of the interview to each participant according to their availability.

Prior to beginning each interview, I gave participants the opportunity to discuss any questions or concerns. Each participant was informed of the use of audio recording and agreed to be audio recorded before the interview started. As part of facilitating the data collection process, I wrote notes during the interviews. At the end of each interview, the most important points of the interview were discussed with the participant to confirm the information obtained.

The data analysis procedures used in this study consisted of content analysis. According to Creswell (2014), the purpose of content analysis is to organize and obtain meaning and realistic conclusions about the collected data. I first organized the data into codes and categories. Then, similarities in the data, such as repetitions and frequency of occurrence, were analyzed to form themes. According to Bengtsson (2016), identifying themes makes it possible to gather deep structural meaning that can allow the researcher to effectively interpret the content. My chair reviewed the summary. I used the audio recordings of the interviews to make the transcripts. The transcripts were made verbatim for the analysis and coding process. Transcripts were completed using Microsoft Word on my personal computer; the process included comparing the output with the audio recordings on three different occasions to check for accuracy after transcription. Posttranscription, I emailed the transcripts to my chair for review.

To ensure the privacy of each participant in this research study, I did not use the participant's name. To maintain confidentiality, each participant was assigned a number, from 1-10, during the transcription and analysis data process. When coding the data, I organized the collected data based on similarities in the data, such as repetitions and frequency of occurrence. All work was completed in a secure manner and kept in a secure setting. The Microsoft Word documents did not contain personal attributes or identifying factors, and all data were kept in a locked file cabinet. Only I had access to the computer file and keys of the file cabinet.

Validation Procedures

Human approach was used to address internal validity, trustworthiness, and credibility (Ravitch & Carl, 2016). This approach included consultations with my chair in which we reviewed the transcripts. Also, with my chair, I used a debriefing process that provided me with the ability to help uncover any bias as further validation of my findings (see Creswell, 2007). This validation process enabled me to understand the lens that I used to focus on the participants' responses. Also, this process made me aware of how I felt about the data and analysis process.

To achieve trustworthiness, I also followed Creswell (2007) prolonged engagement technique. The duration of each interview represents prolonged engagement in this study. The time spent with each participant allowed them to talk about their views of the investigation. In addition, I am familiarized with the clinical social work profession in Puerto Rico, which allowed me to obtain a contextual understanding of the circumstances beyond what the participants said (see Tracy, 2010). This quality increased credibility because it helped me to recognize within the participant's descriptive narrations, the studied culture's values. Participants were invited to contact me with any questions or comments at any time during the process.

In addition, I evaluated each finding based on its credibility and reliability (Creswell, 2007; Patton, 2015). Member checking was completed using feedback during the interview process to ensure the accuracy was maintained. After incorporating member checking, I transcribed the collected data. Credibility establishes the congruence of the findings with reality (Creswell, 2007; Rubin & Rubin, 2012). Reliability was also a vital

part of this research study to measure the data obtained. I reviewed the audio recordings, transcripts, and notes several days after the study. Throughout this process, I identified word or phrases noted in the data collected.

The current study results are not transferable beyond the individuals who took part in this study. However, valuable insights can be used to build on future studies regarding clinical social work professional identity. The study's results emerged from participants' experiences and opinions instead of my point of view and traits (see Shenton, 2004). I used reflexive journaling to assure transferability and confirmability of the research process (Stringer, 2007). Triangulation was represented by the participants themselves. Stringer (2007) stated that triangulation is the use of diverse sources of information about the same topic to understand the problem more comprehensively. Within the study, participants represented diverse fields of expertise, and each participant addressed the research question from their perspective and background.

Limitations

Problems that occurred during the data collection process were minimal. The hardest part was the time it took to recruit the study sample. However, by sharing the research flyer on social networks on a weekly basis, I was able to recruit the sample. All participants engaged in full discussion of each question and maintained subsequent contact with me.

<div align="center">

Findings

</div>

I conducted this research study to explore the perceptions of clinical social workers in Puerto Rico regarding their professional identity as compared to generalist

social workers. After carefully reviewing the data, a total of three primary themes emerged from the data that reflected the perception of clinical social work professional identity in Puerto Rico. The primary themes included acceptance or rejection of clinical social work, differences between clinical social work and generalist social work, and professional identity. The study research question was, What is the perception of clinical social workers in Puerto Rico regarding their professional identity in comparison to generalist social workers? This section also includes the participant's demographic characteristics as shown in Table 1. In addition, thematic answers to the research question are shown in Table 2. An outline of the study themes follows.

Demographic Characteristics

I interviewed 10 social workers for this exploratory qualitative research project. Five participants were generalist social workers. The other five were clinical social workers. During the data analysis process, I assigned numbers from 1 to 10 to protect their identities. Participants' demographic data and characteristics are presented in Table 1.

Table 1

Participants' Demographic Characteristics

Characteristic	No.
Age	
30-39	2
40-49	5
50-59	2
60-69	1
Gender	
Female	6
Male	4
Geographic area	
North	2
West	5
Center	1
Northwest	1
Metropolitan	1
Academic preparation	
Bachelor's degree	2
Master's degree	5
Post-master's degree	3
Years of service as social worker	
1-5	5
6-10	1
11-20	2
21-30	1
51-60	1
Years as generalist social worker	
1-5	4
6-10	1
Years as clinical social worker	
1-5	3
6-10	1
21-30	1

The most surprising information related to research participants' demographic information was that two of the five generalist social workers interviewed had a master's degree in clinical social work. In addition, one had a master's degree and post-master's degree certification in another mental health area. The five generalist social workers interviewed indicated currently holding generalist social worker positions in various work settings. Additionally, one of the five clinical social workers interviewed had a post-master's degree in clinical social work. In addition, one had a post-master's degree in another mental health area. The five clinical social workers participants held clinical social work positions in various work settings at the time of the study. Table 2 lists the study's primary themes and subthemes.

Table 2

Primary Themes and Subthemes

Primary theme	Subtheme
Theme 1: Acceptance or Rejection of Clinical Social Work	Inter/Multidisclipinary teams Participants
Theme 2: Differences Between Clinical Social Work and Generalist Social Work	Definition Education Functions Types of interventions
Theme 3: Professional Identity	Clinical social work Generalist social work

Primary Theme 1: Acceptance or Rejection of Clinical Social Work

A primary finding or theme that answered the study's research question was the acceptance or rejection of clinical social work by the inter/multidisciplinary teams and the participants. According to Ambrose-Miller and Ashcroft (2016), interprofessional

collaboration helps improve results for those individuals who use health care systems. In the same line, Keefe et al. (2009), stated the integration of social workers in the primary care teams as viewed positively since can identify and treat the mental health problems in the population. While Spafford et al. (2007), concluded the importance of reflecting on professional identity in the face of ambiguity, complexity and unpredictable situations that arise in the field between providers and their clients, which, in turn, causes insecurity in knowledge and general status of the clients when there are no effective communication practices with the other professions. Spafford et al. (2007) established social workers do not recognize themselves as health professionals. In contrast, Cordova (2010), de Jesus (2012, 2016), and Rios (n.d.), highlighted the diversity within social work profession in Puerto Rico, and the need to update the profession by areas of specialization as a strategy to create spaces within inter/multidisciplinary teams. Social work participants in the study discussed from their experience the acceptance or rejection of clinical social work in inter/multidisciplinary teams and participants.

According to the study participants, in Puerto Rico there is still a long way to go for the full recognition and acceptance of the clinical social work profession as a specialty within the social work profession. The study participants concluded although there is "some kind" of acceptance of clinical social work services, there is a continuous debate about "what is" and "what it can do" creating barriers in the provision of clinical social work services. Moreover, participants stated this teaching process must begin from within the profession itself, which has not yet defined the competencies of clinical social work, nor does it recognize it as a specialty within the profession itself. According to the

participants, this internal dialogue is necessary to clarify and establish the functions and

competencies of clinical social work in Puerto Rico and, in turn, put an end to the internal

debate that has existed in the profession for the past decades. However, the study

participants concluded that, at present, there is currently greater recognition of the clinical

social work profession in Puerto Rico compared to previous decades.

Inter/Multidisciplinary Teams

For study participants, the acceptance or rejection of clinical social work

profession in Puerto Rico is variable. The study participants recognized that, at present,

there is a greater acceptance of clinical social work services in Puerto Rico compared to

previous decades. However, study participants concluded that the continuous debate

regarding clinical social work competences creates barriers in the provision of clinical

social work services. For some study participants, acceptance or rejection will depend on

the workplace and the geographic area that service is provided on the island. For others it

goes beyond.

For example, for Participant 10, clinical social work profession is accepted in the

inter/multidisciplinary teams depending on the geographic area that service is provided.

For this participant, acceptance of clinical social work services is greater in the

metropolitan area than in the rest of the island. According to this participant, in the

metropolitan area there is greater knowledge about clinical social work profession. For

this participant, this knowledge is the reason for its acceptance in the

inter/multidisciplinary teams is greater. However, this participant recognized that there is

still a way to go for the recognition of the clinical social work profession as a specialized

and independent practice in Puerto Rico that can have its private practice.

In the same line, Participant 6 stated that the acceptance of clinical social work

services in inter/multidisciplinary teams is varied. According to this participant, it will

depend on the area in which the team operates. For example, in hospices and hospitals,

clinical social work services are mostly accepted. According to this participant, in these

scenarios the clinical social worker is considered a fundamental part of the

inter/multidisciplinary teams. However, the participant pointed out that the same does not

happen in the government agencies that have clinical social work professionals.

On the other hand, for three of the ten participants, the clinical social work

profession is fully accepted within inter/multidisciplinary teams. For these participants,

the work scenario and the geographic location are not barriers to providing clinical social

work services in Puerto Rico. According to these participants, clinical social work

profession has had a process of integration during the years in inter/multidisciplinary

teams, achieving integration and acceptance within them by being seen as an essential

part of these teams. Furthermore, participants stated that clinical social workers have

managed to have the respect, and acceptance of the inter/multidisciplinary teams'

members. Moreover, for these participants, integration and acceptance within

inter/multidisciplinary teams has been achieved over the years thanks to the efforts of

clinical social work professionals who have fought their place within these teams.

In contrast, one participant mentioned that clinical social workers are used in

inter/multidisciplinary teams only to conduct initial interviews. Then, pass the

information obtained to the psychologist and psychiatrist for follow up. For this participant, clinical social workers are not allowed to perform their duties within these teams. Moreover, this participant stated that clinical social workers are limited within the inter/multidisciplinary teams. Consequently, for this participant, the acceptance of clinical social work profession in these inter/multidisciplinary teams is conditional on the functions it performs.

Another participant mentioned that the clinical social work profession is not accepted in inter/multidisciplinary teams due to the functions of the clinical social worker within the team are not clear. For this participant, clinical social workers are not recognized as mental health professionals trained to diagnosed and perform clinical interventions within inter/multidisciplinary teams. In the same line, another participant stated that inter/multidisciplinary teams do not require a clinical social worker as part of the team. For this participant, clinical social work profession has no role to perform within these teams. For both participants, the functions and interventions related to mental health are performed by psychologists and psychiatrists in the inter/multidisciplinary teams.

Lastly, for one participant, the acceptance or rejection of the clinical social work profession arises, not only with the inter/multidisciplinary teams, client, and other disciplines, but also with the social work professionals themselves in Puerto Rico. According to this participant, acceptance or rejection occurs from a basis of ignorance about the history of the clinical social work profession. Therefore, ignorance about the functions that clinical social workers can perform. Consequently, for this participant,

clinical social work as a profession is accepted in the inter/multidisciplinary teams but the

clinical social work functions are not always accepted and validated within these teams.

In other words, for this participant, inter/multidisciplinary teams recognize the clinical

social workers but not their roles within the teams.

These results are consistent with Cordova (2010), de Jesus (2012, 2016), Rios

(n.d.), and Seda (2009) in relation to creating awareness for the understanding of the

social work profession from the historical context of Puerto Rico. According to Cordova,

de Jesus, Rios, and Seda, the historical context of Puerto Rico has affected the practice of

the social work profession in the country by the influence of welfare and dependency.

Furthermore, Cordova, de Jesus, Rios, and Seda pointed out the lack of recognition of

diversity within the social work profession. In addition, recognized the need to update the

profession by areas of specialization to provide more and better clinical social work

services in Puerto Rico. For Cordova, de Jesus, Rios, and Seda, it is necessary to develop

future strategies that allow establishing new spaces and integrating a greater number of

clinical social work professionals in the diverse work settings.

Participants

According to the study participants, the acceptance or rejection of clinical social

work profession with the clients is also diverse. For study participants, a society

conditioned to charity has been built in Puerto Rico throughout history. As part of that

historical construction, clients identified the social workers as the persons who provides

the necessary assistance to obtain the charity. Therefore, clients do not view the clinical

social worker as a specialized mental health professional who can perform clinical

interventions. For this reason, clients often fail to recognize the clinical social work profession within the mental health specialties. Furthermore, the social worker is associated with public agencies such as education and family.

Clinical social workers from this study confirmed having had clients that question their clinical roles and competencies to practice the profession. They confirmed that, in most cases, clients agree to receive services with them and complete the established treatment plans and goals without difficulties. Likewise, they also confirmed to have had cases in which the client rejects the service for being a clinical social worker and not a psychologist. For the study participants, in Puerto Rico there is still a long way to go for the full recognition and acceptance of the clinical social work profession as a specialty within the social work profession. Again, they mentioned that acceptance of the clinical social work profession must start from within it.

For example, one study participant mentioned that clinical social workers are always questioned and stereotyped. For this participant, when mentioning the word social worker, people automatically associate it with government agencies or schools, but never with independent or clinical practice. Thus, when a client requests the private services of a clinical social worker, they often question whether they are being charged for the services offered. For this participant, this is due to the association of social workers as salaried professionals under government agencies and misinformation from society about the independent practice of clinical social work in Puerto Rico. In the same lines, two study participants stated that there is no acceptance or recognition of clinical social work profession with the participants as they recognize the social worker as an aid professional

who works in government or private agencies, and not as an aid professional in the clinical area.

However, three study participants mentioned that clinical social work profession has gained a space of acceptance and recognition with the clients since they are seeing as helping agents in their lives processes. Equally, two study participants mentioned that clients do accept and acknowledge clinical social work profession and they are grateful for the services they receive. For these study participants, clinical social work professionals have been making their way into society in recent years. According to these participants, society currently has more knowledge about clinical social work services and profession. Though, all agreed that there is still space to continue educating society about the clinical social work profession, clinical competences, functions, and work areas.

On the other hand, one study participant mentioned that clinical social work profession is not accepted or recognized by the clients as the importance and value of the clinical social work profession in society has not been made known. For this participant, Puerto Rican society does not know what clinical social work is. Therefore, clients do not use the services of the clinical social worker and go directly to the psychologist or psychiatrist. While, for another study participant, clinical social work is accepted and recognized by participants from the metropolitan area; however, it is neither accepted nor recognized by the participants in the rest of the island. For this participant, knowledge about clinical social work profession is greater in the metropolitan area of Puerto Rico

than in the rest of the island. According to this participant, this is the reason why clinical

social work profession is more accepted in this area than in the rest of the island.

These results agree with what Cordova (2010) established on how the historical

context of Puerto Rico, influenced by welfare and dependency, has affected the practice

of the social work profession in Puerto Rico. In the same way, they coincide with de

Jesus (2012, 2016), Rios (n.d.) and Seda (2009) in relation to creating awareness for the

understanding of the social work profession from the historical context of Puerto Rico. In

addition, agreed with Ruiz (2018) that clinical social work profession could be

understood, to a certain extent, as the attempt by a profession that is not clear about its

essence, to invade other fields of the disciplines of behavior. For their part, Nieves et al.

(2019) pointed out that clinical social work uses the psychology discipline as a frame of

reference in its professional interventions, which disrupts professional identity and the

evolution of the profession. However, Keefe et al. (2009) identified a reduction in visits

to emergency rooms and admissions to hospitals in the aging population with the

integration of social work professionals in the primary care teams.

Primary Theme 2: Differences Between Clinical Social Work and Generalist Social
Work

Study participants identified the differences between clinical social work and

generalist social work as another primary theme. For the study participants, the

differences between clinical social work and generalist social work are established based

on the education they receive. All study participants agreed that academic preparation at

the generalist level is a bachelor's degree. Meanwhile, when talking about the academic

preparation of clinical social work, several of the study participants limited themselves to mentioning that it must be a master's degree. Others were more specific and mentioned a master's degree in clinical social work. De Jesus (2012) pointed out the diversity of social work in Puerto Rico and the professional skills to practice the profession by areas of specialty. At the same time, de Jesus (2016) and Rios (n.d.) highlighted the diversity within social work profession, and the need to update the profession by areas of specialization.

Regarding the functions, types of intervention and professional competences, most of the study participants established the differences between generalist social workers and clinical social workers. For example, study participants identified that both, generalist social workers and clinical social workers, perform individual interventions. However, study participants pointed out although the intervention is at the same (individual) level, its objective is different according to the social work professional who performs it. For study participants, the generalist approach is more aimed at problem solving. Meanwhile, the clinical approach is directed to pathologies or symptoms related to mental health.

Mentioned above is consistent with what was pointed out by Ruiz (2008, 2018), regarding the complexity of the various roles that a social worker can performance based on academic training and the traditional methods of the profession as one of the most important challenges for social work professionals. Similarly, Rosario, and Sanchez (2012), pointed out the existence of ambiguities and contradictions in the training and practice of clinical social work in Puerto Rico, which represents a major challenge for the

country's schools of social work and social work professionals in Puerto Rico. While

Cordova (2010), stated the invisibility of the existence of clinical social work in Puerto

Rico and its minimization in contemporary professional development. Moreover,

Cordova (2010), pointed the importance of identifying clinical social work as equally

important as community social work or political organization since "the core essence of a

profession lies in the ethical and moral principles of those who exercise it and not in the

social spaces in which it is exercised "(p. 26-27).

      According to the study participants, at present in Puerto Rico an official definition

of clinical social work has not been established. Neither have the functions, professional

competencies, types of intervention and work settings in which the clinical social work

profession can practice been established. Rosario, and Sanchez (2012), exposed the

diversity of ways of conceiving social work in Puerto Rico, including clinical social

work. According to the authors, the social work practice in Puerto Rico is the result of the

presence of the NASW and the relationship of political, economic, social, and cultural

subordination with the United States for more than 113 years. According to the study

participants, these are important points that continue to be part of the internal debate in

the profession.

Definition

      Another important finding is that in Puerto Rico no official definition has been

established for what clinical social work is at present. In that sense, numerous authors

(Cordova, 2010; de Jesus, 2012, 2016; Nieves et al., 2019; Rios, n.d.; Rosario & Sanchez,

2012; Ruiz, 2008, 2018) pointed out the urgency to establish a clear definition of clinical

social work in Puerto Rico. All study participants agreed that there is no official

definition of clinical social work in Puerto Rico. Furthermore, they noted that their

definitions of clinical social work are based on their academic training and professional

experience. On the contrary, the study participants indicated that they had had a clear

definition of generalist social work. The definitions obtained were based on the

experience of the participants. In Table 3 the definitions of clinical social work and

generalist social work identified by the study participants are presented.

Table 3

Participants' Definitions of Clinical vs. Generalist Social Work

	Type of social work	
Definitions	Clinical	Generalist
1	Specialty that allows to recognize and identify in human behavior, what are mental disorders, and what are the mental health factors that have to do with the development or the response that the person presents to their environment as a biopsychosocial system that works within of an environment.	It seeks to promote social change, which is the resolution of problems in human relationships, strengthening them, increasing the social well-being of the individual and intervening in the interaction of people with the environment, seeking to enforce human rights and social justice. Serves as a connecting entity with other agencies.
2	Model and approach that includes, not only the social aspects, but also the psychosocial aspects of the human being, and how these elements affect it. It is a specialty aimed at addressing the needs, circumstances and problems, and disorders of the human being from a broad perspective with specific methodologies and therapeutic models.	It bases its practice on the well-being and quality of life of individuals and populations. Its focus is on underserved populations. Uses government and private resources in line with public policies and human rights for equity. Focused on human diversity and applying the social concept.
3	It mainly applies the theoretical practice and psychological model to establish diagnoses and, treatments especially to prevent social dysfunction, emotional, cognitive, and behavioral changes and, in the same way, social behavior disorders.	Profession that takes care of the social needs of a community that faces problems of health, education, economic development, poverty, family dysfunction and its primary task is to do social justice for all to achieve a balance between the community and the agencies governmental and/or private to meet the needs of a people.
4	Provides assessment, prevention, and intervention services to individuals and groups with the objective of increasing social well-being.	Multidisciplinary profession that promotes change and social development. Are relief agents who work with individuals, families, and communities. Facilitators who offer the tools so that they can empower themselves and take charge of their situation to solve their own problems.

Despite not having an official definition of clinical social work in Puerto Rico, the study participants defined it as a specialized practice focused on the evaluation, prevention, intervention, diagnosis and treatment of mental disorders and psychosocial situations of individuals. The NASW (n.d.) defined clinical social work "as a specialty practice area of social work which focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances" (para. 1). The study participants identified the use of theoretical and therapeutic models by clinical social workers. In addition, study participants mentioned that clinical social work professionals used specialized interventions to deal with behavioral changes, emotional and cognitive dysfunctions, and the diverse situations that affect the individual's functioning in daily life. According to the study participants, clinical social workers placed the client as a biopsychosocial system that functions within its environments. Both, clinical and generalists' social workers, viewed clinical social work as a specialty within the social work profession.

Meanwhile, study participants defined generalist social work as a general practice focused on the search for social justice and the empowerment of vulnerable populations. According to study participants, generalist social workers focus their interventions on immediate problem-solving strategies. For the study participants, generalist social work is an aid agent that channels the services. According to the study participants, generalist social workers connect their clients with the diverse community resources, depending on their needs. However, several participants in the study mentioned that generalist social workers are seen before society as aid agents in a general way, except for those who work

for the Family Department, who are seen negatively as the remove babies due to their role as protection of minors in danger.

These results are consistent with the literature review carried out. Nieves et al. (2019), identified the importance of establishing a consensual definition of clinical social work in Puerto Rico. In the same lines, Rosario, and Sanchez (2012) drew attention to the lack of a clear definition of clinical social work that establishes the workspaces and the ethical-political, theoretical-methodological, and technical-operational foundations of clinical practice in Puerto Rico. Furthermore, Rosario, and Sanchez (2012) pointed out that, despite the NASW's hegemonic conception for clinical social work, in Puerto Rico some professionals who practice clinical practice have tried to construct new definitions from their experiences; however, it has not been achieved. In the same way, Cordova (2010), stated the importance of clearly defining clinical social work in Puerto Rico. As well, González and Gelman (2015), pointed out the constant struggle of social work to validate itself as a profession, especially clinical social work and mentioned the difficulty in defining clinical social work.

Education

Another important finding is the academic training level that social work professionals receive in Puerto Rico. The social work profession in Puerto Rico is governed by compliance with the Association of Social Workers Act, Law No. 171 of May 11, 1940 (LexJuris, 2018) and the Code of Professional Ethics established by the CPTSPR (2017). Law 171 establishes the academic training that social work professionals must have to practice the profession in Puerto Rico. In addition, Law 171

establishes that no person who is not a member of CPTSPR may exercise the profession in Puerto Rico and, if so, will be subject to the penalties provided by law (LexJuris, 2018). Additionally, to practice the profession in Puerto Rico under the provisions of the law, social work professionals must comply with the annual renewal of the CPTSPR membership, which includes 12 hours of continuing education annually and a payment of $ 100.00 annually (CPTSPR, 2018). As well, this law establishes that social work professionals must possess a provisional or permanent social work license to practice the profession in Puerto Rico (LexJuris, 2018).

For study participants, there is a significant difference in academic preparation between clinical social workers and generalist social workers. This difference influences the type of functions, interventions and work setting in which each one can perform. All study participants agreed that academic preparation at the generalist level is a bachelor's degree. Meanwhile, when talking about the academic preparation of clinical social work, several of the study participants limited themselves to mentioning that it must be a master's degree. Others were more specific and mentioned a master's degree in clinical social work. Table 4 lists the level of education that a clinical social worker must have versus the one that a generalist social worker must have, according to the study participants.

Table 4

Participants' Perceptions of Required Educational Qualifications for Clinical vs. Generalist Work

Perceived minimum education qualifications	
Clinical social work	Generalist social work
Clinical social work master's degree	Social work bachelor's degree

Social work master's degree

Postgraduate certificate in clinical social work

Clinical social work doctorate degree

According to the study participants, the education level that social work professionals must have to practice as clinical social workers has not yet been clearly established in Puerto Rico. For some of the study participants, to practice as a clinical social worker in Puerto Rico, the person must have completed a master's degree in clinical social work specialty. For others study participants, the person must have (a) a social work master's degree (clinical, family, couple, etc.), (b) a master's degree in other mental health area and complement it with a post-graduate certification in clinical social work, (c) or a doctoral degree in clinical social work. Study participants pointed out the academic preparation continues to be a challenge within the social work profession regarding the exercise of clinical social work practice and clinical social work independent or private practice in Puerto Rico. Even greater, participants concluded it is one of the most important facts identified as a stumbling block in the recognition of the professional identity of clinical social work in Puerto Rico. Lastly, all the participants agreed to practice as a generalist social worker the person must have completed a bachelor's degree in social work.

Ituarte (2017), stated clinical practice has an explicit requirement of complementary training on clinical processes, and therapeutic techniques from the foundations of social work. According to Ituarte (2017), generalist and undergraduate training are only the beginning of the preparation for the practice of clinical social work,

which requires postgraduate training in clinical social work. For Ituarte, clinical social work is a specialized practice of social work that used a relational psychotherapeutic process and tries to help clients face their psychosocial conflicts and improve their interpersonal relationships. To do so, clinical social workers used clients' personal capacities, and the resources of their socio-relational context (Ituarte, 2017). In their practice, clinical social workers aligned with other mental health professions such as psychology and counseling, noted Ituarte. As well, clinical social workers recognized the subjectivity of its client, making it easier for the individual to become aware of it and to express it (Ituarte, 2017). In other words, clinical social workers used their professional competences and knowledge, to build rapport, and established the therapeutic relationship with their clients with the purpose to help them face the psychosocial distress that afflict them (p.21).

An important fact identified in this study is that, of the five clinical social workers who participated in the study, only two had a master's degree in clinical social work. Meanwhile, the remaining three had (a) a master's degree in multipurpose or generalist social work, (b) a master's degree in families and children, (c) a direct service master's degree. According to these participants, there was no master's degree in the clinical specialty when they completed their master's degrees. All confirmed to be practicing as clinical social workers in clinical work settings at the time of the study. In addition, the five study participants confirmed identified themselves, and felt are clinical social workers regardless the academic background.

Another important fact identified was three of the five generalist social workers participants of the study has a higher academic degree from bachelor's degree. Two completed a master's degree in clinical social work. One had a master's degree in chaplaincy, and a drug addiction and mental health certification. The three participants confirmed to be working in generalist social work positions at the time of the interview. The three generalist social workers confirmed to felt advantage in their current social work positions as they had additional knowledge. However, participants also confirmed felt limited in the current positions when performing professional duties. Moreover, the two participants with master's degrees in clinical social work identified themselves as clinical social workers despite not having a master's license to practice as clinical social workers.

Functions

Another important finding is the functions that clinical, and generalist social workers can perform. As previously mentioned in this study, there is a debate between the functions that clinical social workers, and generalist social workers may or may not perform in Puerto Rico. In this sense, several authors (Cordova, 2010; de Jesus, 2012, 2016; Nieves et al., 2019; Rios, n.d.; Rosario & Sanchez, 2012; Ruiz, 2008, 2018) have highlighted the importance of defining clinical social work in Puerto Rico. Study participants agreed that there is a significant difference regarding the functions each one can perform. Table 5 identifies the functions that a clinical social worker can perform versus the ones that a generalist social worker can perform, according to the study participants.

Table 5

Participants' Perceptions of Clinical vs Generalist Social Work Functions

Perceived functions	
Clinical social work	Generalist social work
Offer psychotherapies.	Perform case management.
Diagnose clients.	Conduct interviews.
Use family genogram.	Channel services.
Work with changes in the cognitive and behavioral process of the individual.	Establish centers for disadvantaged populations, for example, day centers for older adults.
Conduct research.	Write proposals according to the identified needs.
Use measurement scales.	Perform supervisory tasks at administrative level.
Teach university courses.	Offer workshops and trainings.
Develop treatment plans.	Develop intervention plans.
Perform conceptualizations.	Perform weightings.

Study participants identified clinical social work functions as therapeutic and

direct service, focused on the assessment, prevention, diagnosis, and treatment of mental

disorders. Therefore, clinical social workers use therapeutic intervention models, and

clinical techniques that help the individual to analyze, understand, and cognitively

process the situation that affects them. To later work, with the modification or

restructuring of behaviors, and eliminate or reduce the repetition of the unwanted

behavior. In turn, study participants identified clinical social workers offer

psychotherapies, establish treatment plans, and can use measurement scales as part of

their functions. In addition, clinical social workers conduct research, teach university courses, and write academic articles. Study participants concluded clinical social workers have a mental health specialist role. Therefore, identified clinical social workers as part of inter/multidisciplinary teams, and mental health scenarios, as well as in independent practice.

According to the NASW (n.d.), clinical social work services include private practice, hospitals, community mental health, primary care, and agencies. Common treatment modalities in clinical social work practice includes individual, group, and family therapy. In addition, clinical social workers promote social, political, and economic changes from the micro to macro levels within the society (NASW, 2017). For Ituarte (2017), clinical social work provides direct evaluation, prevention, and intervention services to individuals, groups, and communities to face their psychosocial conflicts, overcome their psychosocial discomfort, and achieve more satisfactory interpersonal relationships using their personal capacities, and the resources of their socio-relational context. According to Ituarte, clinical social work uses a bio-psycho-social approach in which an analysis, and deepening of the feelings, emotions, experiences, and difficulties of the individual is carried out, and how these affect them, and are manifested in their significant interpersonal relationships, allowing the individual to reach the necessary understanding of their situation to make changes in it.

On the other hand, study participants concluded generalist social workers have functions aimed at coordinating services using the resources available in government, and private agencies. In addition, generalist social workers carry out functions focused on

prevention and education. For the study participants, generalist social workers work with public policy and human rights. Roles assigned to generalist social workers are facilitators, counselors, consultants, service providers, evaluators, planners, and support agents. Even though generalist social workers carry out individual interventions, for the study participants, are identified to intervene mostly at the macro level, either with communities or groups.

According to the study participants, generalist social workers are recognized for coordinating services such as housing, food stamps, work, financial assistance, among others. Additionally, generalist social worker is recognized for interventions in communities, for example, in public housing developments, and socially disadvantaged communities. At the community level, generalist social work is identified for working with marginalized populations such as homeless people, substance users, battered women, among others. In the education area, generalist social work is recognized for working with students identified with possible dropouts. Whereas, in the Puerto Rico Family Department, the perception is divided according to the area in which the generalist social worker works. For example, if it is the area of removal of minors, the recognition is negative, according to the study participants.

Types of Interventions

Another important finding is the types of interventions that clinical, and generalist social workers can perform. As previously mentioned in this study, there is a constant internal debate between the types of interventions that clinical social workers, and generalist social workers may or may not perform in Puerto Rico. In this sense, several

authors (Cordova, 2010; de Jesus, 2012, 2016; Nieves et al., 2019; Rios, n.d.; Rosario &

Sanchez, 2012; Ruiz, 2008, 2018) have highlighted the importance of defining clinical

social work in Puerto Rico, including education level, types of interventions, and

professional skills. Study participants agreed there is a significant difference regarding

the types of interventions each one can perform. Table 6 lists the type of functions that a

clinical social worker can perform versus the ones that a generalist social worker can

perform, according to the study participants.

Table 6

Participants' Perceptions of Clinical vs. Generalist Social Work Interventions

Perceived interventions	
Clinical social work	Generalist social work
Individual	Individual
Couple	Family
Family	Group
Group	Community

For the study participants, clinical social workers carry out direct interventions

with individuals, couple, family, and/or group. Clinical social work interventions are

focused on working with the symptoms related to mental health, emotional, and social

problems. Clinical social workers utilized the biopsychosocial perspective that allows

them to observe the individual as a complete entity that functions within different

environments and has a culture and history that influence their responses to the situations

that surround them. As part of their interventions, establish a treatment plan which is

aimed at working on the situation identified in a specific number of therapeutic sessions.

The final objective is to achieve transformation or change. To do this, they use clinical

techniques such as cognitive restructuring, strengths, empowerment, and problem

solving. Finally, for the study participants, clinical social work focuses its interventions

on mental health disorders, and behavioral and emotional problems of individuals.

Clinical social workers work more directly at the microsystem level.

 According to the NASW (n.d.) clinical social work focused on assessment,

diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral

disturbances. Ruiz (2018), and Velez et al. (2017) pointed out clinical social workers use

psychotherapeutic models like other mental health professions to carry out their

interventions. Moreover, Ruiz (2008) stated clinical social workers provided professional

services to care for psychiatric patients, and those affected by major social changes on

which the profession focused its efforts in response to social action. In the same line,

Ituarte (2017) pointed clinical social workers uses a biopsychosocial approach in their

interventions allowing the individual to reach the necessary understanding of their

situation to make changes in it. However, Ruiz (2018) stated clinical social work is far

from the essence of the social work practice. For Ruiz, the acceptance of clinical social

work as synonymous with direct service should be ruled out since there are

undergraduate levels with the generalist approach that also provide direct service in

several work settings.

 On the other hand, the study participants related generalist social work with

interventions mostly at the group and community level, although they recognized that

they also carry out individual and family interventions. Generalist social work

interventions are focused on identifying the needs of the participant, and the channeling of services, such as housing, food, health, and education. In the same way, generalist social work was identified as an aid agent who will attend to the immediate need, and carry out the coordination of services, including making referrals to specialists. For example, Participant 9 mentioned generalist social work focuses on the social needs faced by communities, such as health, education, economic development, poverty, family dysfunction. According to this participant, the primary function of generalist social work is to do social justice to achieve a balance between the community and government and private agencies to meet the needs of a people. For the study participants, generalist social workers are identified to intervene mostly at the macro level, either with communities or groups.

Ruiz (2018), and Velez et al. (2017) stated generalist social workers have traditionally focused their interventions on the problem-solving model within a strengths-based perspective. While de Jesus (2016) stated generalist social workers used the generalist model with individuals, groups and communities, and their social problems such as poverty, oppression, social exclusion, and economy. In the same line, Ruiz (2018) pointed out generalist social workers used the generalist approach to provide direct service in diverse work scenarios. According to Ruiz (2018) the complexity of society requires something more than social workers focused on the micro. For Ruiz, society requires professionals with a broad, and holistic vision of human problems who can intervene at all levels of the social system and, in the search for alternatives to human problems.

Primary Theme 3: Professional Identity

Study participants identified the professional identity of clinical social work, and generalist social work as the last, but not less important, primary theme. According to the study participants, the professional identity between clinical social work and generalist social work in Puerto Rico has been an internal debate in the profession for the past decades, which has not ended at present. Indeed, numerous authors (de Jesus, 2016; Ruiz, 2008, 2018; Seda, 2009; Velez & Serrano, 2017) identified the professional identity as a limitation that triggers the insecurity of clinical social work professionals around the effectiveness, and ability to make decisions in their interventions. These authors identified as the main limitation the insecurity existing in clinical social work professionals when carrying out their clinical interventions with clients in the absence of a clear professional identity in comparison to generalist social workers. In the same line, Spafford et al. (2007) concluded the importance of reflecting on professional identity in the face of ambiguity, complexity, and unpredictable situations that arise in the field between providers and their clients, which, in turn, causes insecurity in knowledge, and general status of the clients when there are no effective communication practices with the other professions. These authors established that social workers do not recognize themselves as health professionals.

Study participants stated the professional identity differences between clinical social work and generalist social work are based on the education degree, functions, interventions, and professional competences that each one owns. Study participants agreed, at present, in Puerto Rico it has not been able to establish an official definition of

clinical social work. Neither have the functions, professional competencies, types of intervention, and work settings in which the clinical social work profession can develop have been established. For the study participants, these discrepancies affect the provision of clinical social work services in Puerto Rico. According to the study participants, these are important points that continue to be part of the internal debate in the profession.

Clinical Social Work Professional Identity

For most of the study participants, the professional identity of clinical social work has not been established in Puerto Rico. According to the study participants, although there is more knowledge about clinical social work profession, there is still a lack of knowledge in relation to its functions, professional skills and competences, and work settings. For study participants, it is necessary to have a clear definition of clinical social work in Puerto Rico. According to the study participants, defining clinical social work will allow them to clearly establish their professional identity with their clients, other disciplines, and their collages in the profession. Table 7 identifies the responses of the participants in relation to the professional identity of clinical social work in Puerto Rico.

Table 7

Participants' Perceptions of Clinical Social Work Professional Identity in Puerto Rico

Participant	Perception of clinical social work professional identity in Puerto Rico
1	The professional identity of clinical social work is clear. However, not having developed an established definition of clinical social work makes it difficult to identify that professional identity on the island.
2	The professional identity of clinical social work has been affected due to a problem in the academic training of social work professionals. For what, the academies have had to work to refine this professional identity with the creation of various degrees and academic programs that include the various existing specialties within social work profession. However, as specialties are created at the law level in Puerto Rico, the professional identity of clinical social work will be reinforced.
3	The professional identity of clinical social work is related as a helping agent at the therapeutic level. However, clinical social workers can practice in the private or independent level, as well, in the public service. The most important point to this participant is that the clinical social workers must know their roles, functions, and limits within the patient-therapist relationship.
4	The professional identity of clinical social work in Puerto Rico is that it is an essential piece in the life of the human being, since through its interventions it manages to modify behaviors, thoughts, and mental health conditions, among other things. However, the clinical social work profession lacks recognition in society.
5	The professional identity of clinical social work is centered and grounded in working with human rights. in respect for the dignity of the human being, justice, and equity. However, clinical social workers are still seeking to be recognized as professionals with professional competencies to work on the clinical aspects of the individual. Furthermore, there is an issue of professional identity directed at how clinical social work is identified within the same profession and from other disciplines.

(*table continues*)

Participant	Perception of clinical social work professional identity in Puerto Rico
6	The professional identity of clinical social work in Puerto Rico is not fully recognized since when mental or clinical health issues are covered, they are automatically related to psychology or psychiatry personnel. For this participant, it is necessary to work with the professional identity of clinical social work so that it can be visualized at the same level as the psychologist.
7	Even though the clinical social work profession is better established at present, it is still seen as the generalist social worker and not as a specialist trained to work with the clinical aspects of individuals.
8	There is no professional identity of clinical social work in Puerto Rico since when the term social work is spoken, they tend to globalize it. For this participant, to establish and recognize the professional identity of clinical social work in Puerto Rico, it is necessary to work with education on the subject to society in general.
9	The professional identity of clinical social work is related to the ethical aspects, good looks, empathy, and the separation of personal, political, and religious aspects of clinical social workers in the practice of the profession. Although clinical social work is important, it is not valued at a professional level.
10	The professional identity of clinical social work is related with the geographic area where the profession is practiced. For this participant, clinical social work is better defined in the metropolitan area compared to the rest of the island, therefore, its acceptance is greater in that area. However, the participant pointed out that the participants are used to visiting the psychologist or psychiatrist for mental health issues, so they see the social worker only as a generalist.

Of the ten study participants, only one participant affirmed that clinical social work has a defined professional identity in Puerto Rico. However, this same participant affirmed that not having an established definition of clinical social work in Puerto Rico affects the professional identity of this specialty within the profession. For this participant, what is not clearly established are the roles that clinical social workers can perform. According to this participant, within the same social work profession there are doubts about the functions that clinical social workers can perform, and the professional competencies they must have to practice the profession. For this participant, this lack of definition, functions, and professional competencies are related to how the CPTSPR currently regulates the profession with Law 171. This participant stated it is necessary for Puerto Rico to update the social work profession in line with the needs of today's 21st century society.

On the other hand, seven of the ten study participants confirmed that clinical social work in Puerto Rico does not have an established professional identity. These participants acknowledge that clinical social work profession has achieved a certain degree of recognition over the years. For some study participants, the advances in the clinical social work services recognition have been significant, achieving greater access to the population in the present. For others, establishing the professional identity of clinical social work is very far from the current reality of the social work profession in Puerto Rico. Lastly, all noted that there is still a long way to go to achieve the establishment of the professional identity of the clinical social work on the island.

According to Ruiz (2018) clinical social work boomed in Puerto Rico in the 1980's; however, it continues "surrounded by a kind of halo that highlights the tasks of those who practice it" (para.1). While Cordova (2010) pointed out clinical social work practice was first documented in the Hospital de Psiquiatria (Psychiatric Hospital) in Rio Piedras, Puerto Rico, as a psychiatric social work. According to Cordova, clinical social work was founded by the social worker Ms. Celestina Zalduondo. Cordova confirmed the clinical social work practice in Puerto Rico has been established for more than 50 years. Moreover, Cordova (2010) stated that in 1970s clinical social work was practiced in Puerto Rico in public, and private health facilities such as, psychiatric hospitalization units, outpatient mental health centers in ASSMCA, centers for survivors of domestic violence and child abuse in municipal agencies, centers for survivors of sexual assaults in public agencies, public and private forensic psychiatric units, penal institutions for adults and minors in the Administration of Correction and Juvenile Institutions, residential for alcoholic or substance-addicted persons of the Department of Health, the Veterans Hospital, and the Emergency Rooms of the country's hospitals. .

Velez et al. (2017), and Ruiz (2008) stated that the clinical social work professional identity in Puerto Rico is not clear in relation to the functions that they can perform at the clinical level. According to Velez et al. and Ruiz, this has generated an ongoing debate between generalist social workers and clinical social workers on what tasks each can perform in the diverse scenarios of the profession, particularly interprofessional mental health settings. These discrepancies stem from the skills, knowledge, and scope of practice of clinical social workers. Furthermore, Karpetis (2014)

pointed out professional identity disagreement led to a lack of recognition of clinical

social workers within interprofessional teams, causing confusion among the public served

by clinical social workers.

Following the previous line, de Jesus (2016) and Seda (2009) point out the

professional dissatisfaction among clinical social workers regarding their clinical

interventions in comparison to generalist social workers. De Jesus and Seda recognized

that, even though clinical social workers use diverse theoretical, and intervention models

to work with multi-problematic situations, in many cases their clinical skills, and

competences are judged, and/or not recognized by other mental health professionals or

clients. Moreover, Ruiz (2018) stated there are discrepancies, and disagreements about

the clinical modality, which reflects a persistent tension between generalist social work

versus. clinical social work, and the social work mission of social change versus.

individual and family change. Along the same line, Meyer (1983) mentioned the

confrontation between clinical social work and generalist social work practice in the

1980's, which created confusion in the use of both terms. Lastly, Ruiz (2008) pointed out

for decades there has been a debate considered a specific-generic dilemma within the

social work profession in Puerto Rico.

In contrast, one participant related the lack of professional identity of clinical

social work in Puerto Rico with a problem in the academic training of social workers. For

this participant, it is essential that the different specialties of social work in Puerto Rico

be established and recognized within the same profession. This participant pointed out

the importance of the country's universities educating and preparing future social work

professionals in the numerous specialties within the same profession. Furthermore, this participant recognized there are universities in Puerto Rico granting master's and doctorate degrees in clinical social work specialty. This participant pointed out to have hope the new generations of clinical social work professionals, and other specialties within the same profession, will continue the struggle for the establishment of the professional identity of the specialties within the social work profession in Puerto Rico.

This result is consistent with Ruiz (2018) regarding the academic training differences between the clinical and generalist social work professionals. For Ruiz (2008, 2018) there is a complexity of the several roles that social workers can perform based on the academic training as one of the most challenges for the social work professionals. According to Ruiz, "the essence of social work is clear and is oriented towards social solutions to human problems, so accepting clinical social work as a hegemonic model for practice diffuses the essence of the profession". Furthermore, Ruiz (2018) pointed out the search for the clinical social work identity can be evidenced in the literature on history of social work since 1915. In the same lines, Nieves et al. (2019) mentioned clinical social work continues to be the axis of discussion around the definition, professional identity, and the scope of the practice. According to Nieves et al., the debates include aspects such as domain areas, the definition of clinical social work, the professional identity of clinical social work, and the foundations of clinical social work. Additionally, Nieves et al. (2019) mentioned there are debates regarding the conceptual, theoretical or reference models for practicing clinical practice. As well, pointed there are clashes between

conceptions about clinical social work, even among professionals with similar academic backgrounds.

Finally, for one participant, the professional identity of clinical social work depends on clinical social workers knowing their roles, functions and limits when intervening with the population. According to this participant, the professional identity of clinical social work is more directed to the clinical social worker and not to the knowledge the clients and society have about the profession. For this participant, the establishment of the professional identity will depend on how clinical social workers presents themselves to their clientele. That is, if the clinical social worker has full knowledge of their roles, functions, duties, and professional competencies in the daily exercise of the profession will be able to establish a positive professional identity. Or, conversely, it could establish a negative professional identity. In other words, for this participant, professional identity is established by the clinical social worker daily through the interventions with clients.

Generalist Social Work Professional Identity

Unlike clinical social work professional identity, for most of the study participants the professional identity of generalist social work in Puerto Rico is established and defined. Additionally, most of the study participants stated that generalist social workers have their competencies, roles, and functions defined. In the same way, they are recognized by society, and the state as aid agents. Ruiz (2008, 2018) advocated for a social work generalist approach in which social work professionals have the basic, and generic skills focused on solving problems that allow them to face diverse daily situations

with their clients. Table 8 provides the responses of the participants in relation to the

professional identity of generalist social work in Puerto Rico.

Table 8

Participants' Perceptions of Generalist Social Work Professional Identity in Puerto Rico

Participant	Perception of Generalist Social Work Professional Identity in Puerto Rico
1	In Puerto Rico, generalist social work is clear about its competencies and there are no problems with that.
2	The element of general training is very diffuse. They do not have an established professional identity.
3	Generalist social work has an established professional identity. However, they are often underestimated.
4	Generalist social work does have an established professional identity. When the social worker is mentioned, most of society identifies him/her as that professional who provides a help service.
5	Generalist social work is not clearly defined. People can imagine what they do and see what they do, but they are not clear about the functions and roles that define them.
6	Generalist social work has an established professional identity in Puerto Rico. For years, society has been able to identify what general social workers do.
7	Generalist social work has an established professional identity. The population knows the benefits and roles of the general social worker.
8	Generalist social work has an established professional identity. People know the functions and how we can help them because the state has overseen creating the image of generalist social work.
9	Generalist social work has an established professional identity. However, depending on the work setting, some aspects of identity will vary. For example, the school social worker vs. the social worker who works with the elderly. Both work at a general level, however the populations are different, and the needs of the populations are diverse.
10	Generalist social work has an established professional identity. Generalist social workers are identified as agents of help to promote change. However, they are not always seen in a positive light, as in some cases they are negatively classified as "taking away children."

Eight of the ten study participants agreed that generalist social work has a professional identity established in Puerto Rico. According to the study participants, in general terms, society has the knowledge to identify the functions, roles, professional competencies, and work settings of the generalist social workers in Puerto Rico. For example, study participants concluded that clients could identify that generalist social workers focused their interventions on identifying their social needs, and the channeling of services, such as housing, food, health, and education. In the same way, study participants identified the generalist social worker as that aid agent who will attend to the immediate need, and carry out the coordination of services, including making referrals to specialists. According to the study participants, generalist social workers are associated with social justice to achieve a balance between the community, and government and private agencies to meet the people's needs. Moreover, the study participants concluded this knowledge of society has allowed them to establish their professional identity over the years. For some study participants, the Puerto Rico government has taken on the task throughout Puerto Rico's history of making the generalist social work profession known as one of help to society, facilitating the establishment of their professional identity. Even greater, some study participants stated, when saying social work, clients automatically recognize generalist social work, and not the other specialties within the same profession.

On contrast, two of the ten study participants mentioned generalist social work does not have an established professional identity. For both participants, this lies in the academic preparation of generalist social work. Rather, it is because the functions, roles, and professional competencies of generalist social workers in Puerto Rico have not been

clearly established. For these study participants, there is still confusion in the generalist social workers roles. In other words, these study participants concluded that the roles, and functions of generalist social workers will depend on the population they work with. Therefore, for these study participants, the generalist social work does not have its professional identity established.

As in the previous topics, the responses of the study participants are consistent with the results of the literature review carried out. Nieves et al. (2019) pointed out the necessity to emphasize social work profession has as its core social justice and the defense of human rights, as well as analysis, and actions in the face of socio-structural problems and their implications for individuals, families, groups, and communities. In the same line, González and Gelman (2015) pointed out the constant struggle of social work to validate itself as a profession. Similarly, Hill et al. (2017) pointed out the difficulties the social work profession has had, for more than a hundred years, to describe the characteristics that define it as a unique profession in society. At the same time, de Jesus (2016) and Rios (n.d.) highlighted the diversity within social work profession, and the need to update the profession by areas of specialization. Meanwhile, Seda (2009) called for the development of a critical conscience for the understanding of the profession with a focus on the social context of Puerto Rico. For Seda (2009), there is an urgent need to resume community social work, and insertion in the country's social policy beyond the provision of social services.

Unexpected Findings

For some of the study participants, the professional identity of clinical social work in Puerto Rico goes beyond the clinical social workers themselves. For example, for Participant 6 the professional identity of clinical social work has to do with the "government perspective." According to this participant, "it is frustrating, clinical social workers works directly with health, but they do not consider us as health providers." For this participant, "the worst thing is that we prepare with the years of study and the same population, government agencies and the same society simply cast us aside." For Participant 10, "at the societal level, private or independent practice in clinical social work is not viewed favorably." While for Participant 2 it has to do with the "academic training." Participant 2 shared those doctoral degrees in clinical social work provide an opportunity for establishing the professional identity of clinical social work as a specialty within social work profession. For this participant "history will be made in Puerto Rico because doctorate degrees will change people's vision regarding stereotype social workers."

While Participant 1 shared the professional identity of clinical social work in Puerto Rico is focused on how the CPTSPR directs the practice of the profession in Puerto Rico. For this participant, "the identity of clinical social work in Puerto Rico is clear, but we are regulated by a college that, after more than 80 years, at present has not yet developed a definition of clinical social work in Puerto Rico." According to this participant, the definitions used in Puerto Rico are those of the NASW, and "we conform

to Anglo-Saxon definitions, to define what clinical social work is here." Moreover, this participant stated:

> The problem we are having in Puerto Rico is not with the competencies of
> generalist social work; but with other specialties (social policy, administration,
> direct service, among others) at the master's level that assume, and/or define
> themselves as clinical social workers, and do not have the academic preparation.
> They are other specialties, at the master's and doctoral level, that for some reason
> call themselves clinical social workers, and that is where the problem is mainly
> since they can make many mistakes in the clinical processes, and this can be a
> stumbling block now that the profession is positioning itself in society.

Summary

In Section 3, I discussed the findings, including data analysis techniques, the study findings, and a summary of the results. The research question was the following: What is the perception of clinical social workers in Puerto Rico regarding their professional identity in comparison to generalist social workers? The practice problem included the challenges faced by clinical social workers in Puerto Rico regarding their professional identity. The analytical view has provided clarity and information on the qualitative research question discussed in the study. Implementing content analysis method guided the coding process in which three primary themes were identified. The themes that played incredible role in this study are acceptance of rejection of clinical social work, differences between clinical social work and generalist social work, and professional identity. Throughout the history of Puerto Rico, the social need to establish

the professional identity of the clinical social work profession has been seen. The

participants of the study indicated the need to continue informing society in general

regarding the professional identity of clinical social work in Puerto Rico.

Section 4 will complete this qualitative research study. This next section will

provide an overview on application for professional ethics in social work practice,

recommendations for social work practice, implication for social change with a closing

summary.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this study was to explore the perceptions of clinical social workers in Puerto Rico regarding their professional identity as compared to generalist social workers. Specifically, I examined how clinical social workers identify themselves in numerous work scenarios, how they perceive their integration in interprofessional teams, and how they perceive the acceptance, or rejection of their clients to clinical social work services. Ruiz (2018) and Velez et al. (2017) confirmed that the professional identity of clinical social workers is not clear and that there is a debate between these social work specialties regarding the functions each one can perform. Clinical and generalist social workers participants were able to explore and provide in-depth information regarding their professional identity, the acceptance or rejection of clinical social work, and the differences between clinical and generalist social work in Puerto Rico.

The key findings of this research study are pertinent. In the individual interviews, participants discussed their perceptions regarding their clinical social work professional identity in comparison with that of generalist social work in Puerto Rico. Participants also discussed how they perceive the integration of clinical social work in the inter/multidisciplinary teams. In addition, participants discussed their perceptions regarding the acceptance or rejection of clinical social work with the participants. Furthermore, participants identified the differences between clinical and generalist social work as focused on functions, education, types of interventions, and work scenarios. Study participants expressed the lack of recognition of clinical social work in Puerto Rico

as the greatest challenge facing the profession in Puerto Rico. According to the study participants, there is an urgent need to establish a clear definition, functions, and professional competences for clinical social work in Puerto Rico. Moreover, the participants expressed the necessity to discuss internally within the profession the existing debate between clinical social work and generalist social work to establish the specialties within the profession. Finally, the participants mentioned how the lack of establishment of the professional identity of clinical social work in Puerto Rico affects clinical social workers in the practice of the profession.

Understanding the experience of the study participants related to the clinical social work professional identity is vital. Findings from this qualitative study emphasize the urgency of establishing a definition, educational competencies, functions, and roles for clinical social workers in Puerto Rico. The findings of this study can improve the general understanding of clinical social work services in Puerto Rico. In addition, the results of this study address a current gap in knowledge about the clinical social work professional identity in Puerto Rico. The information and data collected from this study can assist social work organizations in Puerto Rico in working on the establishment of the professional identity of clinical social work on the island. In turn, government and private agencies that employ clinical, and generalist social workers can benefit from this study by improving the overall well-being of social workers, establishing roles and functions according to the professional competencies. Finally, the results of this study can help provide additional credibility to the urgency of establishing the professional identity of clinical social work in Puerto Rico in the best welfare of the profession.

In this section, I explore of the application of the study findings to professional ethics in social work practice. Recommendations for broader social work practice will be discussed, which include a plan to achieve change based on this study's findings. Lastly, implications for social change will be discussed.

Application to Professional Ethics in Social Work Practice

The findings of this study illustrate the importance of establishing the professional identity of clinical social work in Puerto Rico to ensure that the NASW Code of Ethics coincides with all the fundamental values of social work. The NASW (2017) Code of Ethics establishes the following as core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competences. Social work values play an important role in how clinical and generalist social workers practice the profession on a day-to-day basis.

Clinical and generalist social workers in Puerto Rico demonstrate the importance of human relationships by developing meaningful relationships with their clients, including individuals, groups, families, and communities. Clinical and generalist social workers in Puerto Rico exceed expectations to support those they serve in the community. Clinical social workers in Puerto Rico struggle daily to carry out the ethical principles of their profession in the absence of the establishment of professional identity.

Another ethical principle identified in the study is service. Study participants discussed how service delivery is important to them and noted ways they go about implementing this ethical principle. This ethical principle promotes social workers networking with community stakeholders to address specific social issues. Specifically,

clinical social workers in the study expressed striving to provide clinical services to the community, even when they felt that they were not supported by the CPTSPR, the entity that governs the profession in Puerto Rico.

Social justice is another ethical principle identified in the study. The study participants discussed how they work with vulnerable populations in society to avoid discrimination and oppression and to comply with this ethical principle. However, participating clinical social workers pointed out how there is an internal debate in the profession in Puerto Rico in which they feel marginalized and discriminated against by the CPTSPR.

Integrity is another significant ethical principle identified in the study. Participants expressed diverse ways this ethical principle plays a role in their daily work. This ethical principle focuses on social workers placing emphasis on being honest and trustworthy (NASW, 2017). The study participants mentioned how they struggle every day to meet the expectations of this ethical principle, which has great influence on the practice of social work, in the absence of an established professional identity. This, as part of not having the professional identity of clinical social work established.

Competence is the other significant ethical principle identified in the study. This ethical principle is based on social workers exercising their professional practices within the framework of their areas of competence and professional expertise. The study participants established the internal debate between clinical social workers and generalist social workers competences. For the study participants, not having established the professional competencies of the different specialty areas within the profession causes

difficulties in the exercise of clinical practice. In turn, they mentioned the importance of complying with this ethical principle in the exercise of the practice, noting that clinical social workers have the competencies and areas of expertise to offer clinical services in Puerto Rico. However, they again pointed out the difficulty of carrying out these functions in the absence of the establishment of the professional identity of clinical social work in Puerto Rico.

Recommendations for Social Work Practice

The study outcome yielded knowledge that should be built upon to achieve more generalizable results. Future researchers may want to include a broader number of social workers to include those in private practice and other social work specialties in Puerto Rico. Greater investigation regarding the professional identity of social work specialties within the social work profession in Puerto Rico may be valuable in indicating the need for future action.

An initial action step for social work practitioners should be to expand and recruit other community stakeholders who are committed to change. The social workers in the study represented the opinion of five clinical social workers and five generalist social workers in Puerto Rico who recognized the need for establishing the professional identity of clinical social work profession in Puerto Rico. Social workers should seek out local representatives and officials such as state senators and other government officials in a solution-focused approach to establishing the clinical social work professional identity in Puerto Rico. In addition, social work leaders should undertake legislation to recognize the specialties within the social work practice in Puerto Rico. In exploring the solutions,

stakeholders should not forget to respect and integrate the voice of the local culture in identifying well-matched solutions.

As an additional step, the community should be educated about the role and functions of clinical social workers in the best exercise of the profession. At the academic level, in Puerto Rico several universities are already offering academic degrees with the various specialties of social work, including clinical social work. However, it is imperative that social work students are educated about the challenges and obstacles related to the professional identity of these specialties in the country. This process is important because future clinical social work professionals must clearly understand what their functions and roles are within the various work settings, and the potential difficulties they will encounter in the workplace. This, in turn, will allow future clinical social workers to face the reality of the profession and establish themselves within it as a specialty area of social work in Puerto Rico. In that sense, local and state officials should be made aware of the value and diversity of services that are available through social work practice that can meet many areas of need on behalf of the community.

Another action step is increased outreach to groups that represent and influence social work practice. The CPTSPR, the NASW Puerto Rico Chapter, and the Council on Social Work Education are examples of professional regulating bodies that secure and oversee social work practice. The CPTSPR is the agency that governs the social work profession in Puerto Rico (LexJuris, 2018). As an action plan, outreach to the Board and members of the CPTSPR can be essential for the establishment of specialties within social work profession in Puerto Rico. As well, this could facilitate the establishment of

the professional identity of clinical social work. At the same time, the CPTSPR should

emphasize (a) the level of academic preparation, (b) professional competencies, (c)

functions, (d) roles and (e) responsibilities of clinical social work in Puerto Rico.

Additionally, direct lines of communication with the NASW and the Council on Social

Work Education should be established to advocate for the establishment of a clinical

social work professional identity in Puerto Rico. Also, networking with private offices

and agencies associated with social work practice should be established to support the

clinical social work professional identity establishment in Puerto Rico.

Furthermore, exchange and dialogue should take place between all interested

stakeholders, and the bodies that regulate social work practice in Puerto Rico to ensure

that social work services are being maximized, especially those for clinical social work.

Presentations to these entities should provide clear and grounded evidence of the

problems facing by clinical social workers on daily basis. It is my hope that universities,

government, and private agencies, that have a direct connection with the profession of

social work in Puerto Rico, dutifully lend support and collaboration, and give alliance to

all pressing concerns related to clinical social work professional identity in Puerto Rico.

Sharing the findings of the current study may be useful and serve as an initial step to

promote clinical social work practice in Puerto Rico.

Also, as a clinical social worker, with experience in private practice, I will

continue to do my best to ensure that clinical social work is recognized as a specialty

within the practice of social work in Puerto Rico. Informed by my study, I will continue

to work to bring about social change in the profession. I also plan to collaborate with

clinical social work groups in the development of activities in which clinical social work in Puerto Rico can be discussed. As for my practice with my clients, this study allowed me to continue working in their best wellbeing, and orienting them on clinical social work services. I plan to continue working on providing more and better services to my clients. As part of my professional improvement, I plan to continue participating in education related to the Puerto Rican population.

The dissemination of this study may have an immediate impact on social work practice in Puerto Rico. The final report will represent a constellation of data, literature, and an organized outline of the problems faced by clinical social workers in the absence of an established professional identity in Puerto Rico. The research findings are useful in providing a clear structural foundation that organizes and defines several themes found in social work practice in Puerto Rico. To my knowledge, the current study is the first study in Puerto Rico of its kind and provides a useful, organized, and informative starting point for further research and may have practice implications.

This study is the first step, hopefully, in ongoing research studies regarding the clinical social work professional identity in Puerto Rico. The study cannot be generalizable beyond the participants who took part in the study but can provide a starting point for further research on the study's topic area. Themes from the study such as acceptance or rejection of clinical social work, differences between clinical social work and generalist social work, and professional identity, along with gaps in resources, may be further investigated. With the addition of further research, the current study may be strengthened and made more broadly useful in justifying broader policy revisions and

other suggested changes of the study. Advocating for policy considerations in the above

areas may reduce unnecessary barriers in clinical social work services.

The limitations of the study pertained to the time needed for data collection. The

hardest part was the time it took recruit the study sample. Even though in Puerto Rico the

issue of professional identity in clinical social work is currently being discussed in social

work groups, the recruitment of study participants was difficult. However, through the

weekly sharing of the research flyer through social networks, I was able to recruit the

sample in a reasonable time.

I recommend that future research on clinical social work in Puerto Rico be

conducted. Future researchers might consider the perception of clients about clinical

social work practice and clinical social work private practice in Puerto Rico. Some of the

study participants reported that the acceptance of clinical social work private practice is

varied in Puerto Rico. Future researchers might explore the professional identity of social

work specialties in Puerto Rico. Another recommendation would be to explore ways to

increase clinical social worker competences with their clients.

Finally, social workers in and around Puerto Rico should receive the study

findings as an opportunity to advocate for changes, and to review essential policies that

impact them, their clients, and the clinical social work practice. It is important that

stakeholders recognize the challenges faced by clinical social workers. As well,

understand the implications for clinical social work practice to improve local conditions

related to clinical social work practice in Puerto Rico. Community stakeholders should

seek ways to improve clinical social work practice. Therefore, this study may provide

important information about the topic. A final plan for disseminating the report will be to

have a formal educational presentation of the study findings. My goal will be to educate

the community about the need of the clinical social work professional identity

establishment in Puerto Rico.

Implications for Social Change

The findings from this study can make a positive impact, which could create

social change within the micro, mezzo, and macro levels of this profession. Clinical

social workers may have the ability to understand their role and expectations within the

micro level. The social change within the mezzo level can bring awareness to leadership

about the experiences of clinical social workers in Puerto Rico regarding their

professional identity. Increasing the awareness of the agencies in charge of governing the

social work profession in Puerto Rico could provide a discussion on the various

specialties within the profession and, in turn, establish their professional identity. Finally,

the macro level for social change would be advocating on the need and urgency of

establishing the professional identity of clinical social work in Puerto Rico, which in turn,

might allow clinical social workers to receive competitive salaries. To achieve social

change, it is important to work together, as social workers, to accomplish the

establishment of the clinical social work professional identity.

In addition, it is vital that each clinical social worker in Puerto Rico understand

their professional competencies, roles, and functions to meet the expectations of the

governing agencies and the profession. The results of this study are crucial for the clinical

social work profession in Puerto Rico as they cover a topic that has been the focus of

discussion for the past few decades. Implementing the recommendations of this study has the potential to facilitate the recruitment of clinical social work professionals in the numerous health settings in Puerto Rico. Finally, this study may open the way to future studies related to the professional identity of clinical social work in Puerto Rico and its evolution in the future.

Summary

In summary, findings from this qualitative study support the urgency of establishing the professional identity of clinical social work in Puerto Rico. During the individual interviews, the participants conveyed their experiences on the acceptance or rejection clinical social work, the differences between clinical social work and generalist social work, and the integration of clinical social work within inter/multidisciplinary teams in Puerto Rico. Obtaining the insight and feedback of the participants was key. The study participants emphasized the urgency of the need to establish the identity of clinical social work in Puerto Rico as an area of specialty within social work. In addition, they pointed out the importance of establishing a clear definition, academic and professional competencies, functions, and roles of clinical social work in Puerto Rico. The recommendations and the action steps mentioned in this study may support the establishment and continual evolution of a clinical social work professional identity in Puerto Rico.

References

Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative health care teams. *Health & Social Work, 41*(2), 101-109. https://doi.org/10.1093/hsw/hlw006

ASSMCA. (2017). *ASSMCA>Estadística*. https://assmca.pr.gov/estadistica/Pages/default.aspx

Avila Claudio, R. (2018, September 10). *Calculan nueva cifra de muertes por María: Un segundo estudio de la Universidad de Harvard utiliza datos del Registro Demográfico y estima que María fue un desastre peor que Katrina y Georges*. Periodico Metro. https://www.metro.pr/pr/noticias/2018/09/10/calculan-nueva-cifra-muertes-maria.html

Barker, Robert L. (1998). *Milestones in the development of social work and social welfare.* National Association of Social Workers.

Bronfenbrenner, U. (1979). *The ecology of human development.* Harvard University Press.

Burgos Ortiz, N. (1998). *Pioneras de la profesión de trabajo social en Puerto Rico.* Publicaciones Puertorriqueñas.

Coady, N. P., Lehmann, P. P. L., & Lehmann, P. P. (Eds.). (2016). *Theoretical perspectives for direct social work practice: A generalist-eclectic approach*. Springer Publishing.

Colegio de Profesionales del Trabajo Social de Puerto Rico. (2018). *Requisitos de colegiación*. http://cptspr.org/requisitos/

Connolly, K. & Reid, A. (2007). Ethics review for qualitative inquiry: Adopting a values-based, facilitative approach. *Qualitative Inquiry, 13*(7), 1031–1047. https://doi.org/10.1177/1077800407304456

Córdova Campos, R. (2010). *Trabajo social clínico en Puerto Rico: Construcción de la personalidad puertorriqueña.* Action Printing.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). SAGE Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.

Davidson, K. W. (1990). Role blurring and the hospital social worker's search for a clear domain. *Health & Social Work, 15*(3), 228–234. https://doi.org/10.1093/hsw/15.3.228

de Jesús Rosa, I. (2012). El trabajo social forense y los retos para su desarrollo futuro en Puerto Rico. *Voces desde el Trabajo Social, 1*(1), 73-99. https://doi.org/10.31919/voces.v1i1.118

de Jesús Rosa, I. (2016). El paradigma de la complejidad y la transdisciplinariedad: Implicaciones para el trabajo social y su ley reguladora en Puerto Rico. *Voces Desde el Trabajo Social, 4*(1), 77-110. https://doi.org/10.31919/voces.v4i1.86

Denzin, N. K., & Lincoln, Y. S. (2013). Introduction: The discipline and practice of qualitative research. In *The landscape of qualitative research* (4th ed., pp. 1–44). Sage Publications. http://www.sagepub.com/sites/default/files/upm-binaries/17670_Chapter1.pdf

Echenique, M. (2018). *El éxodo que no se detiene: Este es el mapa de la diáspora boricua después del huracán María*. Univision Noticias. https://www.univision.com/noticias/citylab-politica/el-exodo-no-se-detiene-mas-de-135-000-puertorriquenos-han-dejado-la-isla-y-se-estima-que-casi-medio-millon-podria-emigrar-al-continente-al-2019

EFE News. (2020, April 21). *El COVID-19 eleva la ansiedad entre la población de Puerto Rico*. https://www.efe.com/efe/usa/puerto-rico/el-covid-19-eleva-la-ansiedad-entre-poblacion-de-puerto-rico/50000110-4227267

Garcés Carranza, C. M. (2011). *Historia cronológica de trabajo social en los Estados Unidos.* http://www.ts.ucr.ac.cr/binarios/meri/md-00016.pdf

Gehlert, S. (2006). The conceptual underpinnings of social work in health care. In S. Gehlert & T.A Browne *Handbook of health social work* (pp. 3-22). Wiley.

González, M. J., & Gelman, C. R. (2015). Clinical social work practice in the twenty-first century: A changing landscape. *Clinical Social Work Journal, 43*(3), 257-262. https://doi.org/10.1007/s10615-015-0550-5

Hernández Sampieri, R., Fernández Collado, C., & Baptista Lucio, P. (2006). *Metodología de la investigación* (4th ed.). McGraw-Hill.

Hernández Sampieri, R., Fernández Collado, C., & Baptista Lucio, P. (2014). *Metodología de la investigación* (6th ed.). McGraw-Hill.

Hill, K., Fogel, S., Plitt Donaldson, L., & Erickson, C. (2017). State definitions of social work practice: Implications for our professional identity. *Journal of Evidence-Informed Social Work*, *14*(4), 266–279.

https://doi.org/10.1080/23761407.2017.1319775

Huff, Dan (2008). Missionaries & Volunteers. The Social Work History Station. (p. 02-
20).

Huff, Dan (2008). Scientific philantropy (1860-1900). The Social Work History Station
(p. 02-20).

Ituarte Tellaeche, A. (2017). *Practicas del trabajo social clínico.* Nau Libres.

Karpetis, G. (2014). Advocating the clinical social work professional identity: A
biographical study. *Journal of Social Work Practice 28(*1), 23-41.
https://doi.org/10.1080/02650533.2013.806888

Karpetis, G. (2014). Clinical social work professionalization perspectives among mental
health social worker. *European Journal of Social Work, 17(*2), 293-305.
https://doi.org/10.1080/13691457.2013.802664

Keefe, B., Geron, S. M., & Enguidanos, S. (2009). Integrating social workers into
primary care: Physician and nurse perceptions of roles, benefits, and challenges.
Social Work in Health Care, 48(6), 579-596.
https://doi.org/10.1080/00981380902765592

LexJuris Puerto Rico. (2018). Ley de colegiación de los trabajadores sociales. *Ley Núm.
171 de 11 de mayo de 1940, según enmendada.*
http://www.lexjuris.com/lexmate/profesiones/lex041.htm

Meyer, Carol H. (1983). *Clinical social work in the eco systems perspective.* Columbia
University Press.

National Association of Social Workers. (n.d.). *Clinical social work.*

https://www.socialworkers.org/Practice/Clinical-Social-Work

National Association of Social Workers. (2017). *Code of Ethics of the National Association of Social Workers*. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Nick Coady, P., Peter Lehmann, P. L., & Peter Lehmann, P. (2016). *Theoretical perspectives for direct social work practice: A generalist-eclectic approach (3rd ed.).* Springer Publishing.

Nieves-Rolón, I., Rivera, E., Ortiz-Candelaria, V., & Pérez-Martínez, K. (2019). Trabajo social clínico en Puerto Rico: Alcances y debates que rodean su práctica. *Voces Desde el Trabajo Social, 7*(1), 14-35. https://doi.org/10.31919/voces.v7i1.73

Nuttman-Shwartz, O. (2017). Rethinking professional identity in a globalized world. *Clinical Social Work Journal,* 45(1), 1-9. https://doi.org/10.1007/s10615-016-0588-z

Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). SAGE.

Puerto Rico Department of Health (2020). *Salud mental de Puerto Rico: Análisis de situación de la salud en Puerto Rico*. http://www.salud.gov.pr/Documents/Acreditaci%C3%B3n%20del%20Departamento%20de%20Salud/PRDoH%20CHSA%20(Draft%20Art)%20Salud%20Mental.pdf

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual,*

theoretical, and methodological. Sage Publications.

Reamer, F. G. (2015). Clinical social work in a digital environment: Ethical and risk-management challenges. *Clinical Social Work Journal, 43*(2), 120-132. http://dx.doi.org/10.1007/s10615-014-0495-0

Red State Data Center de Puerto Rico (2020). *En pobreza el 50% o más de la población en 36 municipios de Puerto Rico*. https://censo.estadisticas.pr/Comunicado-de-prensa/2019-12-19t145558

Red State Data Center de Puerto Rico (2020). *Estimados anuales poblacionales de los municipios desde 1950.* https://censo.estadisticas.pr/EstimadosPoblacionales

Ríos, W. G. (n.d.). *Currículo de la maestría en trabajo social con especialidad en área clínica ante la práctica de trabajo social forense.*

Rosario-Rivera, N. & Sánchez-Marcano, F. (2012). Práctica y formación del trabajo social clínico en el contexto socio-económico y político de Puerto Rico. *Revista de Trabajo Social-FCH-UNCPBA*, Año 5-#7, volumen 4, 349-363. https://revistaplazapublica.files.wordpress.com/2014/06/77-29.pdf

Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). SAGE.

Ruiz González, M. (2008). *La Práctica del Trabajo Social: De lo específico a lo genérico.* Editorial EDIL. Rio Piedras, Puerto Rico.

Ruiz González, M. (2018). El Trabajo Social Clínico: ¿especialización o modelo hegemónico para la práctica?. *Análisis*, *4*(1), 79-91. https://revistas.upr.edu/index.php/analisis/article/view/13416

Sanchez, R. (2020). *El trauma para las familias afectadas por el terremoto de Puerto Rico continúa a miles de kilómetros de casa*. https://cnnespanol.cnn.com/2020/01/29/el-trauma-para-las-familias-afectadas-por-el-terremoto-de-puerto-rico-continua-a-miles-de-kilometros-de-casa/

Seda, R. (2009). Retos al trabajo social en el Puerto Rico del Siglo XX1. *Lecture.* Retrieved September 5, 2011.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22,* 63-75.

Spafford, M. M., Schryer, C. F., Campbell, S. L., & Lingard, L. (2007). Towards embracing clinical uncertainty: Lessons from social work, optometry, and medicine. *Journal of Social Work*, *7*(2), 155–178. https://doi-org.ezp.waldenulibrary.org/10.1177/1468017307080282

Stringer, E. T. (2007). *Action research (Laureate Education, Inc., custom ed.)*. Sage.

Tracy, S. J. (2010) Qualitative quality: Eight "Big-Tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837-851. https://doi.org/10.1177/1077800410383121

Vélez Pérez, D. & Serrano-García, I. (2017). Opinión del magisterio sobre el trabajo social en Puerto Rico. *Análisis, 12(*1), 15-30. https://revistas.upr.edu/index.php/analisis/article/view/10769

Walden University Center for Research Support. (n.d.). *Office of research integrity and compliance: Institutional review board for ethical standards in research*. http://researchcenter.waldenu.edu/Office-of-Research-Integrity- and-

Compliance.htm

Walden University Research Ethics & Compliance: Application & general materials

(n.d.). *Research ethics planning worksheet*.

http://academicguides.waldenu.edu/researchcenter/orec/application

Wike, T. L., Bledsoe, S. E., Manuel, J. I., Despard, M., Johnson, L. V., Bellamy, J. L., &

Killian-Farrell, C. (2014). Evidence-based practice in social work: Challenges and

opportunities for clinicians and organizations. *Clinical Social Work Journal,*

42(2), 161-170.

Appendix A: Interview Questions in English

1. Age

2. Gender: Female or Male

3. Years of service as a social worker? Years as a clinical/generalist SW?

4. Academic Preparation

5. Geographical area of Puerto Rico:

    a. North

    b. South

    c. East

    d. West

6. How do you define clinical social work in Puerto Rico?

7. What are the functions of a clinical social worker in Puerto Rico?

8. Do you understand that clinical social work is accepted in inter/multidisciplinary teams in Puerto Rico?

9. Do you understand that clinical social work is recognized and accepted by the participants?

10. Describe the professional identity of clinical social work in Puerto Rico?

11. What is your perception regarding the professional identity of clinical social work in PR?

12. How do you define general social work in Puerto Rico?

13. What are the functions of a general social worker in Puerto Rico?

14. What is the difference between a clinical social worker and a general social worker in
    Puerto Rico?

15. At an academic level, what is the difference between a CSW and a GSW?

16. Do you think general social workers have an established professional identity?

Appendix B: Interview Questions in Spanish

1. Edad

2. Género: Femenino o Masculino

3. ¿Años de servicio como trabajador/a social? ¿Años como TS

    clínico/generalista?

4. Preparación Académica

5. Zona geográfica de Puerto Rico:

    a. Norte

    b. Sur

    c. Este

    d. Oeste

6. ¿Cómo define el trabajo social clínico en Puerto Rico?

7. ¿Cuáles son las funciones de un/a trabajador/a social clínico/a en Puerto Rico?

8. ¿Entiende que el trabajo social clínico es aceptado en los equipos

    inter/multidisciplinarios en Puerto Rico?

9. ¿Entiende que el trabajo social clínico es reconocido y aceptado por los

    participantes?

10. ¿Describa la identidad profesional del trabajo social clínico en Puerto Rico?

11. ¿Cuál es su percepción en cuanto a la identidad profesional del trabajo social

    clínico en PR?

12. ¿Cómo define el trabajo social generalista en Puerto Rico?

13. ¿Cuáles son las funciones de un/a trabajador/a social generalista en Puerto Rico?

14. ¿Cuál es la diferencia entre un trabajador social clínico y un trabajador social generalista en Puerto Rico?

15. ¿A nivel académico, cual es la diferencia entre un TSC y un TSG?

16. ¿Cree que los trabajadores sociales generalistas tienen una identidad profesional establecida?