

Southern Illinois University School of Medicine

POSITION DESCRIPTION

NAME:

FLSA STATUS: EXEMPT

AP TITLE: Licensed Clinical Social Worker / Licensed Clinical Professional Counselor

DEPARTMENT: Family & Community Medicine

DIVISION: SIU Center for Family Medicine - Jacksonville

POSITION FUNCTION: The position will engage patients of the Medication Assisted Recovery Clinic to determine the extent of their needs for therapy and/or community assistance and/or referral to psychiatry.

ORGANIZATIONAL RELATIONSHIPS: This position reports to the Behavioral Health Program Supervisor who in turn, for this program, reports to the Director of Medication Assisted Recovery Clinics.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES:

The following information is intended to be representative of the work performed by incumbent in this position and is not all-inclusive. The omission of a specific duty or responsibility will not preclude it from the position if the work is similar, related, or a logical extension of position responsibilities.

Demonstrates, by actions, commitment to the mission and the behavioral standards of SIU School of Medicine. Provides excellent service to both internal and external customers through collaboration and partnership; compassion and respect; integrity and accountability; diversity and inclusion; as well as continuous learning and improvement.

I. ADMINISTRATION (0%)

II. TEACHING (10%)

- A. Teach counseling skills to family medicine residents in the clinic setting and participate in staff and chart reviews.

III. RESEARCH (5%)

- A. Perform periodic literature reviews on behavioral science topics to keep abreast of latest developments in the field.
- B. Participate in collaborative departmental research, as opportunities arise.
- C. Participate in the development and/or delivery of presentations in areas of own interest.

IV. SERVICE (85%)

- A. Provide care to patients in clinic for consult services for mental health therapy.
- B. Provide individual and group mental health services for patients of the Medication-Assisted Recovery Clinic
- C. Provide individual substance use therapy to patients of the Center.
- D. Provide consult services, group mental health services and substance use therapy to patients at outreach clinics as needed either in-person or by telehealth.
- E. Serve on program and departmental committees, as requested.
- F. Provide emergency services to patients as needed including those who are identified as having no primary care physician.
- G. Attend faculty meetings and resident conferences.
- H. Serve on the Center-wide Committees, as assigned.
- I. Serve on school and department committees, as assigned.
- J. Participate in community outreach projects.

AUTHORITY AND RESPONSIBILITY

- A. Supervisory Controls: The supervisor will assign duties as needed. The employee will be expected to work independently, with occasional consultation from the supervisor.
- B. Guidelines: Guidelines and policies are set by the supervisor and other program faculty.

MINIMUM QUALIFICATIONS

- 1. Master Degree in Social Work, Psychology or Counseling.
- 2. Licensed or Eligible to be licensed to practice Social Work or Professional Counseling in the State of Illinois at time of hire.
- 3. Sensitive to the needs of underrepresented minority populations.

ENVIRONMENTAL, HEALTH AND SAFETY RESPONSIBILITIES

Participates in meetings, trainings and other environmental, health and safety activities as required by SIU School of Medicine.

PHYSICAL AND ENVIRONMENTAL REQUIREMENTS:

See attached Physical and Environmental Requirements form.

SIGNATURES:

Incumbent	Date
Licensed Clinical Social Worker / Licensed Clinic Professional Counselor	
SIU Center for Family Medicine	

Bonnie Landwehr, LCSW	Date
Instructor	
Supervisor, Behavioral Health Program	
SIU Center for Family Medicine	

Camille Dunkley, MD
Assistant Professor of Clinical FCM
Director, Medication Assisted Recovery Programs
SIU Center for Family Medicine

Date

REVIEWED BY:

Iris Wesley, Chief Executive Officer
SIU Center for Family Medicine

Date

Janet R. Albers, MD
Professor of Clinical FCM and Chair
Department of Family & Community Medicine

Date

PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

SIU SCHOOL OF MEDICINE

Incumbent: _____ Classification: LCSW/LCPC

Position No. (If applicable): _____ Department: Family and Community Medicine/Jacksonville-SMS

WORK ENVIRONMENT: (Check all applicable environments)

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Clinic	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Research Laboratory	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Other (Be Specific): _____	

PHYSICAL DEMANDS:	Seldom	Occasionally	Frequently	Constantly	N/A
(Indicate frequency of activity during performance of position duties)	(Performed rarely less than 2% of the time)	(Performed less than 25% of the time)	(Performed 26% to 50% of the time)	(Performed 51% or most of the time)	

(Click on the Physical Demands Definitions button at the bottom of the form for a list of physical demands definitions)

Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Close visual acuity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Travel	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing - Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hearing - Other Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stooping	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squatting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fine hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working in dust, fumes, gases, or irritants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at heights	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in extreme cold, heat and/or humidity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in close quarters	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operating motor vehicles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working above shoulder level	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twisting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing or pulling	10 - 20 lbs.				<input type="radio"/>
Carrying	10 - 20 lbs.				<input type="radio"/>
Lifting	10 - 20 lbs.				<input type="radio"/>
Other (Please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I affirm the environmental and physical demands listed on this form are an accurate reflection of the requirements of this position to the best of my knowledge and belief.

I have read, understand and am capable of meeting the physical and environmental demands of this position.

Supervisor Signature _____
 Date _____ Supervisor Name **Bonnie Landwehr, LCSW**

Employee Signature _____
 Date _____