

## EDITORIAL

**Margaret E. Adamek**

As we launch this issue of *Advances in Social Work* with a relatively new editorial staff, it is with growing appreciation and respect for the tremendous work that goes into producing a quality social work journal. As I became immersed in the process of assigning manuscripts to reviewers, sending reviews to authors, reviewing revised manuscripts, and making publication decisions, I gained insight into both the HUGE job it is to be an editor as well as to the special privilege it is to have a hand in nurturing the communication of scholarly knowledge and facilitating its dissemination. I would also like to offer a heartfelt thanks to **Dr. Bill Barton** for his years of service as the Editor of *Advances in Social Work*. He did a tremendous job single-handedly and has continued to offer support behind the scenes. His steadfast commitment to excellence continues to guide and inspire us.

The fifteen papers in this issue present innovations in the areas of teaching (5), practice (4), policy (2), programming (3), and publishing (1). Our hope is that you find the articles in this issue to be transformative as well as informative, relevant, and important to the social work enterprise.

### *TEACHING INNOVATIONS:*

**Keefe, Brownstein-Evans, Lane, Carter, and Polmanteer** highlight the opportunity for social work educators to capitalize on provisions of the *Affordable Care Act* regarding postpartum depression to prepare social work students to proactively and effectively address the needs of new mothers, one-fourth of whom struggle with postpartum depression, too often without the help they need.

**Zubaroglu and Popescu** propose an alternative teaching model for international interdisciplinary education grounded in globalization theory, intersectionality, the capabilities approach, and experiential learning theory. They argue that an interdisciplinary approach to international development work is needed for social workers to address increasingly complex global social issues. Drawing on Bandura's self-efficacy theory, they assessed the impact of an immersion course in Peru on their students' self-rated self-efficacy.

Also applying Bandura's theory, **Deck, Platt, and McCord** examined the self-efficacy of 88 students who took an MSW research course that included a service learning component. Their analysis indicated that incorporating service learning into a research course enhances students' self-efficacy in relation to carrying out research tasks, which hopefully increases their likelihood of integrating evaluation into their future practice.

**McCleod** describes an innovative approach to teaching MSW students about clinical decision-making that interweaves verbal, visual, and spatial processing activities. The multimodal learning approach included journaling about client interactions and selecting

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Margaret E. Adamek, PhD, Professor and Editor, *Advances in Social Work*, Indiana University School of Social Work, Indianapolis, IN 46202, madamek@iupui.edu

a work of art during a museum tour that represented the themes that students identified in their journals. McCleod asserts that a multimodal approach is a useful and creative way to engage students and to enhance their sensitivity to client perspectives.

Expanding the view of learning as a lifelong endeavor, **Jivanjee, Pendell, Nissen, and Goodluck** share the perspectives of BSW and MSW students, social work practitioners, and field instructors about their motivations and benefits of pursuing lifelong learning as well as the factors that hinder such opportunities. Social work faculty members and field instructors are called upon to model lifelong learning to social work students.

#### *PRACTICE INNOVATIONS:*

Based on a survey of 192 school social workers in Illinois, **Avant and Lindsey** examine the emerging leadership roles of school social workers as they coordinate efforts to implement Response to Intervention (RTI) Multi-tiered Systems of Support (MTSS). RTI/MTSS requires substantive and multifaceted system changes which may not be easily accepted by schools. Their respondents revealed not only the challenges of implementing systems changes, but the opportunity for school social workers to become change leaders and to more closely align social and emotional interventions with students' academic achievement.

In an effort to support a healthier sustainable social work workforce, **Bloomquist, Wood, Freidmeyer-Trainor, and Kim** conducted a national survey of MSW practitioners to examine the impact of self-care practices and perceptions on their professional quality of life. Various dimensions of self-care were analyzed in relation to different components of professional quality of life. Despite valuing self-care in principle, few practitioners engaged in self-care practices on a regular basis. Bloomquist and colleagues call for social workers to embrace self-care practices as a necessary tool to enhance professional quality of life.

In light of the high rates of depression and suicide among military personnel, **Hendricks Thomas and Taylor** propose a prevention approach involving mindfulness training that takes into account both the warrior culture among service personnel and the significance of peer interactions. Hendricks Thomas and Taylor suggest that mental health problems can be minimized by offering mindfulness-based programming to military personnel in a pre-deployment training environment rather than waiting for mental distress to develop into serious mental health challenges post-deployment. Such an approach may also overcome the resistance to traditional interventions that require service personnel to acknowledge their mental health problems and to initiate treatment.

Recognizing the success of the strengths-based approach to working with individuals with serious mental illness, **Hu, Leung, Ng, Yu, Lau, and Cheung** evaluated an intervention program that applied the strengths-based model with 45 individuals in Hong Kong. Using Skype, 23 social workers in Hong Kong received over 30 hours of training in strengths-based case management (SCM) and supervision from experienced SCM practitioners from the University of Kansas. Based on pre- and post-test ratings, some participants progressed from stages of being overwhelmed or struggling with disability to

stages of living with or beyond disability. Strengths-based practice helped participants develop a transformed self which sees hope and possibility despite the vulnerabilities caused by their illness.

*POLICY INNOVATIONS:*

**An, Yoo, and Nackerud** take a unique approach to policy analysis, applying the concepts and principles of game theory to analyze the use of good cause waivers by TANF workers. Good cause waivers are meant to assist TANF recipients who are victims of domestic violence by waiving some of the mandates for continuing benefits. The analysis illuminates the challenges with implementing universal screening of TANF recipients for domestic violence, and provides a model for analysis of other social welfare policies.

**Pitzer and Streeter** propose the use of a conceptual tool based on the Community Capitals Framework. The tool involves identifying assets in a particular community, mapping them out in diagram form, and determining how those assets can be leveraged to resolve community problems or to bring about community change. Pitzer and Streeter illustrate the mapping community capitals approach using two case examples—one involving work with a non-profit organization providing services to refugee populations and an international example involving community development in rural India.

*PROGRAMMATIC INNOVATIONS:*

As universities put more emphasis on civic engagement, more social justice-oriented majors and minors, often apart from social work, are being offered. **Richards-Schuster, Ruffolo, Nicoll, Distelrath, Mishkin, and Gulura** investigated the experiences of 92 new graduates of a social justice minor offered by a school of social work to better understand their transitions into social justice work. They describe the graduates' perspectives of the various challenges they face doing social justice work in the "real world," with implications for schools of social work and other program developers as well as for non-profit organizations that employ such graduates.

Acknowledging that "fit to the profession" and academic preparation are often difficult to judge in the admissions process, **Vliek, Fogarty, and Wertkin** examined the relationship between the criteria used in an admissions model of a medium-sized MSW program and student success in the program. Based on a sample of 522 accepted applicants over four academic years, Vliek and her colleagues found that undergraduate GPA was a strong predictor of success in the MSW program but the various fit to the profession criteria were not reliable predictors. The authors endorse the adoption of evidence-based admissions models that minimize arbitrary decision-making and uphold the principles of the profession.

In recognition of the evolving changes in the health care system, **Zipperstein, Ruth, Clement, Marshall, Wachman, and Valasquez** surveyed 41 administrators of MSW/MPH programs with the goal of better understanding the nature of dual-degree programs and their graduates. Interest in MSW/MPH programs is high and new programs

are under development. Findings suggest that graduates seem to be well- prepared for leadership and interdisciplinary practice in the new healthcare environment.

*PUBLISHING INNOVATIONS:*

**Woehle** conducted an intricate social network analysis to examine social work author networks and their connection to citations of published social work articles. His study illuminates the outcomes of aligning with co-authors to produce scholarly work. Drawing from complexity theory and similar analyses in other disciplines, Woehle demonstrates the potential value of co-author networks in contributing to the social work knowledge base.

With this issue, *Advances in Social Work*, is taking a new step by adding DOIs to each article and to the references of each article for which DOIs are available. The addition of DOIs was made possible with the able assistance of Ted Polley of the Indiana University Library. Thanks, Ted!

Production of the spring 2016 issue is underway with the guidance of Special Issue Editor, Dr. Andrew Quinn of the University of North Dakota and will present a cadre of papers originally presented at the *First Annual Social Work Distance Education Conference* held in Indianapolis in April 2015. We expect the special issue to be launched before the *Second Annual Social Work Distance Education Conference* to be held in April 2016.

## **Postpartum Depression and the Affordable Care Act: Recommendations for Social Work Educators**

**Robert H. Keefe  
Carol Brownstein-Evans  
Sandra D. Lane  
D. Bruce Carter  
Rebecca S. Rouland Polmanteer**

**Abstract:** *The Patient Protection and Affordable Care Act (ACA) mandates ongoing research on postpartum depression; however, very little research has been published in social work journals and in advanced-level textbooks on this topic. This article describes the problem of postpartum depression and argues that social work educators and researchers must pay greater attention to this issue in light of the ACA mandates, so that social workers can provide effective services to postpartum mothers and their children. The Council on Social Work Education's recently published Educational Policy and Accreditation Standards are considered while making curriculum recommendations on postpartum depression for social work educators.*

**Keywords:** *Patient Protection and Affordable Care Act, maternal and child health, postpartum depression, perinatal mood disorders, social work education*

Approximately six million pregnancies occur in the United States each year, and up to 25% of the mothers develop postpartum depression (Gaynes et al., 2005; Schaar, 2012). Mothers with postpartum depression typically experience sadness; loss of interest in activities; noticeable changes in eating and sleeping patterns; problems in thinking, concentrating, and making decisions; feelings of worthlessness, shame, or guilt; thoughts of harming themselves (Centers for Disease Control [CDC], 2013); and increased need for psychiatric hospitalizations for depression and suicidality (Georgiopoulos, Bryan, Wollan, & Yawn, 2001; Kennedy, Beck, & Driscoll, 2002; Lucero, Beckstrand, Callister, & Sanchez Birkhead, 2012). The symptoms are persistent, eventually affecting not only the mother but her infant, spouse/partner, and extended family as well (Letoruneau, Tramonte, & Willms, 2013; Ngai & Ngu, 2015).

Babies born to mothers with postpartum depression often develop numerous long-standing problems including decreased cognitive skills (McGarry, Kim, Sheng, Egger, & Baksh, 2009), poor attention (Ramchandani, Stein, Evans, O'Connor, & the ALSPAC Study Team, 2005), and social withdrawal (Boyd, Zayas, & McKee, 2006). The fathers complain of feeling left out and less satisfied in their relationship with the mother (Mitnick, Heyman, & Slep, 2009).

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Robert H. Keefe, PhD, ACSW, LMSW is associate professor, School of Social Work, University at Buffalo, State University of New York, Buffalo, NY 14260-1050. Carol Brownstein-Evans, PhD, ACSW, LMSW is associate professor, Department of Social Work, Nazareth College, Rochester, NY 14168. Sandra D. Lane, PhD, MPH, MA is Laura J. and L. Douglas Meredith Professor, Public Health and Anthropology, Syracuse University, Syracuse, NY 13244-1030. D. Bruce Carter, PhD, is associate professor, Department of Psychology and Department of Child & Family Studies, Syracuse University, Syracuse, NY 13244-1030. Rebecca S. Rouland Polmanteer, LMSW is doctoral candidate, School of Social Work, University at Buffalo, State University of New York, Buffalo, NY 14260-1050.

Unlike symptoms of major depressive disorder, which manifest within two weeks of the precipitating stressors (American Psychiatric Association, 2013), symptoms of postpartum depression may not become evident until several months after the mother has given birth (Chaudron et al., 2010; Parade, Blankson, Leerkes, Crockenberg, & Faldowski, 2014). Consequently, practitioners may avoid giving a diagnosis of postpartum depression due to what they perceive as the late onset of symptoms.

Moreover, social work journals provide practitioners with limited guidance on postpartum depression. We searched various social work databases for articles published in social work journals focusing on perinatal mood disorders published between the years 1980 to 2015. The search resulted in 101 published articles of which 80 used the term “postpartum depression” in the title. Of the existing articles, only 26 were published in social work journals. Consequently, although the literature on postpartum depression has grown substantially over the past 35 years, only a limited body of the literature has been published in social work journals. The majority of the research has been published in the fields of nursing, psychology, psychiatry, and medicine. As a result, much of this research has focused on individual-level approaches to treatment such as antidepressant medication, interpersonal and cognitive-behavioral therapy, and relapse-prevention strategies. There is very little research on community-level factors to help social workers address the problem of postpartum depression at all levels of intervention and even less on how social work educators can infuse content on postpartum depression into their courses.

The adoption of the *Patient Protection and Affordable Care Act (ACA), Section 2952: Support, Education, and Research for Postpartum Depression* mandates ongoing research to better understand the frequency and course of postpartum depression, address differences in treatment needs among racial and ethnic groups, and develop culturally competent evidence-based treatment approaches (U.S. Department of Labor, 2012). Given their direct practice, policy development, and research skills, we argue that social workers are among the most skilled professionals providing services to postpartum mothers and should take the lead in addressing the problem of postpartum depression. The purpose of this article is to bring attention to this problem and offer recommendations to social work educators to better prepare students to meet the needs of new mothers affected by postpartum depression.

### **The Varying Rates of Postpartum Depression**

Prevalence estimates for postpartum depression vary widely across studies. The discrepancy is due in part to varying definitions of the disorder, different conceptualizations of the postpartum time period, and varying assessment and diagnostic approaches (Banti et al., 2011). Although the rates vary, much of the existing research indicates that up to 25% of new mothers experience postpartum depression (Gaynes et al., 2005; Schaar, 2012). Additionally, rates of postpartum depression may be higher in diverse or vulnerable groups. While some researchers have found the rates of postpartum depression to be higher in rural areas (Villegas, McKay, Dennis, & Ross, 2011), others have reported the prevalence to be higher in urban areas (Clare & Yeh, 2012). Likewise, various researchers have found differences among racial and ethnic groups (Gress-Smith, Luecken, Lemery-Chalfant, & Howe, 2012; Savitz, Stein, Ye, Kellerman, & Silverman,

2011) and the likelihood that the rates for low-income mothers and for mothers of color are higher than estimated (CDC, 2008; Dolbier, et al., 2013; Gress-Smith et al., 2012; Lara et al., 2015).

Some researchers have suggested that mothers of color face more elevated rates of postpartum depression than White mothers because of greater life stressors, including economic factors known to affect postpartum depression. To date, research has concluded that compared to White mothers and mothers from privileged backgrounds, mothers of color have lower incomes (Dagher, McGovern, Dowd, & Gjerdingen, 2012; Feder et al., 2009; Kozinsky et al., 2012; Lara et al., 2015), lower levels of education (Dagher et al., 2012; Lanes, Kuk, & Tamim, 2011), higher rates of unemployment (Boyce & Hickey, 2005; Dagher et al., 2012; Janssen, Heaman, Urquia, O'Campo, & Thiessen, 2012), greater likelihood of single parenting (Boyce & Hickey, 2005; Lewin, Mitchell, & Ronzio, 2013), and worse housing conditions (Cutrona et al., 2005; Jacobs, 2011; Redshaw & Henderson, 2013). Moreover, mothers of color generally have higher rates of chronic diseases such as diabetes mellitus and hypertension (Kim et al., 2014), are more likely to have inadequate health insurance (Blumenthal & Collins, 2014), and have poorer access to adequate healthcare (Orr, Reiter, James, & Orr, 2012) than other mothers. Coupled with higher exposure to community violence (Miller et al., 2012), it is understandable that mothers of color are at increased risk of clinical depression.

A further problem is the preponderance of research has considered primarily White women who are married, well-insured, from middle-class backgrounds, and have access to healthcare. The few studies that have focused on mothers of color concluded their rates of postpartum depression to be higher than among White mothers (CDC, 2008; Surkan, Peterson, Hughes, & Gottlieb, 2006). Yet, social workers employed in maternal and child health settings looking to advance their skills in working with mothers with postpartum depression from non-White backgrounds have a limited body of social work literature to draw upon.

### **Working with Mothers who have Postpartum Depression**

Social workers employed in health and mental healthcare settings often face various difficulties in working with mothers living with postpartum depression. Many mothers are reluctant to seek treatment, and those who do are often reticent to disclose their symptoms to health care providers (Abrams & Curran, 2009; CDC, 2008; Ko, Farr, Dietz, & Robbins, 2012), particularly women from diverse cultures (Dennis & Chung-Lee, 2006; Kozhimannil, Trinacty, Busch, Huskamp, & Adams, 2011). Because many of the symptoms of postpartum depression mimic signs of pregnancy including fatigue, anxiety, and irritability, many providers are hesitant to screen for depression (Seehusen, Baldwin, Runkle, & Clark, 2005). Due to inconsistent screening procedures, depressed pregnant and postpartum women may go without effective treatment until the depression has advanced, which can result in further health risks including poor adherence to prenatal and postnatal care plans, preterm delivery, and low infant birth weight (Littleton, Bye, Buck, & Amacker, 2010).

The American College of Obstetricians and Gynecologists (ACOG, 2006) argues that psychosocial screening and feedback performed at an initial visit and every three months thereafter may reduce the risk for persistent depression and improve birth outcomes. Screenings should include an assessment of obstacles to care, unstable housing, unintended pregnancy, barriers to communication among family members, problems with nutrition, ongoing tobacco and other substance abuse, depression, safety, intimate partner violence, and stress (ACOG, 2006; Dobson & Dozois, 2008).

The National Association of Perinatal Social Workers (NAPSW, 2009) the largest social work organization that most directly addresses the gap in social work education and practice on postpartum depression, consists of roughly 275 members (L. R. Baker, personal communication, July 8, 2015). The NAPSW provides 10 standards for *Perinatal Social Workers Working with Patients Experiencing Post Partum Depression*. Each standard includes specific roles for social workers. Most important among the standards are for MSW-prepared social workers to conduct full psychosocial assessments of women during the perinatal period for depression (Standard 2); use standardized screening tools to screen for depressive symptoms (Standard 7); provide resources and referrals for all women in the perinatal period, including culturally and linguistically appropriate support groups and evidence-based counseling services (Standard 5); and provide information on postpartum depression to the woman's partner/spouse and family members (Standard 6). In addition, NAPSW (2009) advocates for social workers to be an integral part of the interdisciplinary health teams providing support and education to medical and support staff and to assist in developing and formulating hospital policies and decisions related to the assessment and treatment of postpartum depression (Standards 9 and 10).

Although there are no federal policies that require screening of new mothers for postpartum depression (Rhodes & Segre, 2013), 12 states have adopted either state legislation, developed awareness campaigns, or convened task forces. States that require screening include New Jersey (*Findings, Declarations Relative to Postpartum Depression*, 2006), Illinois (*Perinatal Mental Health Disorders Prevention and Treatment Act*, 2008), and West Virginia (*Uniform Maternal Screening Act*, 2009). Other states require education about postpartum depression including Texas (*Relating to Information Provided to Parents of Newborn Children*, 2005), Virginia (*Certain Information Required for Maternity Patients*, 2003), Minnesota (*Postpartum Depression Education and Information*, 2015), and Oregon (*Relating to Perinatal Mental Health Disorders and Declaring an Emergency*, 2011). Washington has passed statewide awareness campaigns, and California, Michigan, and Oregon have postpartum depression awareness months (Rhodes & Segre, 2013). Finally, Maine, Massachusetts, and Oregon have appointed perinatal depression task forces (Rhodes & Segre, 2013). The remaining 38 states have yet to pass any type of legislation or develop any campaigns to bring the problem of postpartum depression to the public's awareness.

### **How social work educators can take the lead in working with mothers with postpartum depression**

Given that postpartum depression affects mothers from all backgrounds, incorporating course content on postpartum depression into each curriculum area would be a significant



step forward in helping social workers take the lead in addressing this growing problem. The Council on Social Work Education (CSWE, 2015), Competency 2 mandates social workers to engage in diversity and difference in practice. With this in mind, social work educators must include research studies and evidence-based treatment approaches aimed at eliminating health and mental health disparities across all areas of health care. Students need to understand various barriers to care that members from oppressed groups face, as well as the limitations of traditional health and mental health treatment and community services (Ley, Copeland, Flint, White, & Wexler, 2009). Students need to understand how social location (i.e., the groups to which individuals claim membership based on their sex, socioeconomic class, religion, and sexual orientation) may inhibit people from traditionally oppressed backgrounds from seeking care, particularly when the research on approaches to care is based on mothers from privileged backgrounds. Bringing the focus to postpartum depression specifically, social work students should be prepared to address barriers to services and facilitate mothers' access to child care, transportation, and prenatal appointments that accommodate inflexible work schedules. Social work students should also be prepared to advocate for mothers who will likely experience delays in appointments, particularly for mothers who receive public insurance (U.S. Department of Health and Human Services, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration 1999).

**Social work research courses.** Competency 4 states, social workers are expected to engage in research-informed practice and practice-informed research (CSWE, 2015). Instructors can help students develop and test interventions with individuals, families, groups, and communities and later evaluate those interventions by using various assessment tools. Program evaluation courses should evaluate services postpartum mothers use including Women, Infants, and Children (WIC) clinics, prenatal care agencies, and pediatric clinics. Additionally, students can be taught how to work with cultural brokers to access communities where they can facilitate focus groups and conduct community-based participatory research to help community agencies evaluate the cultural appropriateness of their services. Finally, students can learn to employ qualitative and quantitative methods to obtain client feedback about the experience of postpartum depression and services received.

**Human behavior and the social environment courses.** Competency 6 states social workers are to engage with individuals, families, groups, organizations, and communities by applying knowledge of human behavior and the social environment (CSWE, 2015). Among the ways educators can help students develop these skills is by including course content on risk and protective factors of postpartum depression in course units focused on the developmental stages of pregnancy, childbirth, and infancy. Students should study theories of societal oppression and how oppression affects women and children. Students can then investigate which theories best explain the lived experiences of new mothers affected by postpartum depression. Instructors can also include content on family systems theory to gain greater understanding of the effects of postpartum depression on the family.

**Social work practice courses.** Competency 8 requires social workers to intervene with individuals, families, groups, organizations, and communities (CSWE, 2015). Instructors can develop various case scenarios and encourage students to evaluate practice approaches

and interventions for working mothers living with postpartum depression. The modules can emphasize relationship-building, engagement, contracting, validation, and resource acquisition. Interventions that highlight supportive counseling and problem-solving, and use strengths-based and women's empowerment approaches applicable across settings are needed. Given the impact of postpartum depression on external systems, curriculum modules on family therapy that address the needs of spouses/partners, children, and extended family members as well as group therapy/counseling course modules that address both psychotherapeutic and mutual-aid group strategies for working with mothers who have postpartum depression are needed. Finally, course modules are needed to teach students how to form coalitions with service providers caring for new mothers. These coalitions will help communities to advocate for new, culturally relevant services that enhance formal and informal support systems. Working with agencies to develop brochures that are easy to read and help mothers and families access appropriate services are also needed.

**Social policy courses.** Competency 5 requires students to engage in policy practice that advances human rights and social justice (CSWE, 2015). Instructors can provide course content on the ACA with specific focus on Section 2952. Students can trace the development of the ACA while considering other legislation focused on bringing to light the needs of mothers and children including the Sheppard-Towner and Melanie Blocker-Stokes Acts. Students can also write policy statements in their field agencies on how to better provide services to new mothers with postpartum depression in light of the ACA.

**Fieldwork.** Educational Policy 2.2 requires field educators to provide students with opportunities to integrate classroom content with practical experience. Field educators can assign students in maternal and child healthcare placements to work with first-time mothers, provide education to the mother's partner/spouse and other family members about the signs and symptoms of postpartum depression, explore the use of informal supports, and make referrals to appropriate community resources. Students' cultural competence can be enhanced by field education experiences and service-learning opportunities that involve working with diverse populations across the lifespan (Ley et al., 2009). Finally, better screening methods should be incorporated into agency practice to include not only use of postpartum depression scales (e.g., Edinburgh Postnatal Depression Scale; Cox, Holden, & Sagovsky, 1987), but also predictors of postpartum depression that would help prepare students for working with new mothers who may develop postpartum depression. Students should also be instructed in the use of standardized screening instruments and on how to advocate with hospitals for developing written plans that provide specialized social work services related to postpartum depression (NAPSW, 2009). Students can be assigned tasks that investigate strategies for how best to remove barriers to care that postpartum mothers of color face including the lack of culturally appropriate and relevant brochures on postpartum depression. Students can develop in-service discussions on the predictors of postpartum depression and assess the agency's readiness to provide services that are affordable, adequate, and accessible to all mothers.

## Summary and Conclusion

Despite being an ongoing problem for many years, postpartum depression has only begun to receive public attention within the past two decades. Accounts of new mothers harming their newborn babies have brought additional focus to the rationale for developing new services. Many services, however, are being developed without the input of social workers who, given their training in cultural competence, advocacy, and policy development as well as multi-system interventions, can bring a much-needed perspective to address this problem.

Although the social work profession has contributed to the development of services and policies on maternal and child health, it needs to take a more decisive step forward in addressing postpartum depression. The adoption of the ACA affords an excellent opportunity for social work educators to provide learning opportunities for students to address this significant problem so that new mothers and their children can live healthy and productive lives.

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**Author note**

Address correspondence to: Robert H. Keefe, PhD, ACSW, LMSW, School of Social Work, University at Buffalo, SUNY, 685 Baldy Hall, Buffalo, NY 14260-1050.  
Email: [rhkeefe@buffalo.edu](mailto:rhkeefe@buffalo.edu)



## **Preparing Social Work Students for International Interdisciplinary Practice: A Teaching Model and Its Impact on Self-Efficacy**

**Pinar Zubaroglu  
Marciana Popescu**

**Abstract:** *To promote international social work education and prepare MSW graduates for international careers, several teaching models have been developed, including intensive teaching in international settings, hybrid teaching with study abroad components, and applied learning through service learning and international internships. Benefits of international social work education range from increased knowledge and skills in addressing global issues through policy and advocacy, to significant improvements in multi-cultural competence and awareness upon participation in structured cultural immersion programs. Current challenges for social workers in international development careers point to the need for an interdisciplinary approach to best address complex global social issues. This paper proposes an international interdisciplinary teaching model that aims to prepare social work students for international development practice. Based on a pilot study of the proposed model, students showed significant increases in the self-efficacy of interdisciplinary international knowledge and skills.*

**Keywords:** *International social work, interdisciplinary education, self-efficacy, experiential learning, social work education*

Using scientific inquiry and knowledge of the person-in-environment approach, respect for human diversity, and a global point of view, social work professionals strive to achieve social and economic justice, prevent constraints on human rights, eliminate poverty, and promote quality of life for every individual (Council on Social Work Education [CSWE], 2008). For a profession with such a wide focus of practice, there is an increased challenge of promoting globally-minded social work practitioners. International social work provides the framework for educating global social workers and prepares students for international social development as a dimension of social work practice.

Over the past three decades, socioeconomic, political, and technological changes created a new range of social issues that require more diverse and innovative approaches, shifting intervention paradigms from a local to a global context of social work practice. New knowledge and skills are required, and existing professional realms have to go through a transformation process to remain relevant within the current context. With international social development issues requiring multidisciplinary approaches, an international interdisciplinary focus in social work education is one core element of this transformation process.

The internationalization of social work education was accelerated by the political and economic changes at the end of the 1980s. After the fall of the Communist regimes in

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Pinar Zubaroglu, MSSW, is a doctoral student at Fordham University, Graduate School of Social Service. Marciana L. Popescu, PhD, is an Associate Professor at Fordham University Graduate School of Social Service.

Eastern Europe (1989-1991) there was a surge in the need for social work education and implicitly international social work curriculum development (Török & Korazim-Körösy, 2012). Immediate transfer of knowledge from countries with recent social work traditions (such as the United States) shaped the development of social work education not only in post-communist countries in Eastern Europe, but also in China and throughout Latin America, following a neocolonialist pattern challenged by local social justice and human rights activists (Cheung & Liu, 2004; Healy, 2008). However, it shortly became apparent that the imported American social work educational models did not necessarily fit within the local systems and practice paradigms (Cheung & Liu, 2004; Healy, 2008). This lack of fit can be partially attributed to the micro-practice focus in American social work in recent years, which did not respond to the imminent need for macro-social work practice competencies necessary in countries undergoing major socio-political change. The lack of attention to macro-social work practice was a barrier to effective solutions to social problems in developing countries. Focusing on a clinical social work model leaves out the social action traditions established by Jane Addams, Bertha Reynolds, and others (Specht & Courtney, 1994), undermining the opportunity of people in developing countries to receive appropriate social work services that address their life challenges and improve their well-being.

Globalization, increased migration, increased natural disasters, and changes in the nature of war also challenge the existing paradigms of social work practice in the United States. The third millennium was characterized by a renewed emphasis on human rights, indigenous knowledge, and the importance of systemic, structural changes. The CSWE responded by revising its standards of competency to include global practice and human rights (CSWE, 2008). As noted by Estes and Snell (2009), these changes required an added focus on multicultural competence in social work practice and a better understanding of global affairs. It became clear that international social workers have to redefine their profession and reclaim its place among other international development and human rights professions. A study conducted in 2009-2010 by Pittman, Luca-Sugawara, Rodgers, and Bediako (2015) under the direct coordination of the CSWE Global Commission identified very distinct skills sets that will require a transfer of knowledge from other disciplines (such as Economics, Public Health, Law, and Anthropology) as well as from other communities and cultures. Existing theoretical frameworks therefore need to be adapted to address different contexts (urban, rural, indigenous communities) as well as different practice settings (community/collective approaches, often within a context of chronic trauma).

To ensure the competence of the social work profession in working with other professions in a global arena, different models of international social work education continued to emerge—ranging from curriculum changes (to include international topics), to study tours and experiential learning (to link theoretical concepts to practice), to internships and international fellowships (to provide students with international practice experiences), as well as international student and faculty exchange programs (aimed to increase the scope of social work as a global profession). Also, more interdisciplinary collaborations were forged, to address the complex socio-economic and political challenges through a transfer of knowledge and skills, with over 200 joint degrees

developed in the United States within the past 25 years (Caragata & Sanchez, 2002; CSWE, 2013).

In light of all these changes, as social work educators, we need to ensure that we promote best practices to prepare social work graduates to work within a global environment and collaborate across disciplines to provide best services to diverse population groups. This paper proposes an alternative model for interdisciplinary international social work education. Focusing on the impact of the interdisciplinary course, the model was evaluated using students' self-efficacy as an indicator of effective transfer of knowledge and skills.

### **Supporting International Interdisciplinary Social Work Education**

Recognizing the challenge of preparing the social work cadre for 21<sup>st</sup> century social issues, in early 2014, the International Association of Schools of Social Work (IASSW) changed the global definition of social work to recognize the value of indigenous knowledge for social workers. This change followed the CSWE (2008) competency-based professional education standards, charging social work educators to prepare students to practice with various competencies, ranging from engaging diversity and difference in practice to responding to contexts that shape practice (Education Policy 2.1.9). The 2008 CSWE standards stressed the importance of improving interdisciplinary knowledge and skills for social workers. Correspondingly, social work educators developed multiple teaching models focusing on either international education or interdisciplinary collaboration.

In 2015, the CSWE issued new Educational Policy and Accreditation Standards (EPAS). Relevant to international interdisciplinary social work, the 2015 EPAS requires social work educators to consider the following competencies in their curriculum design:

- Engage diversity and difference in practice (Competency 2);
- Advance human rights and social, economic, and environmental justice (Competency 3);
- Engage in policy practice to advance social and economic well-being and to deliver effective social work services (Competency 4); and
- Acknowledge the implications of the larger practice context when assessing and intervening with individuals, families, groups, organizations and communities and consider benefits of inter-professional collaboration in this process (Competency 7 & 8, CSWE, 2015).

Previous research on international social work education models included intensive teaching in international settings, hybrid teaching including study abroad components, and applied learning through service learning and international internships. These studies revealed a number of positive outcomes on students' learning, including increased student understanding of the effects of globalization and the interrelationships between discrimination, oppression, and privilege across classes and national boundaries (Das & Anand, 2014; Gammonley, Rotabi, & Gamble, 2007); enhanced understanding of the

connection between social work practice and international social policies; improved intercultural skills and increased cultural sensitivity (Fairchild, Pillai, & Noble, 2006; Gilin & Young, 2009; Tesoriero, 2006); positive changes in self-awareness regarding knowledge and skills in addition to values and beliefs (Moorhead, Boetto, & Bell, 2014); increase in understanding of professional identity (Gilin & Young, 2009; Moorhead et al., 2014); a new perception of theory and practice with local and global applications (Cheung & Liu, 2004; Cornelius & Greif, 2005); increased employment opportunities; and improved fluency in a foreign language (Caragata & Sanchez, 2002). In regards to contributors to an enhanced student learning process, studies described that pre-trip planning, peer learning and support, debriefing and critical reflection, open communication between students and faculty members, writing journals and poetry, and an integration of post-trip activities were most beneficial (Das & Anand, 2014; Furman, Coyne, & Negi, 2008; Gammonley et al., 2007).

Empirical studies exploring the effect of interdisciplinary education on students' learning suggested that collaboration between disciplines expands non-social work professionals' knowledge of the social work discipline (Stone, Ekman, English & Fujimori, 2008; Supiano & Berry, 2013); promotes respect for and by non-social work professionals; grows personal and professional confidence and competence of social work students (Supiano & Berry, 2013); and strengthens social justice outcomes for collaborating professions (Jones & Jones, 2011; Stone et al., 2008).

While recently more attention was given to interdisciplinarity (or inter-professional collaboration, as stated in the 2015 EPAS) in social work education, particularly with disciplines such as health care, law, psychology, and media and communications, other disciplines, such as economics and environmental studies, remain at the margins. Considering the potential synergy of combining social work, economics, business, and environmental studies, we propose an alternative interdisciplinary model of international social work education. We present the concepts on which this alternative education model is built, explain the theoretical underpinnings that support it, discuss the model's potential effectiveness based on student assessments, and suggest further steps based on its impact on student self-efficacy.

### **Concept definitions**

This article addresses the body of knowledge and field of practice relevant for international social work and social development as a dimension of social work practice. Accordingly, we focus on teaching methods used for building knowledge and practice readiness for social work students preparing to work in international social work. To this extent, we propose the following operational definitions:

#### ***International social work***

The International Federation of Social Workers (IFSW) defines international social work as:

[...] a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation

of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being. (IFSW, 2014, para. 2)

### ***International social development***

International development, as a concept, a discipline, and a global aim, was born within the context of the post World War II (WWII) era, mostly linked to the safety threats created by WWII and the economic destruction in the aftermath of the war. Thus, it has its dominant emphasis on reconstruction (within a human rights framework emphasizing peace-building and cooperation) and economic development. Keynesian economics became the blueprint for international development, and global institutions such as the World Bank (WB) and the International Monetary Fund (IMF), its main stakeholders. Yet focusing on economic growth alone did not deliver the expected global development results (Thomas & Allen, 2000). The major international development agencies revised their strategies to integrate a focus on social development and introduced the people-centered approach to development (Easterly, 2006; Korten, 1984). The new millennium marked a greater step towards humanizing development by introducing the Millennium Development Goals (MDG) as the new international social development strategy (United Nations, 2000). To address the poor results of previous approaches to global issues, the MDGs challenged existing paradigms and required a change in mindset.

Building on the historical evolution of the international development concept, we define International Social Development as a field of practice and the related knowledge and skills necessary to achieve sustainable development through effective partnerships between communities, local and international organizations, international development agencies, and global bodies of governance, with the active participation of civil society. Sustainable international social development focuses on community capacity-building as the ultimate outcome of any development strategy. Within this framework, good governance becomes a tool for supporting effective community capacity-building.

### ***Applied experiential learning***

This paper focuses on a model of international social work education that integrates an applied experiential learning component and teaching concepts in an international context of practice based on Kolb's Experiential Learning Theory (Kolb & Kolb, 2012). Learning experiences within international contexts, over short periods of time, are mostly referred to in the literature as "study tours." The educational model presented in this paper combines an intensive course with applied practice experiences. The overall learning process involved cultural immersion as well as constant reflection on students' daily experiences and integration of indigenous knowledge as part of the applied experiential learning process.

### ***Interdisciplinary education***

Studies in the literature describe three types of “multiple disciplinary” (Choi & Pak, 2006) education: (1) *Multidisciplinary education*, which yields knowledge from various disciplines where each discipline remains within their own boundary; (2) *Interdisciplinary education*, which produces knowledge through incorporation of disciplines where disciplines act as a whole to solve a problem exceeding the boundaries of their discipline; and (3) *Transdisciplinary education*, which refers to knowledge produced through collaboration of different disciplines where disciplines transcend their boundaries by sharing information and skills, as well as responsibilities (Choi & Pak, 2006; Dyer, 2003). For the purpose of this paper, interdisciplinarity combines these definitions and refers to the incorporation of knowledge from various disciplines to address complex global problems and the transdisciplinary sharing of information, skills, and responsibilities to improve problem-solving as it relates to global issues.

### ***Theoretical Underpinnings***

Within current contexts of practice, there are several ongoing adjustments to social work education that provide the basis for the alternative educational model proposed by this paper, each of them supported by a specific theory:

*Globalization Theory: Integrating global contexts to provide effective responses to local issues.* Globalization theory states that globalization and technological advancement reduce temporal and spatial distance between different elements to such a degree that local circumstances are affected by situations happening in another part of the world (Webb, 2003). This diminishing distance increased connectivity, which in turn has been affecting individual, cultural, social, political, and economic relations (Ahmadi, 2003; Webb, 2003; Wilson, 2012). While globalization contributed to creating a universal expectation for a standard of living based on Western values, this expectation has not been matched by the ability/willingness of local governance to provide equal access to resources (as reflected by current policies and programs). As a result of the most recent globalization wave, social workers had fewer resources to allocate, more interdependent problems, and more culturally diverse clients. Although this new reality poses challenges to preparing social workers with new knowledge and skills, it also creates new opportunities for shared learning once international social work is reconsidered.

*Intersectionality Theory: Expanding the body of knowledge to include interdisciplinary approaches to international social work practice.* Intersectionality theory addresses the interrelations of multiple dimensions of social life and structures (McCall, 2005). Based on this theoretical framework, in order to fully understand social issues, specifically inequality, a person should examine the entire form of diverse, intersecting, and conflicting dimensions of social issues rather than a single dimension. Since no single dimension can sufficiently illustrate an issue, intersectionality theory suggests an interdisciplinary approach to comprehend social issues (McCall, 2005). To link this theoretical framework to the discussion on globalization in relation to the social work profession, we note that globalization affects social relations and creates different dimensions of analysis and points of intervention. Therefore, in order to fully grasp the

globally interdependent nature of social problems and develop more effective, innovative solutions, social workers require an interdisciplinary international education.

*The Capabilities Approach: Enhancing social workers' capacity to address injustice and promote human rights through international social work practice.* The Capabilities Approach stresses that the level of justice in a society depends on the level of equality of freedom and opportunities to achieve and use individuals' own abilities (Nussbaum, 2011; Sen, 2007). In other words, evaluation of justice in a society can be done through assessment of individuals' capabilities to function—the more equal these capabilities are, the higher the potential for justice in that particular society (Fraser, 1995). Education is crucially important to implementing the Capabilities Approach because it is the key to development and supports the exercise of numerous other human capabilities (Nussbaum, 2011). With this point of view, the Capabilities Approach indicates the need for reconsideration of social workers' roles in achieving justice by ensuring their clients' equal access to resources and the implicit development of their full capabilities.

*Experiential Learning Theory: Develop social workers' self-efficacy by fully exposing them to an interdisciplinary international context.* Experiential Learning Theory (ELT) suggests that learning is an ongoing dynamic process, which includes interactive dimensions of concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb & Kolb, 2012). In other words, ELT states that a learner acquires knowledge from his/her experiences in an environment, reflects on the receipt of information while testing out the knowledge in the environment, reflects on the outcomes of testing, and acts on the knowledge by adjusting it along continuous experiences (Kolb, 2015). ELT emphasizes that an effective learning process requires practicing each dimension. When applied to social work education, ELT indicates that social work students need to be exposed to interdisciplinary international contexts to have concrete experiences and enhance their practical capacity in the globalized arena. Additionally, students need to reflect on, conceptualize, and actively apply their emerging knowledge. The alternative education model introduced in this paper applies each dimension of ELT in an effort to increase students' self-efficacy and their subsequent readiness for the field of international social work and social development.

### **An alternative model for interdisciplinary international social work education**

The proposed model includes an intensive interdisciplinary MSW course, taught in an international context, as well as the pre-departure orientation/preparation for the international immersion, the applied/experiential learning central to the model, and the dissemination of knowledge upon return. Figure 1 illustrates the structure of this course along the lines of ELT and self-efficacy. Using strategies that helped previous scholars and the ELT framework, the educational model followed these stages:

#### ***Preparation***

1. *Introduction to the benefits of interdisciplinary international education:* Two planning and orientation meetings were held within a month before departure.

2. *Introduction to the course:* The course syllabus was shared with students two weeks before the departure.

### ***Knowledge Building***

3. *Knowledge development:* During the first six days after arrival in Peru, instructors from the U.S. and Peru taught students about the history, social, economic, and political structure of the country; social problems; and the effects of globalization.

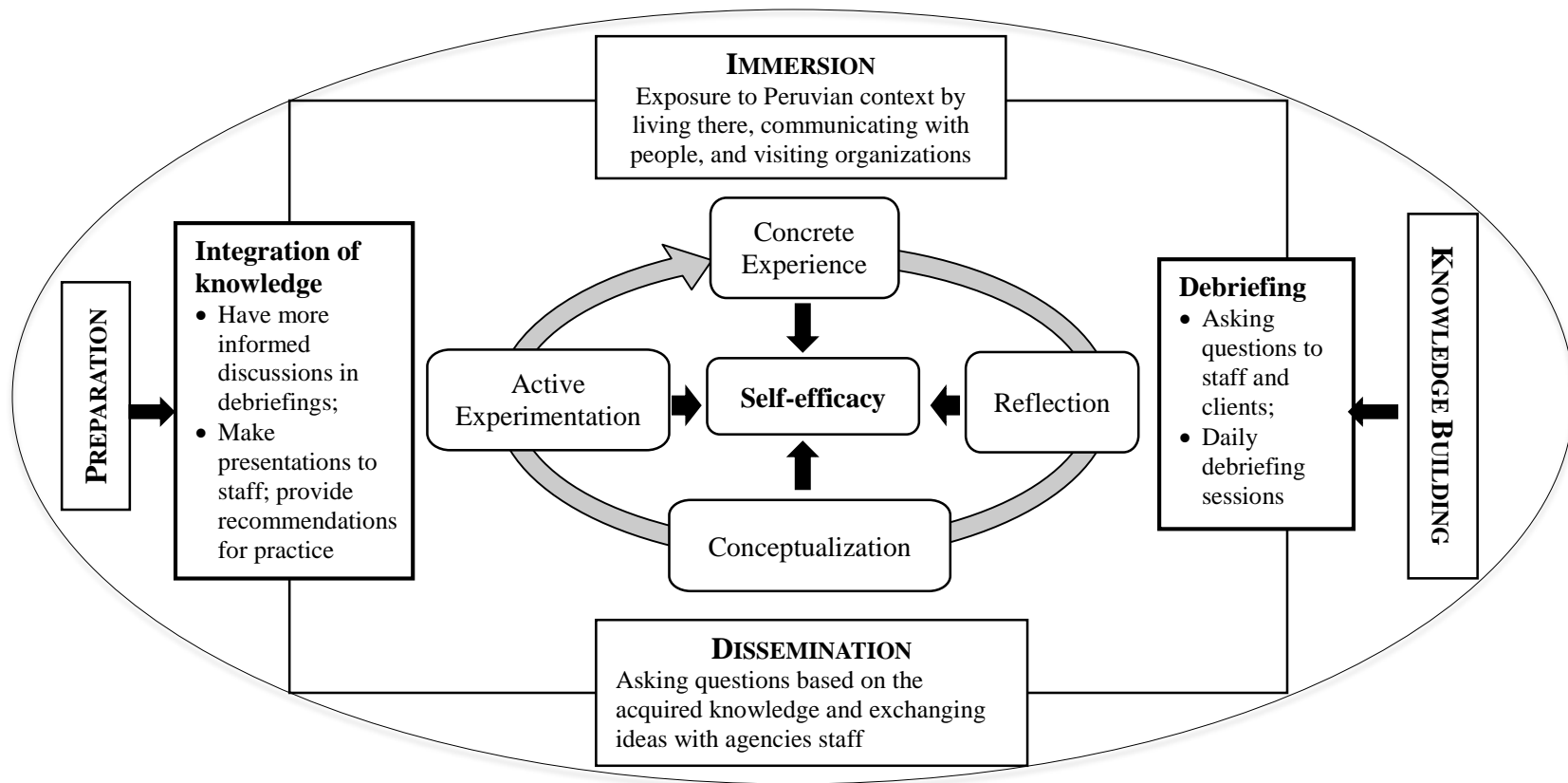
### ***Experiential Learning***

4. *Applied knowledge:* Students spent six days learning from community organizations and banks in urban areas (in Lima), rural areas (around Cuzco), and indigenous communities (in the High Lands).
5. *Contextualization and Reflection:* Each day included debriefing sessions for knowledge application, skills-building, and reflection.
6. *Knowledge sharing and dissemination:* For the last two days students worked in groups on different issues, discussed their topics with other groups, and gave presentations to other students as well as staff from the community organizations. A final poster presentation disseminated knowledge and experience to students and professors in the U.S.

The aim of this course and of the proposed experiential learning model was to enhance MSW students' skills in the areas of community building, community organizing, community needs assessment, and capacity mapping, stakeholder analysis, and advocacy in an international practice context based in Peru. The course was centered on the following themes: (1) theoretical perspectives of international social development and social work in a global context; (2) globalization, global issues, and the local consequences of these issues; (3) human rights and the implications of choosing to become an agent of change from a human rights' perspective; and (4) current approaches, best practices, and future trends in international social development. In particular, the course emphasized three essential aspects of development: (1) microcredit as a poverty reduction strategy; (2) historic trauma and its impact on specific population groups such as women, rural communities, and indigenous communities; and (3) migration and impact of migration on development, specifically relating to indigenous communities. An evaluation of the 3-week intensive course titled, *International Social Development and Capacity Building in a Global Context*, was used to further examine the proposed model.



**Figure 1:** International Interdisciplinary Education in Peru in Experiential Learning Theory Framework



## Methods

The study used pre- and a post-test surveys to analyze the impact of this education model on students' self-efficacy. The pre-test survey was conducted at the beginning of the first class and the post-test survey was administered at the end of the final class. Institutional Review Board approval for the course was obtained before participants departed from the U.S. Students were informed about the study, and a written informed consent accompanied the surveys they were invited to complete.

Thirteen students enrolled in the course: ten women and three men. All of the students participated in the pre-test. Eleven students completed the post-test survey (response rate=84.6%). The pre-test survey collected information on demographics, knowledge and skills, reasons for taking the course, and expectations. A Knowledge scale and a Skill scale were used to assess students' self-efficacy in regards to the knowledge and skills introduced by this course. Information on reasons for taking the course and students expectations were obtained through open-ended response items.

The post-test survey collected information on students' confidence with changes in knowledge and skills; contributions of the course to prepare the students for international work. Data on gains, challenges, and recommendations about the course were obtained through open-ended response items.

## Measures

Self-efficacy is an individual judgment or belief about an ability to accomplish the required tasks in a given situation (Bandura, 2006; Woody et al., 2014). In this pilot study, we define self-efficacy as change in confidence in students' abilities to apply knowledge and skills that are necessary to work effectively in the international social development field. Self-efficacy was used as the core indicator of the effectiveness of this model. To measure self-efficacy the pre/post course survey included a Knowledge and a Skills scale.

*Knowledge Scale:* The knowledge scale consisted of 10 items and measured students' confidence with discussing and applying core concepts introduced by the course. Students were asked to rank their level of confidence from 1 (not confident at all) to 7 (most confident) on the course concepts, including international development, globalization, global markets, financial markets, microfinance/microcredit, international development policy, MDGs, poverty as a global issue, environmental issues/climate change, and indigenous communities-cultural awareness.

*Skills Scale:* The skills scale consisted of five items and measured students' confidence with understanding and utilizing capacity mapping, stakeholder analysis, market feasibility study, risk assessment, and strategic planning when working with communities and microfinance institutions. Students ranked their confidence level from 1 (not confident at all) to 7 (most confident) for the five skills.

## Findings

### Participant Characteristics

Most of the students (76.9%) in the course were women. Participants' age ranged from 22 to 51 with a mean age of 33.7 (SD=9.54). All of the students, except the research assistant, were advanced MSW students. Over one- third of the students spoke English only (38.5%), and the rest of the students were either bilingual (English/Spanish) (30.8%), conversational in two languages or more (23.1%), or proficient in more than two languages (7.7%) (see Table 1).

Table 1. *Participants Characteristics (n=13)*

<b>Characteristic</b>	<b><u>n</u></b>	<b><u>Mean</u></b>
<b>Age</b>	13	33.7
	<b><u>n</u></b>	<b><u>%</u></b>
<b>Gender</b>		
Female	10	76.9
Male	3	23.1
<b>Language Skills</b>		
English only	5	38.5
Bilingual (English and Spanish)	4	30.8
Conversational level in two languages	3	23.1
Proficient in more than two languages	1	7.7

All students had some prior international experiences (Table 2); for about half of the students (46.2%) this prior experience was from a combination of travel and work. Participants' prior experience with microcredit/microfinance ranged from none (31%) to very limited or limited (69%), and 61.5% had previous exposure to international course content.

Table 2. *Previous International Experiences of Students (n=13)*

	<b><u>n</u></b>	<b><u>%</u></b>
<b>Prior International Experience</b>		
Travel only	6	46.2
Travel and work	3	23.1
International volunteering	2	15.4
Other	2	15.3
<b>Prior Experience with Microcredit/ microfinance</b>		
None	4	30.8
Very limited	6	46.2
Limited	3	23.1
<b>Prior Courses with International Content</b>		
Yes	8	61.5
No	5	38.5

### Reasons for Taking the Course and Student Expectations

Students were asked to identify their main reasons for taking the course. Students' responses were analyzed for common themes. In order to fully preserve student voices, quotes were not modified or corrected. A majority (75%) of the students mentioned the desire to gain knowledge in international social work. For example, one student reported:

*[The main reason that I decided to take this course is] to apply and expand concepts in an innovative and exciting way, i.e., outside the classroom and the country with fewer students, and a feeling of academic community.*

In addition, half of the students wanted to take this course to obtain knowledge in general, and to be able to apply and expand concepts in a different country (see Table 3).

*I would like to immerse myself in other countries and cultures from a social work standpoint. It is important to get out of the "bubble" of America--see other needs and process--opening myself to new social work. Cultural opportunities will make a better person and social worker. There is always something new to learn.*

The student who wanted to gain knowledge in a specific population group reported that:

*As a bilingual counselor and working with victims of sexual assault, I would like to increase my knowledge on what women experienced beyond the U.S., their trauma, their coping mechanisms, how culture influenced them dealing with the trauma.*

Students were also asked to identify their top three expectations from the course. Students' answers were grouped under four main themes (see Table 3). The "other" category included cultural immersion, improving Spanish, and seeing the inner workings of nongovernmental organizations (NGOs).

<b>Reasons for taking</b>	<b>n</b>	<b>%</b>
<b>To gain knowledge in...</b>		
International social work	9	75.0
General	6	50.0
Microcredits	4	33.3
Communities	3	25.0
A specific population group	1	7.7
<b>Expectations from the course</b>		
<b>To gain knowledge/skills in...</b>		
International social work	7	58.3
Microfinance/microcredits	6	50.0
Other	6	50.0
Indigenous communities	5	41.7

### Students' Self-efficacy: Assessment of Knowledge and Skills

To measure students' self-efficacy, we used the Knowledge and the Skills scales described above. The Knowledge scale had a Cronbach's alpha coefficient of 0.89, and the Skills scale had a Cronbach's alpha coefficient of 0.73, both values indicating acceptable statistical reliability. To determine the changes in students' confidence, we conducted paired sample t-tests on the pre and post scores for both scales. Findings indicate statistically significant changes for both scales (see Table 4). Due to the small sample size, we also conducted a non-parametric statistic test, the Wilcoxon Signed-Rank Test, for each scale. Results indicate significant differences in both knowledge ( $z=-2.67$ ,  $p=0.008$ ) and skills ( $z=-2.67$ ,  $p=0.008$ ). Some items in the knowledge scale were particularly impacted by this course: knowledge of global markets ( $M_{Pre}=2.0$ ;  $M_{Post}=5.0$ ; ES Cohen's  $d=4.24$ ), financial markets ( $M_{Pre}=1.6$ ;  $M_{Post}=4.9$ ; ES Cohen's  $d=5.57$ ), and microcredit ( $M_{Pre}=2.8$ ;  $M_{Post}=6.0$ ; ES Cohen's  $d=2.45$ ). Similarly, students' confidence with strategic planning skills in micro-finance institutions (MFIs) ( $M_{Pre}=1.1$ ;  $M_{Post}=5.1$ ; ES Cohen's  $d=4.31$ ), market feasibility assessment skills ( $M_{Pre}=1.6$ ;  $M_{Post}=4.8$ ; ES Cohen's  $d=3.75$ ), and stakeholder analysis skills ( $M_{Pre}=3.1$ ;  $M_{Post}=6.1$ ; ES Cohen's  $d=2.78$ ) greatly increased.

Table 4. Changes in Student Confidence of Knowledge and Skills

	Pre-Test (n= 9)		Post-Test (n=9)		Comparison			
	Mean	SD	Mean	SD	t	df	p*	Cohen's d**
Knowledge	3.2	1.13	5.5	0.39	6.59	8	<.001	2.80
Skills	2.3	0.89	5.4	0.74	8.70	8	<.001	3.79

\*2-tailed \*\*Effect size

### Assessment of the Course Experience

Upon completing the course, about half of the students reported that this was the one course that prepared them greatly for international work (45.5%), while another 36% stated that it was one of the courses that contributed to their preparation for international work (36.4%,  $n=11$ ). One student stated that this course greatly prepared him/her for international social work, along with individual experiences in other countries and their own international contacts.

In order to understand what contributed most to preparing students for international work, students were asked to rank six different components of this educational model on a scale from 1 to 7 (with 1 being the lowest and 7 being the highest): lecture/presentations, field applications, immersion in an international context, interdisciplinary content/group work, link between course and assignments, and other. Table 5 shows the contribution of each component according students' ratings.

Table 5. *Contributions of the Course Components to Student Learning (n=11)*

<b>Course Components</b>	<b>Mean</b>	<b>SD</b>
Immersion in an international context	6.8	0.40
Interdisciplinary content/group work	6.2	1.22
Field applications	6.0	0.77
Link between course and assignments	5.8	1.67
Lecture/presentations	5.7	1.10

Findings suggest that the largest contributions were the immersion in an international context ( $M=6.8$ ) and the interdisciplinary content ( $M=6.1$ ). In addition to these components, one student noted the contribution of self-reflection. Another student reported that the interaction with the Peruvian people contributed the most because it was helpful to gauge their needs.

When asked about their utmost gains from the course, one student stated:

*It was a very positive experience! Being in the field with the indigenous community helped me better apply concepts that I learned in class.*

Most students (70%) stated that they gained knowledge from the interaction with community members (including women, indigenous communities, and poor people in urban and rural areas). Several students (60%) stated that they gained knowledge from general observation (observations included bottom-up development and culture). One student described the overall experience and perceived gains from this course:

*I came with the expectation of evaluating the different aspects that contribute to social and economic development of communities. It was extremely important for me to visit the urban and rural sector in which I could see all the visible work that people are doing to survive and to contribute to their economy.*

The least useful aspects noted by students included logistics (40%), time constraints (50%), and limited opportunities for unmediated interaction with community members (20%).

## Discussion

Two key elements of the educational model presented are used to contextualize findings: (1) the international element—addressing global issues in an international context and (2) the interdisciplinary element—building capacity across disciplines, through knowledge and skills. Students' self-efficacy was significantly changed as a result of their participation in this comprehensive educational model, with both their perception of readiness for international work and their ability to integrate interdisciplinary knowledge increasing by the end of the program.

Students' self-efficacy changed significantly between the pretest and the posttest, and the effect sizes were moderately strong. Students started the course with some prior exposure to international social work, and their confidence with related social work

concepts was higher than their confidence with concepts from other disciplines - in this case, microcredit and finance-related knowledge. The knowledge on financial markets scored the lowest levels of confidence both for the pre-test and the post-test values. Yet it also recorded the steepest change in confidence (with 3.3 points increase between pretest and posttest average scores), followed by students' confidence with their knowledge of microfinance/microcredits, which also increased significantly (3.2 points).

When examining the skills introduced by the course and their impact on students' self-efficacy, students started with the lowest level of confidence with strategic planning in MFIs ( $M_{Pre}=1.1$ ) followed by market feasibility study skills ( $M_{Pre}=1.6$ ) which remained lowest at post-test ( $M_{Post}=4.8$ ). The confidence with skills related to strategic planning for MFIs recorded the greatest increase of 4 points between pre- and post-test values.

Overall, changes in self-efficacy were greatly impacted by interdisciplinary knowledge and skills students acquired through this course. The findings indicate that the course was effective in transmitting the knowledge and skills students expected to receive and in integrating the interdisciplinary content/skills. Students' highest expectation was to learn about International Social Work, followed by the desire to learn more about microfinance/microcredits, which recorded the greatest positive change in students' confidence. It is also interesting to note that, when asked what course components most contributed to their learning, students identified immersion in an international context, the interdisciplinary content of the course, and the (interdisciplinary) hands-on field applications.

Learning from economists, human rights activists, government officials, and agency and program directors greatly contributed to the students' satisfaction with the course and overall experience of feeling more prepared for international social work. However, the most impactful transfer of knowledge came from the various communities students interacted with: women, indigenous communities and their leaders, and people in marginalized communities in urban and rural areas. The effect of the interdisciplinary nature of the course was compounded by the participatory learning approach that characterized all activities during this experiential learning/study tour.

### **Limitations**

There are a number of limitations that affect the results of this pilot study. First, the small number of students enrolled in the class prevents any generalization of the findings beyond this group. Also, the self-efficacy measures introduce a level of subjectivity to students' assessment of their confidence. This limitation could be addressed if other measures of efficacy were added (e.g., content evaluation of students' projects or the use of the same scale items with agency and community representatives—asking them to evaluate the changes in students' knowledge and skills based on their performance on different tasks during field applications).

The educational model proposed was designed to include multi-disciplinary student teams—with Economics and Business students working together with Social Work students on different field applications. Due to external factors beyond our control, only

social work students participated. However, we addressed this limitation by working across disciplines with professors from the Economics department in Peru and at the home institution and with economists and finance experts providing students with multidisciplinary course content.

### Conclusions/Next Steps

While the findings of this pilot study are tentative, this learning experience stresses the importance and benefits of international interdisciplinary social work education. These findings point towards both curricular and methodological changes to improve students' readiness for international social work practice. On one hand, curricular changes should facilitate adding Economics and Finances content; on the other, teaching models should incorporate more participatory, experiential learning. We need to further explore the benefits of interdisciplinary student groups working together and to measure the impact of their work on communities and agencies.

Future research should compare the effectiveness of this model with other models (e.g., shorter study tour/experiential learning, case-based international interdisciplinary education, etc.) to identify strengths of each model and challenges that need to be addressed to increase their effectiveness and impact. By preparing students to work in diverse, international contexts and participate in international development efforts, we are fulfilling social work's mission to pursue justice, address global issues, and promote human dignity and human rights.

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**Author note**

Address correspondence to: Pinar Zubaroglu, MSSW, Fordham University, Graduate School of Social Service, Campus Box 97, Room 716A Lincoln Center, 33 W. 60th Street, New York, NY 10023. E-mail: [pzubaroglu@fordham.edu](mailto:pzubaroglu@fordham.edu)

## **Engaged Teaching-Learning: Outcome Evaluation for Social Work Students in a Graduate-Level Service Learning Research Course**

**Stacy M. Deck  
Phyllis A. Platt  
Laneshia McCord**

**Abstract:** *The challenges of engaging social work students in the research curriculum are well-documented, and the literature supports the use of service learning to increase engagement. This study explores self-efficacy as one measure of learning outcomes. Changes in students' (n=88) assessment of their ability to perform research and program evaluation tasks skillfully were measured by administering the Evaluation Self-Efficacy Scale (ESE) on the first and last days of a graduate-level advanced research class that included a service learning project. ESE scores on the last day of class were significantly higher than on the first day of class. The effect size was larger than in prior similar studies, suggesting that service learning contributed to students' sense of mastery of course content. These results support the use of an engaged-learning model such as a service learning project in advanced social work research courses to improve students' evaluation self-efficacy.*

**Keywords:** *Service learning, engaged teaching, social work, research self-efficacy, evaluation self-efficacy*

The challenges of engaging students in the research curriculum are well-documented in the social work education literature (Harder, 2010; Hebert, Kulkin, & Ahn, 2014; Phillips, MacGiollaRi, & Callaghan, 2012; Wells, 2006). Because students commonly lack interest in research, and may fail to see connections between learning and applying research, it can be difficult to design courses that help students move beyond their reluctance (Lundahl, 2008; MacIntyre & Paul, 2013). On the other hand, students are more inclined to express interest in research when they find it to be relevant, useful in practice, congruent with their values and ethics, and collaborative (Gibbs & Stirling, 2013). As social work education has moved toward a competency-based approach to measuring program outcomes, the challenge of integrating research and practice has become even more pressing (Phillips, 2011). Focusing on student self-efficacy provides a theory-based outcome measure useful for monitoring students' academic development. This study explores self-efficacy, not as a measure of knowledge, but as a measure of change in students' perceptions of context-specific abilities as related to program evaluation and research.

### **Evaluation Self-Efficacy**

Self-efficacy is a key component of Bandura's social cognitive theory. According to Bandura, "self-efficacy is not a measure of the skills one has but a belief about what one can do... with whatever skills one possesses" (Bandura, 1997, p. 37). Lack of self-efficacy

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Stacy M. Deck, PhD, MSSW, is an Associate Professor of Social Work at Spalding University, in Louisville, Kentucky. Phyllis A. Platt, PhD, MSW, is CEO of the Shawnee Christian Healthcare Center, Inc. in Louisville, Kentucky. Laneshia Conner, PhD, MSW, is an Assistant Professor in the School of Social Work at the University of North Carolina at Charlotte in Charlotte, North Carolina.

can diminish an individual's propensity to take action or to persevere in the context of challenging or complicated circumstances (Carpenter, 2011; Hebert et al., 2014; Quinney & Parker, 2010). Bandura maintains that self-efficacy is influenced by four types of experiences: (a) mastery, (b) vicarious experiences, (c) social persuasion, and (d) physiological states (Bandura, 1986). Successful experiences (mastery) contribute to increased self-efficacy as does observing others' success. Modeling (i.e., providing vicarious experiences) offers an opportunity to engage in activities that enhance self-efficacy, especially in situations where students have had few prior opportunities to engage in the task. According to Bandura, modeling may be particularly useful with those who are mostly unsure of themselves, which is certainly the case for many social work students when it comes to research. Students' lack of experience with and reluctance to engage in research activities often result in low self-efficacy for this professional competency. The third factor that affects self-efficacy, social persuasion, is the encouragement or discouragement received from others. Physiological factors (or more specifically, one's interpretation of physiological responses in stressful situations) also impact self-efficacy (Bandura, 1997). In this theoretical framework, a student's anxiety and related feelings about math or statistics, and the ensuing butterflies, could be interpreted as a sign of lacking adequate ability and, therefore, decreased self-efficacy.

This belief in one's efficacy is unlike self-esteem and confidence. Self-esteem is related to one's sense of self-worth. Confidence is a less well-defined concept, and refers to the strength of one's belief or how certain one is. Bandura explained that "perceived self-efficacy refers to belief in one's agentic capabilities that one can produce given levels of attainment. A self-efficacy assessment, therefore, includes both an affirmation of a capability level and the strength of that belief" (Bandura, 1997, p. 382). In other words, confidence is necessary, but not sufficient. To have self-efficacy, a person must also possess personal agency (i.e., affirm his or her own skill or ability to perform at a particular level).

Social work educators have found self-efficacy to be a relevant measure of educational outcomes in social work research courses. Holden, Barker, Meenaghan, and Rosenberg (1999) described their Research Self-Efficacy Scale (RSE) as offering a means for assessing the impact of social work instruction in this area. Unrau and Grinnell (2005) subsequently used the RSE in a study of social work educational outcomes. They found that undergraduate and graduate students' research self-efficacy increased during a semester in which they were enrolled in a required research course and that those who began with lower levels achieved larger gains. A review of the literature also supports the use of service learning as a teaching method to increase academic self-efficacy.

### **Service Learning**

Service learning is a pedagogical approach that offers a systematic structure for linking classroom instruction and service experiences (Rhoades, 1998). In higher education, academic service learning takes on a variety of forms and is integrated into course work in multiple formats. In social work education, volunteering, and field practicum experiences often have been classified as service learning (Harder, 2010). Yet, for purposes of this study, service learning is more distinctly defined as "intentional learning (both curricular

and civic) because of its emphasis on the reciprocal relationship between students, their instructors, and community members” (Phillips, 2011, p. 2). The use of service learning must provide opportunities that meet both academic and community needs (Campbell, 2012; Lucas, 2000; Wells, 2006). In their meta-analysis, Yorio and Ye (2012) found that students who participate in service learning generally “demonstrate a more positive understanding of social issues, alter their personal insight, and experience gains in cognitive development” (p. 25). Similarly, Cronley, Madden, Davis, and Preble (2014) found that social work educators’ use of service learning is predicated on a belief that it positively impacts students’ personal development and their ability to resolve moral and ethical dilemmas. Yet, surprisingly, educators who used service learning also tended not to agree with the idea that it increases students’ ability to apply what they have learned (Cronley et al., 2014). Wells, Maschi, and Slater (2012) found that among three approaches to integrating research and practice, the problem-solving approach—which included service learning activities—was least frequently described by the social work research faculty they surveyed. Similarly, an examination of research education in the United Kingdom found that while faculty were aware that students value experiential learning and hands-on experience, this method was not commonly used (MacIntyre & Paul, 2013).

Self-efficacy has been identified as a “motivational outcome,” which suggests that building confidence in one’s ability to complete a difficult task increases the likelihood that one will engage in that behavior in the future (Carpenter, 2011, p. 128). Self-efficacy takes the concept of confidence further, however, to include “an affirmation of a capability level” (Bandura, 1997, p. 382). This requires knowing through assessment that one’s ability to do something is at a high enough level to be successful. Harder (2010) found that real-life experiences gained through service learning increased students’ motivation to engage in research by heightening their perception of its relevance to practice. Thus, it is plausible that as students’ self-efficacy increases, their likelihood to engage in research activities as part of their future practice also increases.

The literature related to socializing students into the profession by helping them to attain and use professional knowledge and expertise in general (Wilson & Kelly, 2010), as well as to research- or evaluation-related self-efficacy specifically (Holden, Barker, Rosenberg, & Onghena, 2007), is limited. One literature review of published studies on social work education outcomes measured over time using quantitative or mixed methods identified only 31 English-language articles published between 2004 and 2010 and concluded that “rigorous evaluation of the outcomes of social work education is still at an early stage of development” (Carpenter, 2011, p. 137). Even as the body of evidence is growing for the use of service learning in social work, some argue that more research is needed to assess its “goodness of fit” as an effective teaching-learning approach (Charles, Alexander, & Oliver, 2014; Lemieux & Allen, 2007; Phillips, 2011). The purpose of this study was to explore the following research questions: What are the effects of a service learning approach to teaching social work research and program evaluation methods? Specifically, does students’ post-course evaluation self-efficacy differ from their pre-course evaluation self-efficacy?

## Methods

### Study Design

This study used a one group, pretest-posttest design. Pre- and post-course data were collected by three faculty members from four consecutive cohorts of students who were enrolled in graduate-level advanced research courses between 2010 and 2013. The course is required for the Master of Social Work (MSW) degree and is offered in the concentration year. In the first three years, it was offered as a traditional face-to-face course that was enhanced with a service learning component of community-based practice (a program evaluation project for a local non-profit agency). In 2013, the course was offered in a hybrid-learning format that included 24 hours of face-to-face class time, approximately 16 hours of online learning, and the service learning component.

### Sample

During the four academic years in which data were collected, 106 students were enrolled in the advanced research course. Of these, 88 submitted pre- and post-course data collection forms that could be linked using a matching identification number and were included in the study. To ensure anonymity, demographic information was not collected from study participants. However, program-level administrative data indicate that 26.1% of MSW students enrolled during the most recent year of the study were under age 25, 39.1% were between the ages of 25 and 34, 52.2% were between the ages of 35 and 44, and 17.4% were over age 45. Most were female (82.6%). Half of the students (50.0%) were African American or another racial/ethnic minority.

About two-thirds (64.8%) of the students in the study sample reported that they had entered the graduate program with an undergraduate degree in social work. Of these 57 advanced standing students, 51 provided information about how long it had been since their last research course. The timeframe ranged from less than one year to 14 years. While the most frequent response was one year (15 participants), the median elapsed time was three years. The remaining students were in their second year of a two-year program and had completed their first graduate-level research course in the prior year.

### Data Collection

Data were initially collected as part of the curriculum evaluation plan for Spalding University School of Social Work's continuing accreditation through the Council on Social Work Education (CSWE). The original purpose for collecting these data was to assess the degree to which course objectives were achieved and to evaluate the effectiveness of the engaged-learning strategy (service learning approach) used in the course. In the current study, the investigators conducted a secondary analysis of the existing data. The university's Research Ethics Committee approved the study methods.

All students enrolled in the research course completed a print version of the data collection instrument during a face-to-face class meeting on the first and last days of the course. To protect students' identity, promote greater willingness to disclose perceptions of their own ability, and decrease the potential for social desirability bias, students were

asked not to write their names or any identifying information on the data collection forms. To match pre- and post-course data, students created and recorded a unique identification number on their forms. These identification numbers were not linked to student names, making it impossible for instructors to connect students with their responses.

### **Variables/Measures**

In the study reported here, evaluation self-efficacy was the dependent variable. Changes in students' confidence in their own ability to perform specific social work tasks related to research and program evaluation (evaluation self-efficacy) were measured by administering the Evaluation Self-Efficacy Scale (Holden et al., 2007; Holden, Barker, Rosenberg, & Onghena, 2008) on the first and last days of class. The Evaluation Self-Efficacy Scale (ESE) is an 11-item self-report scale that measures students' confidence in their ability to perform tasks related to social work program and practice evaluation (Holden et al., 2007; 2008). Items include skills such as "search electronic databases and the World Wide Web to obtain the scholarly literature necessary to design your evaluation of practice," "design a measurement approach for your evaluation of some aspect of practice," and "carry out all the elements of your evaluation in a practice setting" (Holden et al., 2007; 2008). Respondents rated each item on a Likert-type scale in 10-point increments reflecting level of confidence in their own ability from 0 (cannot do at all) to 100 (certain can do). Approximately 10 minutes are required for participants to complete the assessment. To score the instrument, responses are summed and divided by 11 (the total number of items). In the current study, a summed score was only calculated for students who rated all 11 scale items. Only those students with a matched pair of pre- and post-course scale scores were included in the study sample.

The psychometric properties of the ESE have been evaluated. Holden et al. (2007) presented evidence of its reliability (Cronbach's alphas of 0.94 at pretest and 0.96 at posttest), content validity, construct validity (demonstrated by establishing a correlation between the scale scores of the ESE and the Social Worker Empowerment Scale), and sensitivity to differences in students' evaluation-related self-efficacy and to changes in self-efficacy over time. The same authors replicated the original validation study, again demonstrating its content and construct validity, and reporting Cronbach's alphas of 0.95 at both pretest and posttest (Holden et al., 2008). Cronbach's alpha for the current study was 0.95 at pretest and posttest.

To contextualize their ESE responses, students were asked to report whether they had entered the program with advanced standing, and if so, how long it had been since they had taken their last research course. As noted above, students in the second year of a two-year program had completed their last research course in the prior year. Data collection forms were also coded with the academic year that the survey was completed (four categories) and an instructor identification variable (three categories).

The teaching-learning intervention (i.e., research course using a service learning approach) represents the independent variable of interest. Course content for this graduate-level advanced research course focuses on evaluating service delivery in social work practice. The goal is for students to develop a critical appreciation of and the ability to



conduct research and program evaluation. In all four years, course sessions (whether face-to-face or online) included the following topics: (a) ethical issues in program evaluation, (b) using logic models to describe programs and their theory of change, (c) needs/assets assessment and formative/process evaluation, (d) client satisfaction and cost effectiveness, (e) qualitative/mixed methods in evaluation, (f) measurement tools and strategies, (g) inferential statistics, (h) data analysis and interpretation, and (i) writing and presenting evaluation reports. Across all class sessions, a portion of class time was used for a statistics lab, in which students were engaged in a faculty-guided, hands-on process of analyzing and interpreting increasingly complex sets of data. For this course, Microsoft Excel was selected as the software package for data management and analysis because this is a resource that students are likely to have in their subsequent professional careers.

In partial fulfillment of course requirements, class members worked together to conduct a pro bono program evaluation for a local non-profit agency, a day shelter for homeless men (i.e., the service learning project). Research faculty guided students through the phases of evaluation design, data collection, data entry, analysis, and reporting. The project began with a visit to the service learning partner agency for a presentation on the agency's services and program evaluation needs and culminated with student presentations of results and recommendations to the agency's executive director and board of directors on the last day of class. This service learning project was intended as an engaged-learning strategy to help students gain skills and knowledge for determining the effectiveness of practice and the critical use of research in social work decision-making. A desired outcome of the course was that students would view research as a core component of ethical practice and gain a set of tools to use in their social work careers.

Each student contributed to the service learning program evaluation project by completing a 30- to 60-minute participant observation at the non-profit agency using ethnographic methods and completing five structured, one-to-one interviews with clients. Students entered interview data into a password-protected, online data collection site, and faculty exported and compiled this data into a single Excel file. Small groups of four to six students were assigned a topic area that related to a subset of the interview questions (e.g., education and work history, health/mental health, substance use, trauma, and utilization of/satisfaction with services). These small learning groups were coached by the faculty as they completed a literature review, and analyzed, interpreted, and reported on data from their assigned interview questions. Throughout the project, course assignments and class discussions supported students in gaining skills needed to complete the project as well as reflecting on what they were experiencing and learning.

### **Data Analysis**

Paired samples t-tests were used to compare mean ESE scale scores at the pre- and post-course points in time. Because an exploratory, pre-experimental design was used in this study, it was impossible to conclusively establish a causal relationship between the independent variable (the service learning course) and the dependent variable (the post-course ESE score) or to rule out alternative explanations. However, to explore potential relationships between post-course outcomes and other plausible influences, the pairwise relationships between post-course ESE score and the contextual variables (years elapsed

since last research course, instructor, and course year) were tested using ANOVA and regression analyses. Last, to compare the mean post-course ESE scale score in this study to post-course scores in prior, similar studies, one-sample t-tests were conducted using the mean posttest scores in other studies as the test values. When results of t-tests were statistically significant, effect size was also calculated using the formula for Cohen's *d*. Data were analyzed using IBM SPSS 19 software.

## Results

Results are presented in three sections: (a) differences in pre- and post-course evaluation self-efficacy, (b) exploration of potential alternative explanations, and (c) comparison of post-course evaluation self-efficacy in this and other study samples.

### Changes in Evaluation Self-Efficacy

Consistent with Cronbach's observation that instructional outcomes are multidimensional (as cited in Holden et al., 2007 and Holden et al., 2008) and therefore should be considered separately as well as in aggregate form, Table 1 presents a summary of responses to the ESE scale items at the beginning and end of the course. Item ratings can range from 0 to 100. On the first day of class, there was substantial variation in students' confidence ratings for the scale items. On average, students felt most confident that they could successfully *search electronic databases for scholarly literature in a manner that a social work supervisor would consider excellent*; the mean pre-course rating for this item was 80.11 ( $SD=20.71$ ). They felt least confident in their ability to *design an inferential data analysis for evaluation of some aspect of practice* ( $M=33.2$ ,  $SD=25.17$ ). On the last day of class, these two items remained the areas with the highest and lowest average ratings ( $M=92.3$ ,  $SD=9.31$  and  $M=75.2$ ,  $SD=18.51$  respectively). However, by the end of the course, mean ratings had increased for each of the 11 items. These increases ranged from 12.2 points (*search electronic databases*) to 42.05 points (*design an inferential data analysis*). Importantly, the mean rating for the item *carry out all elements of evaluation in a practice setting* increased by 38.9 points (from a mean of 45.3 at the beginning of the course to 84.3 at the end). The amount of variability in ratings was also lower at the end of the course for all ESE items.

There was also substantial variation in pre- and post-course ESE scale scores. On the first day of class, individual ESE scale scores ranged from 4.6 to 93.6. On the last day of class, scores ranged from 38.2 to 100.0. The paired differences in pre- and post-course ESE scale scores were normally distributed. Paired samples t-tests were used to compare mean ESE scale scores at these two points in time. ESE scale scores on the last day of class ( $M=82.3$ ,  $SD=12.44$ ) were higher than on the first day of class ( $M=48.1$ ,  $SD=20.84$ ),  $t_{(87)}=-17.2$ ,  $p<.001$ ,  $d=1.83$ . Given the large effect size (Cohen's  $d=1.83$ ), the increase in evaluation self-efficacy was both statistically significant and practically important.

Table 1. *ESE Item Ratings and Scale Scores on the First and Last Days of Class (n=88)*

Variable	Pre-Course		Post-Course		Pre-Post Change
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>
Search electronic databases and web for scholarly literature	80.1	20.71	92.3	9.31	12.2
Review a particular area of social science theory/ research and write a balanced, comprehensive lit review	60.8	22.4	86.5	13.16	25.7
Design a program implementation study	41.3	23.33	78.8	13.96	37.5
Create a single system design	48.5	28.27	81.4	15.84	32.8
Create a group research design	43.0	26.27	79.7	15.04	36.7
Design a sampling strategy	46.0	26.5	80.6	16.36	34.6
Design a measurement approach	43.5	25.28	80.9	15.13	37.4
Design a descriptive data analysis	37.1	24.92	79.1	16.99	42.0
Design an inferential data analysis	33.2	25.17	75.2	18.51	42.1
Design an evaluation of practice that incorporates social work values and ethics	49.9	27.66	86.9	15.11	37.1
Carry out all elements of evaluation in a practice setting	45.3	27.62	84.3	15.91	38.9
Average of all items (scale score)	<b>48.1</b>	<b>20.84</b>	<b>82.3</b>	<b>12.44</b>	<b>34.3</b>

### Exploration of Potential Alternative Explanations

An analysis of variance showed that the effect of academic year on post-course ESE scale scores was non-significant, suggesting that the traditional and hybrid course models were equally effective. Similarly, analysis of variance showed that the effect of the instructor on post-course ESE scores was non-significant. Finally, for advanced standing students, regression analysis was used to test whether the number of years elapsed since last research course was independently associated with the post-course ESE score after controlling for the pre-course ESE score. The two predictors explained 29% of the variance in post-course ESE score,  $R^2=.29$ ,  $F_{(2, 48)}=9.85$ ,  $p<.001$ . However, after accounting for an expected statistically significant effect of the pre-course ESE score ( $B=.55$ ,  $p<.001$ ), time since last research course did not independently predict post-course ESE scores. In summary, in this population, academic year, instructor, and time elapsed since last research class were not associated with the post-course ESE score, suggesting that these potential alternative explanations were unlikely.

### Comparison of Study Results With Other Study Samples

This study replicates two prior studies that used the ESE to measure social work educational outcomes of advanced research courses focused on program and practice evaluation (Holden et al., 2007; 2008). In the first study of 85 Master's-level students, Holden et al. (2007) reported that students' mean ESE score increased from 44.8 near the beginning of the 14-session course to 68.3 at the end of the course. In a follow-up study of 111 Masters-level students enrolled in the same course in a subsequent year, Holden et al.

(2008) reported a change in the mean ESE score from 44.1 at pretest to 73.1 at posttest. In the current study, the mean scale score at the pre-course point in time was comparable to the mean pretest scale scores in the studies conducted by Holden and colleagues; the differences were non-significant. However, the mean post-course scale score in the current study was over 14 points higher than the posttest mean in the first study conducted by Holden and colleagues, and over nine points higher than the posttest mean in their replication study. One-sample t-tests using the mean posttest scores in the Holden studies as the test values indicated that these differences were each statistically significant and practically important, ( $t_{(87)}=10.58$ ,  $p<.001$ ,  $d=1.13$  and  $t_{(87)}=6.96$ ,  $p<.001$ ,  $d=0.74$ , respectively).

### Discussion

The importance of self-efficacy for graduate level social work students should not be underestimated. As previously mentioned, the belief students have about their capabilities to perform practice-specific tasks is affected by their behavior and motivation (Bandura, 1986). As observed by these authors, using an agency-related research project provided the platform for a facilitative process of learning to occur. Through this process of practice, students were conditioned to use a set of skills to engage in practice-informed research. As evidenced by the increase in Evaluation Self-Efficacy Scale (ESE) scores, students' self-efficacy was strengthened. The learning environment provided the opportunity for students to credit their successes (i.e., performing primary data collection, analyzing the data, reporting to constituents) to their own performance, exemplifying performance mastery.

The results support the psychometric quality of the ESE, as well as the theoretical basis for using this measure to assess the change in self-efficacy of student learners. As in prior studies, students' self-efficacy related to research and program evaluation increased from the beginning to the end of the course. Importantly, the effect was larger in the current study than in prior, similar studies, and it is plausible that the use of an engaged-learning strategy (the service learning project) contributed to this outcome. This exploratory study provides initial support for the use of service learning as a teaching method, suggesting that it is a good fit for increasing self-efficacy through mastery, modeling, and social persuasion.

As an example of course activities designed to promote mastery through direct experience, students presented their findings to the service learning partner agency's executive director and board of directors at the end of the course. Their report provided a tangible community benefit, and it also allowed students to participate in a verbal exchange that offered feedback to them about their work, identified them as valuable human resources, and generated new energy regarding the benefits of applied social work research for all involved.

A great challenge in social work education is transferring what is learned to practice. As a fervent attempt in "making learning purposeful" (Wells, 2006, p. 401) and supporting students' work to acquire practical skills, the level of involvement with such a project can be seen as supportive for modeling career commitment, providing students the opportunity

to see the real and practical effects of their evaluation work on service delivery systems and clients.

Through modeling (using the cycle of action and reflection) students were encouraged to develop a deeper understanding of their skills and capacity, which can lead to positive impacts on learning and personal outcomes for adult learners (Knowles, Holton, & Swanson, 2005). As a result of the collaborative nature of the project over time, students were able to interact with actual consumers of social services and to work in groups, which is reflective of real research-informed practice. Given this experience and the aforementioned fact that students may have lacked prior opportunities to actively learn and practice these skills, the gains made by the end of the course are yet another way to conceptualize a positive development in their learning (Chang et al., 2014).

Finally, the experience of social persuasion through working in small groups can foster leadership skills and academic learning, another benefit of engagement that positively affects self-efficacy (National Youth Leadership Council, 2007). Students in this project typically identified which members of their project group possessed particular skills related to the program evaluation project (e.g., data analysis, critical thinking/interpretation of results, professional writing, public speaking, group facilitation, etc.). Teams had the freedom to assign group roles as they chose. This resulted in students being able to play to their strengths and to learn from one another in areas where skills were still developing. Course assignments provided opportunities for students to actively reflect on and evaluate each group member's contributions as well as the overall experience of working in a group. The role of faculty as coaches was also critical to the success of the project.

In summary, using service learning as an engaged-learning strategy in this course created opportunities to intentionally use mastery, modelling and social persuasion in order to build students' confidence in their own abilities to perform skills related to program evaluation in social work settings. This resulted in a measurable change in students' self-efficacy. Self-efficacy theory suggests that students who are *confident* as well as *competent* will be more motivated—and therefore more likely—to engage in research and program evaluation activities in their future professional practice (Carpenter, 2011; Harder, 2010; Hebert et al., 2014).

The effectiveness of service learning is supported by the results of this study. As a familiar challenge in developing social work curricula, the task of training students on research and evaluation methods calls into question ideological differences regarding research and instructional delivery methods (Gibbs & Stirling, 2013; MacIntyre & Paul, 2013; Wells et al., 2012). In short, there is not one best way to teach students about this process. It is a worthy goal, however, to streamline the task, provide insight on what is demonstrated to be effective, and increase awareness that research improves the quality of practice (Chilvers, Maidment, & Crichton-Hill, 2012).

Common to academicians and researchers is an understanding that most work is done in groups focused on integrating learning and generating knowledge. Through service learning projects such as this one, students can be shepherded into that same realm of knowledge generation within a social service setting in their community. In keeping with Bandura's theory (1977) that learned behavior results from a social process of observation,

imitation, and modeling, service learning is a complement to other experiential learning activities. In a major shift to support students as they become consumers of evidence, experiential activities in social work training are increasingly important (Chilvers et al., 2012). Integrating real-world experiences with classroom training improves students' ability to understand complex and ambiguous circumstances, increases their interpersonal development and social responsibility, helps them to connect with professionals for career opportunities, and importantly, enhances community relations (Vanderbilt University Center for Teaching, n.d.). Additionally, active reflection on the nature of service learning assignments adds a layer of meaning to the process of community engagement.

### **Limitations**

Although promising, these results should be interpreted with caution. A convenience sample was used from a single school over four academic years. While the results of this study are not generalizable beyond the sample population, this replication of results from prior studies contributes to the body of literature related to research and evaluation self-efficacy in an important way. It is encouraging that across study populations and sites, these studies have yielded very similar results: an overall improvement in self-efficacy.

A second limitation is the use of self-reported data in this study. It should be acknowledged that participants in this and other similar studies could have responded in socially desirable ways and may have had different levels of awareness as it relates to perceptions of their own ability (Pedrazza, Trifiletti, Berlanda, & Di Bernardo, 2013). However, while there are noted issues with self-reports, social science research embraces the use of this type of data. Students are one source of credible information about their own abilities. Further, this study was intended to measure perceptions of confidence in their abilities, not the underlying abilities, and students arguably are in the best position to rate their own confidence. As such, this was a study of one element in the multidimensional construct of learning. To explore the relationship between confidence and competence, future studies could integrate other sources of data including independent faculty or field instructor assessments of students' knowledge and ability in the areas of research and program evaluation. Gibbs and Stirling (2013) emphasize that learning new knowledge and skills does not necessarily translate into their regular use in professional practice, so ongoing training and support are necessary. A longitudinal study could explore outcomes over time to objectively assess whether a student's level of self-efficacy while enrolled in a graduate-level social work program is predictive of actual use of relevant skills in subsequent practice. Finally, this measure could be combined with other measures of social work education outcomes to provide a multifaceted appraisal of learning.

A third limitation is the use of a one-group, pretest-posttest design. While the findings of this study are consistent with a conclusion that the course was associated with changes in student self-efficacy, causation cannot be definitively inferred. Carpenter (2011) notes that observed changes also could be attributed to (a) maturation effects, (b) Hawthorne effects, and (c) the effects of testing. While common in the literature on social work education outcomes, simple pre-post designs cannot rule out these threats to validity. In replication, future studies should consider comparing the reported results with a control group comprised of comparable students exposed to a more traditional teaching strategy

and should control for other maturational factors that might account for the observed changes. Yet, this design is sufficient to establish that change in the desired direction did occur from the beginning to end of the course. Further, some have suggested the utility of self-efficacy measures as diagnostic instruments (for formative assessment, adjustment of course content, and identification of tailored supports) and for periodic student self-assessment in combination with identification of goals and activities to strengthen confidence (Quinney & Parker, 2010). Finally, comparing results of this study to results of prior studies conducted at a different school suggests the possibility of using a between-program comparison group design. While the groups were not tested for similarity on any characteristics other than mean pretest scores in this study, future studies could do so.

A fourth limitation is that much of what was captured in this study and other related studies of self-efficacy focuses on personal agency. This course, however, also illustrated the interdependent nature of research through working in collaborative groups. What was not measured in this study is the aggregate ability of a group to achieve an outcome, or the notion of collective efficacy (Bandura, 2000; 2006). It would be important in future studies to separate how individuals appraise their personal capabilities from perceptions of the group's capability to operate as a whole (Bandura, 2006). While group and individual outcomes may be similar for some members of the group (e.g., dominant or highest functioning members), it is nonetheless important to consider the possibility of within- and between-group differences because group functioning is based upon its membership.

A final limitation is that self-efficacy was treated as a unidimensional construct in this study. Future studies should explore self-efficacy as a multidimensional construct. Previous research has shown that there are elements of self-efficacy that should be considered when operationalizing and measuring a belief in one's ability to carry out tasks as well as the related beliefs needed to produce the desired outcome (i.e., Bandura, 1997; Choi, Fuqua, & Griffin, 2001; Miller, Coombs, & Fuqua, 1999).

This study also may not have captured other factors that relate to students' future use of research and evaluation skills in practice. As an example, it is likely that students must be convinced that evidence-based practice is important and effective as well as having confidence in their own skills. Incorporating an additional measure such as the Gregory Research Beliefs Scale (Gregory, 2010), a validated instrument that measures social work students' beliefs related to the value of research for practice, would complement the measurement of confidence in one's ability and broaden the assessment of outcomes related to research courses.

## **Conclusion**

It has long been recognized that students need to make connections between knowledge and its application in order to enhance their adult learning experience (Knowles et al., 2005). Today's adult learners depend heavily upon course delivery formats that use innovative teaching-learning strategies such as service learning to simultaneously provide career experience and skills training. Through community involvement, students gain an understanding of community issues and processes related to change.

Because service learning is intended to help students develop both competence and confidence, it is equally important for social work programs to assess students' level of skill as well as their belief that they are able to practice these skills. Specifically, students' confidence in their own ability to perform social work tasks related to research and program evaluation can be assessed by using the ESE to measure change in self-efficacy. As other studies have investigated how to best assess the effects of self-efficacy on learning and performance in various domains (Chang et al., 2014; Luzzo, Hasper, Albert, Bibby, & Martinelli, 1999; Shively, Smith, Bormann, & Gifford, 2002), this study contributes to the social work literature in this regard. The results of this study provide initial evidence that using an engaged-learning model such as service learning improves students' self-efficacy. Our hope is that as students' self-efficacy increases, the likelihood of them engaging in research activities as part of their future practice will also increase.

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**Author note**

Address correspondence to: Stacy M. Deck, PhD, MSSW, Spalding University School of Social Work, 545 South 3<sup>rd</sup> Street, Louisville, KY 40203. Email: [sdeck@spalding.edu](mailto:sdeck@spalding.edu)

# Moving Social Work Education Forward Through the Application of Neuroscientifically Informed Teaching Practice: A Case Study in Student Engagement Through Art and Multimodal Processing

David Axlyn McLeod

**Abstract:** *Modern advances in neuroscience suggest learning occurs through three basic cognition patterns. Higher-level multimodal learning occurs when learning activities contain multiple cognition patterns. This case study details an application of these concepts where fine art, journaling, practicum experiences, and in-class processing were fused to create an active and participatory method of engaging social work students in critical thinking as related to differential impacts of clinical decision-making. The learning activities are described and multimodal learning is explained, along with the findings of a focus group used to assess student feedback. Student experiences and the potential adaptations of this approach are also addressed. The tentative findings of this case study indicate positive learning experiences and suggest a need for further research to explore the opportunities associated with the use of multimodal and art-infused learning techniques in social work courses.*

**Keywords:** *Social work education, neuroscience, art, multimodal learning, critical thinking, multimodal processing*

Critiques of higher education have, for decades, suggested problems with apathetic students, ill-prepared graduates, incompetent teaching, and impersonal campuses (Chickering & Gamson, 1987). In more recent history social work education has been likewise represented in this narrative as no different from the university at large when it comes to struggling to find ways to improve student engagement (Dooley, Sellers, & Gordon-Hempe, 2009; Mendes, 2003). Further investigation is warranted to assess if apathy is truly to blame for these student engagement woes, or if new, creative approaches could be used to engage students not only in course content but also in relevant, connected, and meaningful learning experiences.

## Multimodal Learning

Advances in cognitive neuroscience suggest learning to be a much more dynamic, visual, and spatial processing experience than traditionally thought (Blazhenkova & Kozhevnikov, 2008). Through neuroimaging, Blazhenkova and Kozhevnikov (2010) found that the brain processes and stores information not only in verbal or text-based modes, but also through visual and interactive exchanges. This research builds on Gardner's (1998) previous theory, which suggested humans have "multiple intelligences" including spatial, linguistic, kinesthetic, and others, from which the conceptualizations of "auditory" and "visual" learning styles were formed. Creating a practical application for this line of research, Groff (2013) proposed a theoretical framework for "wholemindedness" (p.16) which details the three primary cognitive pathways and speaks

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David A. McLeod, PhD, MSW is an Assistant Professor at The University of Oklahoma Anne and Henry Zarrow School of Social Work.

to the importance of engaging them holistically in learning activities. This framework suggests that multimodal learning environments, in which visualized, experiential, spatial, and verbal exchanges overlap, have the potential to produce more significant and widespread learning than traditional approaches since humans are not purely visual, spatial, or verbal learners. Instead, each individual learns through engagement in a unique combination of these cognitive pathways.

Multimodal approaches could be a key to opening up our capacity to engage social work students in more creative and meaningful ways. Previous research has suggested traditional teaching strategies, such as lectures, have less of an impact on student learning than active educational experiences where students are encouraged to think critically in order to solve complex problems (Lundahl, 2008). In this case study I introduce one example of the “wholeminded” learning approach and detail how it manifested in a semester-long educational activity.

### **Methods of Interaction and Description of the Learning Experience**

The primary aim of the MSW course (Integrative Seminar) for which this activity was built was to teach critical thinking as it applied to clinical decision-making in social work practice settings. Clinical decision-making is an area of particular importance for new social workers in that it can be both a subjective and complex process to engage in, holding significant implications for the individuals, families, and communities that social workers aim to serve (Gambrill, 2005; Lacasse & Gambrill, 2015). In order to help students better work toward this goal of proficiency in critical thought throughout the clinical decision-making process, a multimodal learning activity was created. This activity fused the explicit processing of clinical observations and activities from student practicum placements to reflective journaling, discussion, and the use of art for conceptual storytelling. This approach aimed to help students contemplate, process, and describe the differential impact of clinical decision-making on clients, their families and loved ones, communities, organizations, and themselves.

The incorporation and use of art-based learning experiences, while not widespread, is not new to social work education. Previous literature has suggested that arts-based materials can be highly successful at helping students explore personal schema, beliefs, worldviews, and systems with complexity while evoking deep emotional and cognitive connections (Keddell, 2011).

For this learning activity the choice was made to avoid the synthetic creation of reality. Rather than using role-plays or scenarios, students were tasked to recall and study real interactions from their practicum placement where they, or another social worker in their presence, had made a clinical decision. This approach was used to maintain an organic connection to the interactive observation. These recalled observations of clinical decision-making fulfilled the role of the spatial cognition for the activity. According to Groff (2013), these spatial interactions were neurobiologically processed through a distinct cognitive pathway that humans use to conceptualize and store information related to interactive exchanges. To document these experiences, students were asked to journal about at least

one interactive observation each week and to process the differential implications of clinical decisions that were a part of those interactions.

In the learning activity students accessed their verbal/linguistic cognitive pathways in two primary ways. The first of these was through journaling about their clinical observations. In their journals students reflected about how clinical decisions they were involved in could impact the lives of others differentially. Students were asked to postulate how these decisions may have felt to the client, as well as others associated with that client (family, community, etc.) in the short and long term. Additionally, they were asked to write about possible implications of these decisions for their organizations and how these decisions affected them personally. Additional verbal/linguistic processing was incorporated into the learning activity by giving students in-class time weekly to recall and discuss these decisions as a group. Google Docs was used as a platform for the student journals, which allowed the instructor to assess, in real time, what students were journaling. This approach permitted the instructor to develop a plan for in-class discussions by synthesizing themes identified in student journals with pre-determined course content for that week. The instructor would begin class discussions by drawing parallels between the week's course content and themes from the journals. Students would be given the opportunity to engage with each other in relation to the experiences they had documented. The instructor did not identify individual students or what was written about in their journals. Instead, a collective learning environment that allowed students to openly share what they had been processing in their journals was created.

About three-quarters of the way through the semester, and after approximately eight entries, students conducted a content analysis of their journals to identify themes regarding the differential nature by which clinical decisions impacted stakeholders. Prior to this exercise, students were given a brief tutorial on the basic concepts of Grounded Theory, as defined by Strauss and Corbin (1998). The intent was not for students to engage in a full grounded theory exploration of their journals; however, several principles of the approach were used to help students organize the evaluation of their journals and to develop themes associated with the content. Students were taught how to *open code* the narrative data and how to organize and make meaning of these codes in order to develop personalized theories on the potentially differential impacts of clinical decision-making. Themes such as fear of engagement in treatment, frustration with mandated clinical intervention, relief after stabilization in care, pride from successful resolution in treatment, powerlessness in child welfare and other social protection systems, and many others were identified and related to the contexts of individuals, groups, families, and communities who are impacted by clinical decision-making. Then, through coordinating with the director of public engagement at a large university art museum, students were led by a museum docent on a tour through the museum and learned how artists use their artistic ability to visually communicate issues such as those found in the themes from their journals.

After the tour, students were asked to explore the museum on their own and find artwork that they believed could help them communicate the themes from their journals. Students were given a detailed handout to keep them on task and help them organize their thoughts on the themes they had developed from their journals and interpret the artwork they selected to communicate those themes (See Appendix 1 for an example of the

handout). Students photographed (with permission) their selected artwork, and the following week used those photographs to present to the rest of the class. In these



**Figure 1.** Waiting on a bus: Anadarko princess (Cannon, 1979)

presentations students were expected to synthesize their interactions with clients and clinical decision-making with the themes they identified from their written journals and to use the art they identified to help tell the story of how they believed those themes were connected to the lives of their clients and the systems with which they intersect. This process was designed to intentionally use all three domains of cognitive processing (verbal, spatial, and visual) concurrently.

An example of these connections can be seen through a deconstruction of one of the student presentations. One student who had been journaling and verbally processing about their placement in a public mental health center which offered services centered on mental health, divorce, and family preservation selected the painting *Waiting for a Bus: Anadarko Princess* by T. C. Cannon (1979, see Figure 1).

Through journaling, the student identified themes of powerlessness, endurance, and survival. In describing the painting, the student shared with the class how they saw a woman between two worlds, dressed traditionally but still holding an umbrella and waiting on public transit. The student spoke of trying to understand the look on the face of the Native women depicted in the painting, and noted how it came across as expressing displeasure or discomfort but also strength and pride. The student used the painting to help describe the powerlessness that clients may feel when they are told to make certain changes in their lives for which they may not be ready. The student also used the painting to talk about how clients often seem to endure situations when dealing with court-mandated treatment or intervention, and that success in the eyes of clients can often be closely related to survival and being able to finish treatment even when the choices being made about their lives do not align with what they may want for themselves at the time.

Through this multimodal learning project, students were given opportunities to gain awareness of the lived experiences of clients and process those experiences in their journals, giving them the opportunity to think more broadly about client perspectives. In the final presentations students demonstrated deeper learning as they incorporated the visual, spatial, and linguistic learning pathways they had been engaging in all semester into

a singular experience. By using art to showcase the themes they had identified in their journals, students were able to connect, in meaningful ways both cognitively and emotionally, to the stories of the clients they served throughout the semester. Table 1 presents an organized description of the learning activity timeline with specific student and instructor tasks and product expectations, as well as their connection to cognitive processing domains during each part of the learning activity.

Table 1. *Multimodal Learning Activity Progression Throughout the Semester*

<u>Timeframe</u>	<u>Cognition Type</u>	<u>Student Products</u>	<u>Instructor Tasks</u>
Sessions 2-9	Spatial and Verbal Cognition	<ul style="list-style-type: none"> <li>One journal entry each week that details an observed or enacted clinical decision from practicum and that postulates how that decision could impact clients, their families, the organization, and the social worker differentially</li> </ul>	<ul style="list-style-type: none"> <li>Monitor journal entries and provide individual feedback</li> <li>Assess journal entries for themes across students</li> <li>Use those themes to facilitate in-class group discussions and decision-making processing with students</li> </ul>
Sessions 10-13	Verbal Cognition	<ul style="list-style-type: none"> <li>Students use content analysis to code their journals and identify themes of differential experience and perspective and add notes on the process and key themes</li> </ul>	<ul style="list-style-type: none"> <li>In week 10 provide an overview of qualitative coding</li> <li>Provide examples of expected themes from earlier interactions with journals</li> </ul>
Session 14	Visual Cognition	<ul style="list-style-type: none"> <li>Students will engage in discussion on perspective during a guided tour at the art museum (taking notes).</li> <li>(Directly following the tour) Students go out on their own to identify and document works of art that can help them communicate themes from their journals</li> </ul>	<ul style="list-style-type: none"> <li>Plan well ahead of time with the museum staff to coordinate the tour and communicate the fundamentals of the assignment</li> <li>Create a worksheet to guide students through the museum experience</li> <li>Monitor to ensure student engagement at the museum</li> </ul>
Session 15	Spatial, Verbal, & Visual Cognition	<ul style="list-style-type: none"> <li>Students will show a picture of the art they chose and present to the class how it connects to their themes from their journals and how those themes were coded and developed</li> </ul>	<ul style="list-style-type: none"> <li>Make sure the class is engaged in reflective questioning during student presentations</li> </ul>



### **Student Feedback and Lessons Learned**

At the conclusion of the semester, a focus group was conducted to explore student perceptions of their multimodal learning experience. Students were advised that data collected from the focus group, in addition to being used for learning activity refinement, would be used for dissemination. All fifteen students consented to participate and were given the option to withdraw at any time and for any reason, as well as the opportunity to come forward and choose how their comments would be used. At the end of the focus group, students worked together to member check major themes that had been identified and helped to refine the interpretation of their experiences as associated with the multimodal learning activity. Students were eager to offer suggestions and worked collaboratively in this process. Through an examination and analysis of their feedback, and in partnership with the students as they participated in the focus group, three primary themes were identified.

### **Alternative Educational Activities Can be Intimidating**

The first of these themes suggested that alternative learning activities, such as this one, were not the norm for the students. Students suggested they were initially confused, scared, and worried about if they would be able to competently fulfill the requirements of the activity. However, throughout the semester and likely due to thorough descriptions of activity expectations along the way, the instructor observed that student self-efficacy rose. In fact, it appeared that at the later stages of the activity students more comprehensively recognized their ability to participate successfully. One student stated, "All the way up until we got to the museum I was going, 'I'm not creative, I can't do this.' But then once the tour started I got into it. It just kind of clicked." This feedback suggests that it is important to be as detailed and transparent about the expectations of this type of exercise as possible. These students were interested but initially hesitant to participate; however, descriptive instructions and consistent feedback were found helpful in relieving their anxiety about how their performance would be assessed and ultimately helped students feel comfortable fully engaging in the learning activity.

### **The Benefits Started Far Before Arrival at the Museum**

One of the more unexpected themes centered on how earlier stages of the activity were far more beneficial to students than had been originally anticipated. Students found the journaling and in-class discussions about their journals to be remarkably helpful to their learning. One student observed, "the journal was actually really therapeutic for me." Students also found positive learning opportunities in processing the narrative data from their journals. When talking about that experience, one student said, "it was actually the end of the semester when we were doing the analysis of our entries that I started to see some of the same themes, like frustration, in both what I was describing about the client experience and that of the social worker." These higher level processing activities demonstrated the nuances of critical thought used in this activity by facilitating opportunities for students to reflectively assess their own experiences, as well as the experiences of their clients, and were excellent teaching and learning resources that aligned with course goals.

### **It is the Final Reflective Experience That “Brings it All Together”**

While there were specific benefits throughout the semester’s activities, students expressed how the final processing experience at the art museum was pivotal to their learning. One student said, “you know it’s one thing when you’re journaling, talking, or processing about this stuff (in class), but when you are really having to think about it and then you stand there in front of that piece of art and the whole thing just slaps you in your face and it’s like, duh, now I really get it.” Interpretation of student feedback suggested that this learning experience was complex and, though each of the individual parts was important, the combination of them was greater than the sum of its parts. From journaling, to analysis, to introspection and processing, through finding art to communicate themes and presenting their findings to classmates, each stage of the learning activity built on the stage(s) that came before it and made the overall learning experience more meaningful.

Student feedback suggested the experience as a whole to be transformative. One student said, “this assignment really challenged me and forced me to think abstractly” while another shared, “using the qualitative analysis with our journaling and pulling in artwork to think about alternative client perspectives was by far the best experience I have had in college.”

### **Discussion**

Multimodal learning experiences present promising opportunities for social work educators to engage students in activities that complement a variety of learning styles. However, several potential limitations exist to this approach as well as the assessment of its impact on student learning. The first of these is that the activity has not been empirically tested. Feedback, as described above, is from a single case study of 15 students in one semester. Additional student evaluation is needed to further assess the impact of the activity on student learning. Additionally, the assessment and evaluation techniques to quantify learning need to be further refined. Supportive institutional resources will also vary. In this case, the learning activity took place at a large research university with substantial resources, such as an on-campus museum of fine art and staff at that museum who could assist in helping students learn how to process and interpret the art during the learning experience.

However, while these resources certainly influence the experience, the learning activity could undoubtedly be adapted. Students could easily identify art found through online resources to connect to the themes developed in their processing of a variety of topics. Coordination with off-campus, local, regional, or other resources could also be used to give students the opportunities to experience their cognitive processing in formal museums or spaces that curate artistic works. Considering that one of the major tenets of the activity is to teach students how to think creatively to process the nuances of social work interactions, instructors would be well-served to model for students the identification of creative methods to help them access and process art for the activity.

In contrast to previous findings, social work students do not appear to be apathetic recipients of knowledge. They are eager to learn, keen to move past PowerPoint, and hungry for experiential learning opportunities. This case study details an attempt to fuse

the concepts of evidence-based neuroscience on learning with a creative and engaging approach to social work education. While this learning activity is based on evidence from the neuroscience literature, it should not be considered an evidence-based teaching practice at this time. Further assessment is needed to empirically validate the approach used in this study. Preliminary student feedback suggests the learning activity is highly successful and engaging. This is, however, an activity where the core concepts could easily be adapted and incorporated into courses on diversity and oppression, children and families, or a variety of other complex topics to encourage multi-layered conceptualization. Interweaving verbal, spatial, and visual processing activities to create multimodal learning environments holds great promise for social work education as a whole and needs to be further explored.

If social work educators are teaching students to work on the cutting edge of social work with evidence-based practices, then we should be working to bring ideas from outside of the profession to advance our teaching practices, continually evaluating the efficacy of these approaches, and assessing their impact on student learning. Surely if it is our goal to help students learn how to fully engage with the clients we seek to serve, then enhancing the ways by which we engage in their learning could be a pivotal first step in that process.

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### **Author note**

Address correspondence to: David A. McLeod, PhD, MSW, The University of Oklahoma Anne and Henry Zarrow School of Social Work, 700 Elm Ave, Norman, Oklahoma, 73019. Email: [damcleod@ou.edu](mailto:damcleod@ou.edu)

**Appendix A**

	Theme(s)	Artwork (Title and Artist)	Case Connection
Client perspective			
Family/Other perspectives			
Your personal Perspective			
Organizational Perspective			

## Purpose:

- Students are to take this opportunity to process seeing the world from the perspectives of others.
  - Specifically, students will think through how they have observed the differential impact of clinical decision-making in professional social work practice, and will identify works of art that can help the share the stories of those differential experiences.
  - Prior to this process students will engage in a tour and discussion centered on artist and subject perspective and how the use of light, color, staging, and other artistic mechanisms help artists communicate themes and situations and tell stories of human experience and interaction with the world.

## Directions:

- Use this sheet to help organize your process through the museum
  - Take notes!
- Find artwork to help tell the story
  - You are looking for pieces that connect to the themes you found in your journal
  - BE CREATIVE
  - Use your imagination
    - *This is a skill that will perhaps help you more than any other in social work practice. Remember that.*
  - There are no right or wrong answers
- Activity
  - Take advantage of this time to connect as many pieces of art to your themes as possible
  - It is mandatory that you make at a connection to at least two themes
  - Use this form for notes
    - YOU WILL BE TURNING IT IN NEXT WEEK.
    - Write down your themes before you get started
    - Remember to list the artist and title of the artwork
    - Take notes on how it connects
      - Don't plan on doing this later. You will forget.
    - REMEMBER to take a picture of the artwork with your phone (or whatever else)
      - I have a camera if you need it, let me know
      - Email the picture of the artwork you have chosen to present on, to me at *professor@university.edu*
      - I will make a photo album in our Facebook group
- Next week
  - What to turn in
    - This paper with your notes on it
    - A one page bulleted write-up outlining the connection between your chosen artwork and the case(s) its themes came from
  - Presentations are 5 minutes or less

## **Lifelong Learning in Social Work: A Qualitative Exploration with Social Work Practitioners, Students, and Field Instructors**

**Pauline Jivanjee  
Kimberly Pendell  
Laura Nissen  
Charlotte Goodluck**

**Abstract:** *In the context of rapid change in social work practice related to policy, research findings, and theoretical developments, faculty are challenged to prepare students to engage in lifelong learning, a concept that has not been well-articulated in social work education. This article reports on an exploratory study of students,' social workers,' and field instructors' perspectives and experiences of lifelong learning. Based on focus group discussions, findings reveal the multi-faceted nature of lifelong learning, the personal characteristics and motivations of lifelong learners, and the roles of social work faculty and workplace environments in supporting learning. Implications address the roles of instructors and social work programs in giving students and social workers tools and opportunities to engage in continuous learning and professional growth.*

**Keywords:** *Social work education, workplace, lifelong learning, motivation*

Social work practice occurs in the context of rapidly changing community needs and policies, as well as new research findings and theoretical developments. Lifelong learning enables social workers to continually update their knowledge and skills in order to provide relevant and effective services. Social workers encounter ongoing expectations to serve new populations experiencing emerging social problems. At the same time, they experience pressures to engage in evidence-based and culturally-responsive practices, and are required to be accountable for outcomes in environments of shrinking public resources. Therefore, it is essential for social workers to be lifelong learners. The Council on Social Work Education (CSWE) has recognized this need. The 2015 CSWE standards include the statement, "Social workers recognize the importance of lifelong learning and are committed to continually updating their skills to ensure they are relevant and effective" (CSWE, 2014, p. 3). Lifelong learning in social work addresses the continuous learning and transformation needed to be an effective social worker in the changing social, economic, and political environment. However, there is little research on lifelong learning in social work and few guidelines about how lifelong learning is viewed or embraced by social workers or social work students.

As social work education has shifted from using a knowledge-based curriculum structure to a competency-based structure (Petracchi & Zastrow, 2010a; 2010b), the CSWE adopted Educational Policy Assessment Standards (EPAS) to assess the competencies believed to be necessary for effective social work practice. These standards include an expectation that students begin their professional lives recognizing that they will need to renew their knowledge and skills continually. Definitions of lifelong learning reflect this

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Pauline Jivanjee is an associate professor at Portland State University's School of Social Work. Kimberly Pendell is an assistant professor at the Portland State University Library. Laura Nissen is the dean and a professor at Portland State University's School of Social Work. Charlotte Goodluck (deceased) was a professor at Portland State University's School of Social Work.

explicit link with performance on the job. For example, the Professional Association Research Network articulated lifelong learning as "... the purposive maintenance, improvement and broadening of your knowledge, skills and personal qualities in order to perform your professional activities successfully throughout your working life" (as cited in Frost, 2001, p. 12). Gustavsson (2002) connects lifelong learning with the personal qualities needed for effective professional performance: "...what counts is flexibility, sensitivity, and openness to the world" (p. 22). These definitions are useful as a foundation for considering how social workers engage in lifelong learning and how educators and others can best promote and facilitate lifelong learning.

Nissen, Pendell, Jivanjee, and Goodluck (2014) described the varied emphases in definitions of lifelong learning for social work. For example, lifelong learning has been defined as intentional learning that people engage in throughout their lives for personal and professional fulfillment (Dunlap & Grabinger, 2003), a socio-personal process (Billet, 2010), a self-directed process (Bolhuis, 2003), and a reflective process (Frost, 2001). According to Daley (2001), social workers described continuing education as a meaning-making process and reported using it to gain new information to advocate for clients and to create renewed momentum and inspiration in their work. Cournoyer and Stanley (2002) offer what appears to be the most comprehensive definition:

Lifelong learning for social work refers to ongoing processes associated with the acquisition or construction of information, knowledge, and understanding; the development, adoption, and reconsideration of values and attitudes; and the development of skills and expertise... from the time someone first explores social work as an educational or professional career choice to the time that person no longer considers him- or herself a social worker. (p. 4)

Social work literature addresses aspects of the learning needed for contemporary social work practice but to date, there has been little attention as to *how* social workers engage as lifelong learners throughout their professional lives. Licensed social workers are required to participate in continuing education to maintain their licensure (Nissen et al, 2014) and some studies examined how social workers gain and apply new information immediately following their participation in continuing education offerings, for example, trainings on evidence-based practices (Gira, Kessler, & Poertner, 2004; Wharton & Bolland, 2012). An exploratory study reported positive outcomes of continuing education on social workers' understanding of and use of evidence-based practices (Parrish & Rubin, 2011). Other studies have examined the effects of continuing education on improving social workers' knowledge and skills. For example, Smith and colleagues (2006) showed that higher motivational orientation toward professional knowledge was associated with self-perceived changes in knowledge, attitudes, and behavior of social workers. Lam and colleagues (2006) demonstrated that problem-based learning boosted social work students' ownership of self-directed learning at the end of their formal training. Following a comparative study of learning across professions, Daley (2001) reported that to make new knowledge meaningful, participants integrated it with previous professional experience "in a recursive, transforming process" (p. 50). In the same study, Daley also found social workers motivated to seek new information to improve their support and advocacy on



behalf of clients as well as gaining renewed inspiration and commitment to their profession following continuing education.

Assessment of the content and nature of lifelong learning among social workers has been limited to date. Returning to Cournoyer and Stanley (2002), the authors reported on the development of an instrument to measure lifelong learning in social work including seven dimensions: regular review of professional literature; enjoyment of learning; regular pursuit of learning activities and opportunities; openness to feedback from others that learning may be needed; knowledge of one's personal learning style and preferences; active engagement with, and responsibility for one's own learning plan; and enjoyment of teaching others. However, this scale has not been used in additional research or program development in schools of social work or practice settings (Cournoyer, Professor, February 22, 2014, personal communication).

In summary, the literature on lifelong learning provides little information on social workers' motivation toward lifelong learning, how they engage with and apply new learning, and what supports they might need. This exploratory study addresses the identified gap in the literature by examining the perspectives and attitudes of social workers, field instructors, and social work students regarding lifelong learning. The study was designed with guiding research questions derived from a review and synthesis of existing literature (Nissen et al., 2014): What does lifelong learning mean to social workers, field instructors, and social work students? What is the role of a school of social work in promoting lifelong learning? What factors are reported to support or impede lifelong learning in social work practice settings? What kinds of information and experiences contribute to lifelong learning in social work?

Observing the limited literature focused on this topic, a research team of three social work faculty members and the University's social work librarian sought to better understand lifelong learning in social work, and the roles of social workers, social work educators, supervisors, and students related to lifelong learning. By eliciting the perspectives of current students, as well as social workers in the community, the study aimed to promote understanding of what motivates students and social workers to learn, and thereby provide useful information for social work educators, field instructors, professional leaders, and social work practitioners to enhance social work's relevance and effectiveness in meeting community needs.

## **Methods**

This exploratory qualitative study employed focus groups of BSW students, MSW students, alumni/practitioners, and field instructors to investigate perceptions of lifelong learning in social work. Focus groups were selected as the medium for data collection to elicit participants' attitudes and frameworks for understanding their experiences (Kitzinger, 1994). To enhance the trustworthiness of the findings, the researchers followed recommended strategies for focus group inquiry (Creswell, 2013; Padgett, 2008; Polkinghorne, 2007). The University's Institutional Review Board approved the study.

## Participants

Using email listservs and social networks, researchers recruited a convenience sample of BSW and MSW students, social work alumni/practitioners, and field instructors associated with one university to participate in focus groups for this exploratory study. Separate focus groups were held for all four participant types. Social work faculty members were also interviewed; however, due to the significant difference in the interview protocol for faculty and the different emphases in their responses, their responses will be reported in a separate article. Potential participants volunteered using an online form. When a sufficient number (5-7) of participants had volunteered, the groups were scheduled. Email reminders were sent to participants the day prior to their focus group.

Due to absences, a total of 13 volunteers participated in four focus groups: two BSW students, five MSW students, two alumni who worked as social work practitioners, and four field instructors who were engaged in agency-based social work practice as well as supervising students. While the researchers had hoped for larger groups, the smaller focus groups proceeded to respect the time of participants who had attended. The discussions with pairs of participants proved to be extremely rich. Ten participants were females and three were males. Participants indicated their age in categories: 18-24, 25-34, 35-44, and 45 years old and above. Each age group was represented in the focus groups overall, with the majority of participants being 35 years old and above. One participant identified herself as Mexican-American; the remaining participants identified as either white or did not identify their ethnicity. Two participants indicated gay or queer sexual orientation. One participant noted the presence of a disability. None of the student participants were currently taking classes with the researchers conducting the study, although some had taken classes with one faculty researcher in the past.

## Procedure

Separate focus groups were facilitated by two team members, one of whom took the role of lead facilitator while the other managed logistics and asked clarifying questions. Before beginning the focus group discussion, each participant reviewed and signed an informed consent. Focus groups ranged from 60 to 90 minutes. Focus group discussions were audio-recorded and were subsequently transcribed for analysis by the researchers.

The questions asked in the focus groups were similar, but students were asked one additional question and alumni/practitioners and field instructors were asked a few different questions to address their professional perspectives. All groups opened with an ice-breaker question about the participants' most passionate areas of social. Subsequent questions focused on the types and sources of information they need for social work practice, how they use information, and how they deal with challenges in trying to find or use new information. Another set of questions inquired about what participants do when faced with a professional situation they do not feel prepared for, what motivates them to learn, how they define lifelong learning, and what would help them to become lifelong learners. For students, a closing question asked for their opinion on what other questions related to the topics of information and lifelong learning the social work profession should be asking. Additional questions asked of alumni/practitioners and field instructors were: Do you note

any changing trends in the kinds, types, or forms of information you use or will use as a social worker? Has your definition of lifelong learning changed since you left school? How do you stay engaged in your practice and profession? Describe the organizational culture that you work in with regard to capacity and practices for the flow of new information, methods, or ideas into social work practice. Near the end of each focus group we paused to invite participants to share ideas related to what had been discussed already, a form of member checking.

All four researchers participated in collaborative data analysis guided by the constant comparison approach of Glaser and Strauss (1967) as modified by Charmaz (2005) and Morse (1994). Following each focus group, each pair of team members met to debrief and identify major areas of themes. After transcription, each member read all the transcripts independently and noted key themes and categories in content related to aspects of lifelong learning in social work, using the major topics to guide the preliminary analysis. Within these broad categories, team members identified themes and categories in an inductive analysis process. Team members subsequently held a series of meetings to describe and explain our rationales for assigning specific categories and selecting exemplary quotes that illustrated them. This process resulted in a set of consensus-determined categories and themes and a preliminary code list. Individual members then took responsibility for analyzing the data linked to one or two major themes across all focus groups and shared this analysis with other members, followed by additional meetings in which each member responded to questions about their analysis and made changes, resulting in team agreement on the final analysis.

## **Findings**

Researchers explored four topics: participants' definitions of lifelong learning; information access and processing; the role of schools of social work in promoting lifelong learning; and lifelong learning in the workplace environment. The following summarizes each topic explored in the focus groups and the themes that emerged through narrative analysis. Participant quotes inform and illustrate each theme.

### **What is Lifelong Learning?**

During the focus group process, all informants were asked to define lifelong learning as they currently conceptualize it. Although the concepts they described varied, their comments reflected a few core ideas: personal commitment to learning; humility as a guiding perspective; and differentiating knowing and doing. The definitions focus group members offered were a fluid combination of personal qualities and attitudes, such as openness and engagement.

Overall, participants appeared to be familiar and engaged with the concept of lifelong learning and aware of its importance to their education and practice, which may have been expected since the participants were self-selected. They spoke enthusiastically about the idea of lifelong learning, and described lifelong learning as a personal characteristic as opposed to an external, premeditated action: "I just love being around new knowledge and hearing people talk about things" (social worker) and "I think for me learning is easy,

learning is a way of life. It is who I am. It is part of my identity” (MSW student). A key element of lifelong learning appeared to be related to the affective aspects of the learning process. Participants noted a variety of positive motivations for their involvement in lifelong learning such as being excited, eager, engaged, and curious.

Participants emphasized the need for personal commitment and taking responsibility for lifelong learning. In relationship to lifelong learning, both BSW and MSW students reported a sense of dissatisfaction with current beliefs and a commitment to challenging oneself: “I think it is a commitment to not being satisfied with what you believe...lifelong learning is a commitment that you are not going to allow those easy thought patterns to be your only thought patterns” (BSW student); and “[lifelong learning] is being engaged and continuing to be curious and to push myself out of my comfort zone” (MSW student).

In focus group discussions, humility surfaced as a guiding stance or quality needed for lifelong learning. An MSW student described learning as, “...just curiosity with humility and openness to learning.” Participants implied that humility is closely tied to the qualities of curiosity and openness, reflecting the idea that—even with the best of intentions—one must have the willingness to take chances that may result in mistakes. These mistakes will, in turn, inform ongoing learning:

*Lifelong learning is really having the ability to be open to new ideas, different ways of thinking, whatever it may be, just being open to that... You have to remain a bit humble...that reserved piece of just saying ‘tell me more...’ (field instructor)*

Another field instructor also commented on the humility and openness required for lifelong learning, defining a lifelong learner as a person who is: “willing to try new things, willing to look at new things, willing to try new ways of doing business, willing to ask questions, willing to take risks...[and] also willing to make mistakes.” Participants described social work practice as a larger commitment to ongoing learning extending over one’s life. Acceptance, and even delight, could be found in this aspect of learning: “I know less now than when I began. I don’t mean that in a bad way. I mean that lifelong learning is exactly what it means. There is no plateau here and there never, ever will be” (alumnus/practitioner).

Respondents differentiated “knowing things” from applying information; they emphasized the roles of integration and application in lifelong learning. For example, an MSW student noted:

*I could read a million books, but I think it is integration that makes it learning. It is the how I am using it? How I am applying it? How I am working, how it is changing me and the way that I work, that makes it learning, instead of knowledge.*

Participants described different motivations for their desire to gain skills needed for social work, which were linked with their curiosity, social connections, and fear or shame about not knowing. Numerous respondents described motivations guiding the ways they defined and thought about lifelong learning such as the realization that knowledge is continually evolving, and that professional effectiveness is linked to ongoing professional development. For example, one field instructor shared:

*Part of wanting to be a strong practitioner is being open to the fact that there is so much I don't know. That kind of drives my interest; particularly in a field where social justice is part of our core values. That's so dynamic. It's going to involve needing to continue to learn.*

Participants described lifelong learning as their commitment to the processes of engagement and change, and a sense of power in learning about new topics and having access to resources that provide them with knowledge and competencies for social work.

Lifelong learning as a form of social connection also surfaced in the focus groups. Several participants described how they created new and strong connections to others through learning. For example, a BSW student addressed the benefits of learning for relationship-building: "I like to be able to connect with people and I feel learning about them makes it easier. I think the promise of being able to connect with people better is kind of my reward for learning." This theme also touches upon the sharing of information as a way of building a professional social network. Social work students and practitioners reported that they strategically build professional and social networks in order to discover, share, and discuss new information. Students referred to the importance of fellow students, researchers, and practitioners as vital sources of information. Information acts as a starting point for relationships, a catalyst for social and professional networks that then form a strong basis for ongoing learning. An MSW student commented:

*I just flail, so oftentimes I end up Googling and looking at scholarly research, which is so not enough. We need to really know and have an internalized level of how to find information and find alliances and kinships and other like-minded people who can help us continue in our work as we move into the world.*

Another student offered: "Sometimes using that information [regarding social justice] to ask questions to strategic people and build strategic relationships has been a big thing for me" (MSW student).

Less positive motivations also emerged, such as shame or feeling apologetic in regards to not knowing or feeling safe with not knowing. A BSW student posited:

*I think safety [is important] because sometimes when you don't know something you are kind of shamed by it. I feel like that when my career kind of develops, I am going to be hesitant to allow other people to know that I don't know about this. I think there is kind of a shame in that, like you should know about this.*

An MSW student admitted, "I didn't want to admit to the group that I was totally incompetent."

### **Information Access and Processing**

In response to an exploratory question, participants talked at length about how they discover and use new information and research in their academic and professional work. While social work journals and other scholarly publications were frequently cited as sources of information for their work, participants also discussed the importance of continued access to research literature; how they build networks for sharing information

among colleagues and mentors; the value of alternative information sources; and how they evaluated and applied new learning.

Continuing access to current research was reported as an ongoing concern for social work practitioners in the community and as a future concern for students. Students predicted accurately that their access to journal articles would significantly change or even disappear upon leaving the university. An MSW student lamented their future loss of access to scholarly journals:

*I love libraries, but I know that my access to this library in particular is going to be next to nil once I graduate... There isn't much out there for those of us that like research and want to base it [practice] on research. We are a little bit in a hole.*

Alumni/practitioners and field instructors expressed appreciation for workplaces that provide access to relevant academic journals. Field instructors also cited the benefit of their affiliation with the University, which provides off-site library access to academic journals that would not otherwise be available to them.

Social work students and practitioners reported that they seek out a variety of information sources. Scholarly research is valued, but information from sources outside the traditional and dominant discourse is also sought and incorporated into practice:

*I definitely would start with a lot of journals, but then also I feel that because the population that I'm most interested in, there is not a lot written about them. Because they can be so small, I look for a lot of blogs and more nontraditional sources of information....It is usually research by white folks or analysis by white folks, so it is always interesting to find perspectives on it from the communities that it is affecting the most. (alumnus/practitioner)*

Students and practitioners consistently demonstrated their awareness and concern that scholarly research did not present a full enough picture of a social problem or situation to apply to their practice, and they also sought information from community informants.

Focus group participants described using new information as a process that involves balancing sources, reflection, building the context or macro view, and understanding the information's impact on practice. Responses from participants formed a continuum of steps from receiving new information to shaping new learning and practice, using phrases such as: rehearse, reflect, discuss, dialog, test, and evaluate. For example, one MSW student described his imaginative process of taking new information and constructing a new scenario based on a previous experience: "I think just like rehearsing information learned, thinking back to past situations and how I would have acted differently if I had known and then preparing for the future if I run into the same situation."

### **The Role of Social Work Education in Lifelong Learning**

While participants reported a lifelong learning disposition before entering their social work program, they also expressed appreciation for the lifelong learning foundation built during their program and the inspiring influence of faculty members. An alumnus/practitioner commented, "I wouldn't be as successful as I have been in this program if it wasn't for the foundations you gave me...it is up to me to do the rest." Another

alumnus/practitioner described learning a critical perspective as a foundation for future learning:

*The school does such a good job of embedding that in you, it really allows you to grow and flourish kind of naturally without even having to think about it... it is kind of implicit... the degree has really helped me to continue to want to learn and be inspired.*

Some faculty members were reported to be particularly effective in promoting lifelong learning. For example, a few participants commented on a specific faculty member who had “reinforced” lifelong learning by being so “passionate about it” and “instilled as a thing that you are just going to continue to do and it is your responsibility to do it.” An MSW student commented on the importance of faculty members modeling lifelong learning:

*When you see people who have been in the field for a long time or whatever and they know the latest stuff and they are able to throw it out and engage people, young people, that is exciting to me... just seeing it in them inspires it even further to me.*

Returning to the importance of feeling safe in the learning process, a student participant added, “I think that is perfect when they are like, you know, ‘I don’t know it all yet, either,’ and that’s okay and it is safe not to know it.” Another MSW student commented that instructors promote lifelong learning when they “share their passions in the classroom” and especially when they create a learning environment in which students feel safe “to bumble around.”

During their time in a BSW or MSW program, students create professional and social networks with peers and faculty members, and these networks are viewed as vital to lifelong learning. Social work programs provide an environment rich with networks that support learning and “all of us will take for the rest of our lives.” Student participants reported that social work education had stimulated lifelong learning by offering new and challenging ideas and theories as well as opportunities to do research on topics that students had not thought about previously. They spoke enthusiastically about ongoing dialogue with faculty members and peers, and maintaining relationships with former instructors as a way of continuing the learning process.

### **Lifelong Learning in the Workplace**

Focus group participants discussed several aspects of lifelong learning in the workplace environment, including learning from the community and working with students. Sharing information with workplace colleagues and attending conferences to meet licensure requirements for continuing education were also key aspects of workplace learning. Participants described characteristics of workplace cultures that both promote and inhibit lifelong learning. Limited time due to heavy caseloads and other responsibilities was frequently mentioned as a hindrance to ongoing learning in the workplace.

Some participants were thankful that they work in organizations that promote lifelong learning and where other staff are also eager to learn: “I enjoy my career and I enjoy what I do and a lot of that is due to the fact that there is so much opportunity to learn things”

(field instructor) and “within our agencies, there are a lot of people who just yearn for more information” (field instructor). For field instructors and alumni/practitioners, the presence of social work students in their workplace was viewed as a lifelong learning strategy both for sharing their knowledge and skills with the next generation of social workers, as well as contributing to their own continuing learning: “training people who are new and excited about the field helps me to feel excited again,” and “being a field instructor also helps me to maintain my edge” (alumnus/practitioner). Practicing social workers agreed that finding a supervisor who supports lifelong learning is essential in large bureaucratic organizations. An alumnus/practitioner cited the positive impact of his workplace supervision:

*Every time we would have supervision, I literally would have five new articles that I had to read and have to be done and talked about and discussed at the next supervision or the next group...I've been very grateful and lucky that both of the agencies...have been really, really strong on continuing learning because they know that is what keeps people going.*

Participants referred to lifelong learning as an attitude or frame of mind of openness to learning in the workplace and in busy or stressful workplaces, such as public child welfare, as an antidote to burnout, as exemplified by one participant:

*The work we do is so taxing, so learning different ways to try to alleviate – there is such high burnout, as we all know, and stress in all the work that we do, so just really trying to learn ways... to eliminate some of that stress because there is so much responsibility.* (field instructor)

Limited time in the workplace may prevent practitioners from digesting new information and continuing their learning. Several participants identified challenges in their busy work environments related to time and organizational pressures: “I think some barriers for me are sometimes lack of time to actually sit down and get the information I need, particularly if things are in a crisis mode” (field instructor) and “I have to literally spend my weekends if I want to gather information on anything” (alumnus/practitioner). As noted by a participant in public child welfare, other concerns such as large caseloads, overwork, and fear of making a mistake may inhibit learning: “People intend to use strengths, but because of those fears, really do limit them” (field instructor). Students in field placement discussed their disappointment in discovering the lack of a learning culture in some social work practice settings:

*Sometimes the system works against us to actually be prepared and to get the knowledge. ‘Oops, sorry, in and out, sorry, we are in fast-food social work here.’ There are not too many jobs unless you are in academia where they are going to say, ‘yes, take the time, do some research, we really care about your learning’.* (MSW student)

## Discussion

Participants in this study expressed a range of personal motivations for continuing learning from embracing learning as a way of life characterized by curiosity, engagement, and excitement to a passion for critical thinking that compels them to continually learn



about the political context of their work in order to improve advocacy for clients. Participants described how their lifelong learning stance strengthened their practice and engaged them more fully in their work. Participants' definitions of lifelong learning reflected those reported in the literature (e.g., Billet, 2010; Bolhuis, 2003; Cournoyer & Stanley, 2002; Dunlap & Grabinger, 2003; Frost, 2001; Gustavsson, 2002) and included three dimensions: psychological, related to personal characteristics of curiosity and humility; organizational or contextual factors that affect the availability of opportunities for learning and applying new learning; and thirdly, the professional need to continually update their expertise and competence in order to better serve clients. Participants discussed the environmental contexts that supported and contributed to their learning, particularly their social work program and workplace.

The primary limitations associated with the study are the small convenience sample derived from self-selected, non-representative social workers and students associated with an individual school of social work. The self-selection process is likely to have resulted in a sample of participants that are more engaged and enthusiastic about lifelong learning than others. While the research team took steps to assure the trustworthiness of findings, we also recognize that researcher biases in framing the questions, conducting focus groups, and analyzing data may have inadvertently influenced our results. Despite these limitations, we believe that the study yielded a useful preliminary picture of how some social work students, practitioners, and field instructors think about and engage in continuing learning and the conditions that support learning with implications for further research and tentative implications for social work education programs.

### **Implications for Social Work Education**

Findings highlight the important roles of faculty members as role models who demonstrate a commitment to ongoing learning in their own professional lives, who model the skills of finding learning opportunities and resources, and who share resources with students. Based on findings from this study, social work faculty will need to continually upgrade their technological skills to integrate the wealth of available electronic media into their teaching, which is likely to enhance students' access to information after graduation. As noted by participants, and recognizing that BSW and MSW programs provide only foundations for professional development, instructors need to support students who are highly motivated learners and to inspire students who are not intrinsically curious.

Critical thinking and a social justice orientation emerged as motivations for lifelong learning, and these emphases in social work programs are likely to inspire continued learning. As social work programs engage in competency-based education, the use of portfolios to document student learning and promote the development of learning goals after graduation, holds promise that students will continue to increase their knowledge and improve their skills subsequently (Cournoyer & Stanley, 2002). Also, understanding that access to scholarly publications and research journals is heavily influenced by affiliation with an academic program or the workplace environment, faculty may consider publishing their work in open access journals, blogs, and other publicly accessible formats in order to support ongoing learning in the field.

Participants described the benefits of social networks created in their social work program for continuing learning after graduation and throughout their professional careers. For students who are less connected socially, have competing responsibilities and demands on their time, or are less motivated to be self-directed learners, social work faculty are faced with the challenges of facilitating the development of motivation for lifelong learning, assessing students' commitment to career-long learning, and creating the conditions for this to occur. Therefore, instructors are encouraged to increase opportunities and supports for the development of learning networks, particularly for students who are less likely to engage in groups whether because of personality or cultural factors, time constraints, or other factors. A small number of student participants voiced shame-based motivations for learning which merits further investigation. Even if this is a challenge experienced by only a few students, we suggest that faculty normalize this response and create learning environments in which *all* students can feel safe when disclosing their lack of knowledge or experience.

### **Implications for Social Service Organizations**

Participants reported that busy agency contexts and high caseloads constrain the time available for further learning, resulting in their need to devote their personal time to learning. As noted by participants, a workplace's low tolerance for risk slows adaption of new information into practice, limiting the opportunities for staff to share innovative practices they have learned with their colleagues. Conversely, even though resources are limited in most social service organizations, supporting opportunities for ongoing learning may provide benefits in increasing skills, re-energizing staff, reducing burnout, and improving services to underserved client groups. The roles of supervisors in supporting learning were emphasized as well as the benefits of offering field placements to students as ways of introducing new ideas into the work environment.

### **Implications for Future Research**

While this study was exploratory and based in one school of social work, it provides a beginning understanding of social workers' and social work students' perspectives on lifelong learning, and led to the identification of further questions for future research. For example, how are schools of social work and specific instructors preparing students to have the attributes, motivations, and skills to be lifelong learners? Our sample was self-selected and expressed their passion for lifelong learning, but a challenge to be explored is how to motivate students who are less oriented to lifelong learning to continually upgrade their knowledge and skills.

Explorations are needed to identify what curricula and teaching modalities are best suited to facilitating the skills for ongoing learning. The use of portfolios is gaining popularity in social work programs but little is known about whether this approach promotes ongoing learning. While not specific to social work, one study indicated positive outcomes of the use of e-portfolios to foster integrative knowledge development (Peet et al., 2011), a topic that merits further research in social work. Social networks were also appreciated for sharing new information and ideas, which led the research team to speculate about how learning groups and learning communities are best created and used in both

schools and the workplace. We recommend further research to explore the phenomenon of social networks as important media for sharing knowledge and learning resources, and to understand how social workers who are less well-connected to networks gain the expertise they need.

Though many social service organizations provide or encourage access to continuing education, others may stifle employees' desires for learning opportunities with demanding workloads. Participants expressed concern about the "fast food" climate in some busy agencies and reported thinking of their ongoing learning as "subversive" which raises questions about how social service organizations can best serve the community and achieve their mission while also promoting lifelong learning. Research has shown that learning organizations are highly effective (Senge, 2006), providing support for organizational leaders to embrace lifelong learning. Further research is needed to understand cost-effective strategies for promoting learning opportunities to continually enhance staff skills while also assuring that necessary work is completed. Additionally, research is needed to understand the developmental trajectories of lifelong learners across social work fields of practice and areas of expertise. Finally, studies are needed to explore the links between continuing learning and social work practice. Specifically, in what ways does ongoing learning improve the quality, responsiveness, and effectiveness of social work services?

### **Conclusion**

The imperative to remain engaged in continuing learning is central for the social work profession to be effective in delivering interventions that are relevant to community needs and responsive to the cultural groups served by social workers. While small in scope and exploratory in design, this study provides a preliminary examination of the perspectives of social workers and social work students in one community on lifelong learning. Participants in this study addressed the psychological, organizational, and professional dimensions of lifelong learning and expressed eagerness to learn, appreciation for the learning opportunities they had received or sought for themselves, and some frustration about limitations in access to scholarly resources and the time needed for learning on the job. Rapid technological change is creating new pathways for learning and personal social networks are a valuable medium for communication among social workers. Faculty members have key roles in promoting and supporting lifelong learning, as role models, social connectors, inspiration, and as springboards for lifetimes of learning and growing. Palmer (1999) has articulated the faculty role well as it applies to social work education:

...This profound human transaction called teaching and learning—is not just about getting information or getting a job. Education is about healing and wholeness. It is about empowerment, liberation, transcendence, about renewing the vitality of life. It is about finding and claiming ourselves and our place in the world. (p.18)

Lifelong learning may be one mechanism for living out this philosophy.

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**Author note**

Address correspondence to: Pauline Jivanjee, PhD, MSW, The School of Social Work, Portland State University, 1800 SW 6th Ave., Ste. 600, Portland, OR 97201. Email: [jivanjee@pdx.edu](mailto:jivanjee@pdx.edu)

## School Social Workers as Response to Intervention Change Champions

**Deneca Winfrey Avant**  
**Brenda Coble Lindsey**

**Abstract:** *School social workers (SSWs) are known for serving students with social, emotional, and academic needs. Implementing Response to Intervention (RTI)/Multi-Tiered System of Supports (MTSS) is one avenue in which SSWs play an integral role by guiding the development and implementation of student interventions. RTI/MTSS requires substantive and multifaceted system changes that involve more than simply adopting new approaches. This paradigm shift brings change which may not be desired or easily accepted by school systems. However, developing collaborative relationships and using effective leadership strategies throughout the RTI/MTSS transformation can be a pathway to success. A survey of 192 SSWs in Illinois revealed the challenges that SSWs experienced as the process of implementing RTI/MTSS transformed them into change leaders. This revelation was viewed as an opportunity to closely align social and emotional practices with students' academic achievement.*

**Keywords:** *Change agents, leaders, Multi-Tiered System of Supports, Response to Intervention, school social workers*

Life in schools is about changes, challenges, and the ability to preserve order. As change agents, school social workers (SSWs) are largely responsible for nurturing young minds both socially and academically (Alfred, Slovak, & Broussard, 2010). Students' social habits, lifestyles, school performance, and psychological and emotional needs have changed substantially from the past (Bridgeland, Bruce, & Hariharan, 2013). Because the current generation of students is being faced with more social media influences, mental health concerns, bullying, and issues at home, there has been an increase in identified learning and behavioral problems (Zosky, Avant, & Thompson, 2014). As a result of these changes and mandated federal policies, schools have been pushed to incorporate new evidence-based interventions to properly serve student needs (Sabatino, Kelly, Moriarity, & Lean, 2013). Response to Intervention (RTI)/Multi-Tiered System of Supports (MTSS) is one example of adhering to this new obligation. RTI/MTSS is leading the nation in altering our approach to resolving barriers and supporting student success (Clark & Tilly, 2010; Sugai & Horner, 2010).

RTI/MTSS is a multi-level system-wide approach that focuses on students at risk for poor learning outcomes by monitoring progress and providing evidence-based interventions (Batsche et al., 2006). The purpose of RTI/MTSS is to identify learning and behavioral problems and then integrate assessments and interventions that provide students with the best school opportunities. Problem-solving teams are key factors in effective RTI/MTSS implementation (Nellis, 2012). Best practice is to have team members represent a wide variety of disciplines including teachers, principals, SSWs, and other school specialists (Burns, Wiley, & Viglietta, 2008).

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Deneca Winfrey Avant, Ph.D., is an Assistant Professor in the School of Social Work at Illinois State University in Normal, IL. Brenda Coble Lindsey, Ed.D., is a Clinical Associate Professor in the School of Social Work at the University of Illinois at Urbana-Champaign, IL.

SSWs play a unique role in expediting RTI/MTSS and intervening in the educational process at multiple levels (Clark, Alvarez, Marckmann, & Timm, 2010; Kelly et al., 2010). As active participants on school leadership teams, SSWs may solely design or be integral contributors to RTI/MTSS processes. RTI/MTSS implementation has pushed the expansion of social work services from traditional roles of providing individual and group counseling, school and community consultations, and crisis interventions to becoming change champions (Clark & Alvarez, 2010). A change champion is someone who plays a pivotal role in advancing adoption of new ideas in organizations (Rogers, 2003). They have considerable influence over others and hold key linking positions within their organizations. Because SSWs have excellent leadership skills in facilitation and coordination of change efforts, they are well-positioned to guide RTI/MTSS implementation.

Although RTI/MTSS is strongly encouraged by the federal government and mandated in numerous states, many teachers and staff are reluctant to embrace the approach as educational change (Greenfield, Rinaldi, Proctor, & Cardarelli, 2010; Landon, 2010). Change is often difficult to implement because of barriers that people place between themselves and change efforts (Fullan, 2007). School personnel have traditions and become comfortable with the way issues are handled (Winfrey, 2011). Stability is seen as desirable; therefore, being content and maintaining status quo may be preferred over change. Some individuals may resist adopting RTI/MTSS because they do not understand the rationale for change. Effective change is the result of increasing the capacity of individuals and organizations to know when and how to pursue and implement change. Moreover, the psychological process of accepting and learning new ways of operating is typically a slow process. Regardless of whether the decision to adopt RTI/MTSS is enthusiastically or reluctantly perceived, it may involve loss, anxiety, and struggle for those involved in its implementation. Such emotional reactions are a natural response to change.

SSWs are uniquely qualified to play key roles in the RTI/MTSS change process because they have a holistic understanding of how schools work. This attention to detail includes developing collaborative relationships with teachers and using effective strategies to engage them throughout the transformation (Harris, Franklin, & Lagana-Riordan, 2010). By using a systems perspective, understanding the whole child, and managing school-wide behavior interventions, SSWs are able to facilitate RTI/MTSS implementation. SSWs can take the lead by identifying and ameliorating challenges experienced during major changes required at schools (Clark & Tilly, 2010; Peckover, Vasquez, Van Housen, Saunders, & Allen, 2013).

### **Literature Review**

RTI/MTSS refers to school-wide application of academic and behavioral interventions that promote assistance to children having difficulty learning (Batsche et al., 2006; Ridgeway, Price, Simpson, & Rose, 2012). Sugai and Horner (2002) suggested that schools interested in implementing RTI/MTSS are best served by adopting a systems perspective and developing a common set of desired academic and behavioral expectations for students. Schools accomplish this through administrative support coupled with team-based problem-solving approaches, research-validated practices, and data-based decision-making processes. These strategies ensure a congruent school-wide approach to prevent academic

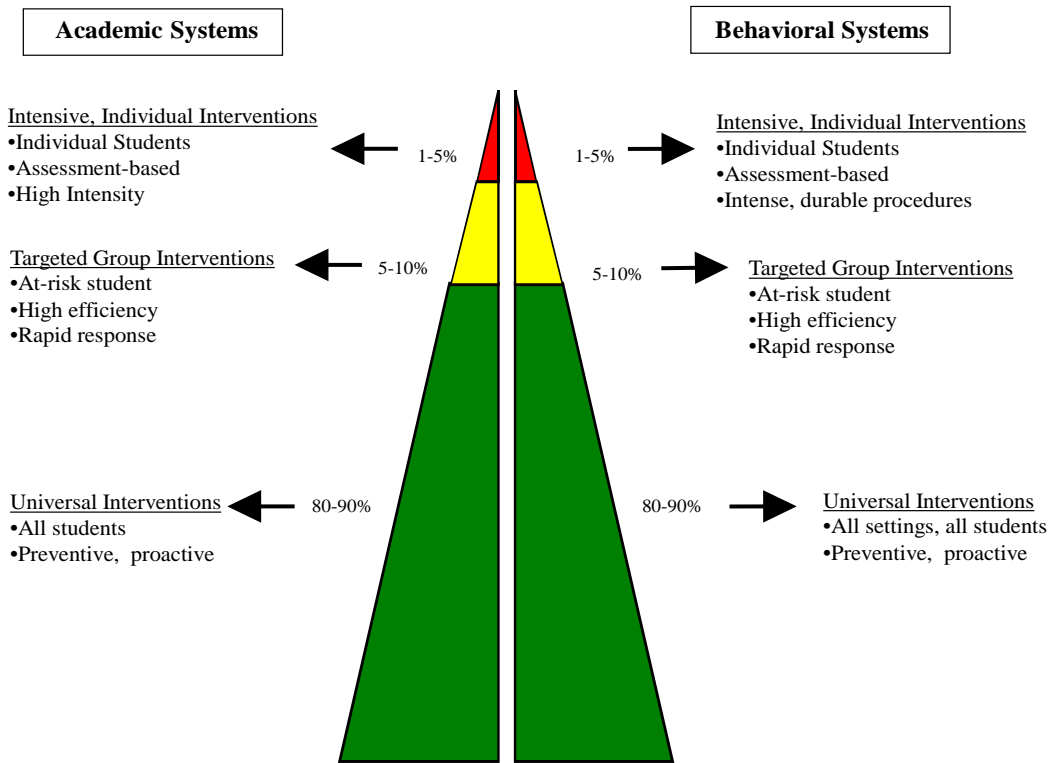


failure and encourage students to display socially appropriate behaviors while reducing the likelihood that challenging behaviors will occur (Lindsey, 2008).

RTI/MTSS uses a three tier model to apply this integrated approach (Batsche et al., 2006; Brown-Chidsey & Steege, 2005; Sugai & Horner, 2002) (see Figure 1). Tier one interventions are universal to all students and aim to prevent academic and behavioral problems. Examples of tier one interventions include research-based, social-emotional learning curricula taught in general education classrooms. These interventions provide students with methods to display expected behaviors, proactively pre-correct students, and acknowledge them for exhibiting expected behaviors. The RTI/MTSS model anticipates that 80-90% of students will respond to tier one interventions (Lindsey, 2008).

Tier two interventions are short-term and individualized, such as Check & Connect, which targets students at risk of displaying problems including reading below grade level or poor social skills (Alvarez & Anderson-Ketchmark, 2010; Eber, Lindsey & White, 2010). These interventions are designed to bring about rapid improvement and be quickly accessed, highly efficient, and flexible (Hawken & Horner, 2003; McIntosh, Campbell, Carter, & Dickey, 2009). RTI/MTSS estimates that 10-15% of students will need tier two interventions to be successful in school (Center for Mental Health in Schools at UCLA, 2011). Tier two interventions include specially designed small group counseling provided by SSWs, school psychologists, school counselors, and other behavioral specialists (Crone, Hawken, & Horner, 2010; Lindsey, 2008).

Tier three interventions are provided to students with highly intensive academic and behavioral needs. These interventions are developed based on unique student needs and are likely to be long-term (Eber et al., 2010; Malloy, Sundar, Hagner, Pierias & Viet, 2010; Scott & Eber, 2003). Interventions include Rehabilitation, Empowerment, Natural Supports, Education, and Work (RENEW, Malloy et al., 2010). RENEW is an application of the wraparound planning process based on student strengths and needs across home, school, and community contexts. The RTI/MTSS framework anticipates that 1-5% of students will require tier three interventions. All three tiers work together to provide a continuum of school-wide instructional and behavioral supports that most likely come under the lead of SSWs. This three-tiered intervention for effective school environments is demonstrated by Sugai, Horner, and Gresham (2002) as shown in Figure 1.

Figure 1. *Designing School-Wide Support Systems for Student Success*

(adapted from Sugai, Horner, &amp; Gresham, 2002)

A critical ingredient for accurate and sustained RTI/MTSS implementation is to provide coaching to teachers and staff in becoming proficient in the application of all three tiers (University of South Florida, 2011). Coaches are responsible for supporting schools and RTI/MTSS implementation teams. They do this by creating positive and productive team environments, facilitating consensus for decisions, guiding meaningful problem-solving processes, and providing access to training and resources. Schools are more likely to successfully implement RTI/MTSS when they adopt organized and systematic coaching models (University of South Florida, 2011).

### School Social Work Leadership

The RTI/MTSS framework is dramatically changing expectations for related-service providers (Clark & Alvarez, 2010; Frey, Lingo, & Nelson, 2008), especially the profession of SSWs. Historically, SSWs have had a great deal of flexibility in the strategies, interventions, and methods they use to remove learning barriers (Kelly et al., 2010). RTI/MTSS brings consistency to school-wide curriculum, programs, and practices; it also affords SSWs key leadership opportunities to demonstrate specialized skills working with students experiencing behavioral challenges (Lawson, 2010). In practice, this means SSWs incorporate evidence-based approaches that are identified and evaluated based on data and are focused on the whole child (Lawson, 2010; Raines, 2004, 2008).

RTI/MTSS requires concurrent changes in school organizational structures and learning environments that need to be achieved without discord. Such changes need to be viewed from within a person-in-environment framework (Lawson, 2010). SSWs are uniquely prepared for this challenge because of their knowledge and skills in problem assessment and interventions, their understanding of the relationship between academics and behaviors, and their familiarity with the person-in-environment framework that is an intrinsic part of RTI/MTSS. Moreover, as change leaders, SSWs are familiar with factors that influence successful implementation of new school programs and approaches. For these reasons, SSWs may be in the best position to champion student achievement and promote school reform.

### **Diffusion of Innovations**

Diffusion of innovations is the process by which new initiatives are adopted by organizations, customers, or clients (Rogers, 2003). It can be applied to decisions made by individual consumers about whether to buy the latest technology or to decisions made by school districts on adopting RTI/MTSS (Lindsey, 2008). Diffusion of innovations encompasses a number of factors including: the innovation itself, how information is relayed to others, the point in time that the innovation emerges, and the characteristics of potential users (Rogers, 2003). In reality, the true quality of the innovation is not as important as the user's perception of its worth (Lindsey, 2008).

Once a school district decides to introduce RTI/MTSS, implementation does not typically follow a linear path (Landon, 2010). Because the organizational change process requires a number of individuals to work together, it is highly complex (Rogers, 2003). Implementation of innovations within schools requires both the innovation and the organization to change in order to facilitate goodness-of-fit.

A "change champion" plays a critical role in bringing about successful implementation (Rogers, 2003). Such a person must have an established interpersonal network that provides ongoing opportunities for collaboration and consultation with key staff. They should be politically astute and understand informal patterns of relationships and alliances between members of the organization. Champions must also possess excellent communication and negotiation skills that enable them to work effectively with a wide range of interests and people. Many times an innovation must be reworked to better fit the needs of a particular organization. A champion can facilitate this process by employing his or her people skills to organize a coalition of individuals that will ensure the implementation process goes smoothly. SSWs exhibit these characteristics and thus are a logical choice to assume the pivotal role of RTI/MTSS leader or change champion.

As an innovation, RTI/MTSS requires organizational structures in schools to change in order to accommodate the approach. Frequently, the degree of change required is underestimated. Substantive change does not occur overnight. It is a delicate process that involves time and careful navigation. Change means transition which requires people to adjust their thoughts, attitudes, and behavior, (Winfrey, 2011). The change process for major school restructuring consists of initiation followed by implementation to continuation and evaluation of outcomes (Fullan, 2007). For RTI/MTSS to become embedded within the school culture, staff must acquire a deeper understanding of the type

of changes that are truly required. Kotter (1996) indicates, “new approaches usually sink into a culture only after it’s very clear that they work and are superior to old methods” (p. 157). Only after school staff are convinced that RTI/MTSS is superior to previous policies and practices will it become ingrained. Innovations cannot exist without trust, confidence, consistency, and integrity (Evans, 2000). These values, characterized by personal ethics, vision, and belief in others, are fundamental components of both leadership and the social work profession (Evans, 2000). SSWs are often skillful in generating trust, which is critical to be effective change leaders. By understanding the issues, concerns, barriers, and challenges associated with widespread organizational transformation, SSWs can facilitate the systemic changes required for RTI/MTSS. Teachers tend to resist changing for a future they cannot clearly see (Lunenburg & Ornstein, 2007). According to Knight (2009), teachers usually need to experience success and believe that change is powerful with easily implemented programs or practices. Because of the massive changes required to implement RTI/MTSS, SSWs are well-equipped to shepherd the change process and generate buy-in from teachers and staff.

As RTI/MTSS is now mandated within the State of Illinois, schools are transitioning to evidence-based assessments and interventions for students with learning and behavioral problems. Due to the major systemic changes that are necessary for the success of RTI/MTSS, all staff roles and responsibilities may be altered, especially those of SSWs. This transformation has forced SSWs into leadership roles. Because SSWs play a unique role in expediting RTI/MTSS, their perspective is critical in understanding the challenges and accomplishments of RTI/MTSS. While many studies discuss staff roles and RTI/MTSS implementation (Avant, 2014; Kelly et al., 2010), there appears to be a significant gap in the literature regarding how SSWs' roles and responsibilities are influenced. This research study examined how SSWs perceive the advantages, disadvantages, and challenges of implementing RTI/MTSS.

## Methods

This study used survey research with a 32-item questionnaire composed of open and forced-choice responses. Sample items include: (a) Describe the potential gains and disadvantages of implementing RTI, (b) How has RTI limited and/or increased your SSWs' roles?, (c) Did you receive formal training on implementing RTI?, and (d) What form of RTI supports are provided by your school? Question construction was based on a review of RTI/MTSS and school social work practice literature, as well as an Illinois Association of School Social Workers (IASSW) University Relations Committee discussion. This committee, which served as an advisory group to IASSW regarding school social worker education in Illinois, is composed of faculty representatives from various universities with accredited schools of social work.

Appropriate Institutional Review Board approval was obtained, and SSWs were invited to participate through the IASSW listserv. Because SSWs in Illinois are not required to hold IASSW membership, only current members (n=772) were invited to participate in this research opportunity. SSWs received an email explaining the study with an attached link providing access to the online survey via Survey Monkey for approximately 4 weeks. To encourage participation, a follow-up reminder was sent by email at the end of the third week. Although the survey yielded a total of 313 responses

(for an initial response rate of 41%), a significant portion of the surveys were incomplete. Only 192 individuals replied to all of the questions; only these cases were included in the data analysis, producing a final response rate of 25%.

Analyzing and coding of responses consisted of identifying key issues focused on by the SSWs. A thematic analysis procedure involving coding and recoding the data was used (Braun & Clarke, 2006; Miles & Huberman, 1994; Patton, 2001). Content analysis focused on identifying themes and patterns in participants' responses. Themes that emerged most frequently were considered to reflect factors that contributed to SSWs' perceptions and formed a comprehensive picture of their collective experience. Topics that were mentioned infrequently were revisited to see if they could be incorporated as a sub-theme or should be discarded. This data-driven analysis process required constant comparison as referred to by Strauss and Corbin (1998).

Co-analyst triangulation was used to validate themes and strengthen the trustworthiness of the findings (Lauri, 2011; Patton, 2001). Co-analyst triangulation provided an opportunity for both authors to understand multiple ways of seeing the data and hence avoid selective perception and illuminate blind spots. When disagreements arrived, both authors provided additional perspectives to review the themes and thus achieve a final coding. This method of organizing and triangulating data was used to ensure a well-developed and comprehensive analysis of SSWs' roles, responsibilities, and perceptions regarding RTI/MTSS.

## Results

Demographic characteristics of the survey respondents varied greatly. Thirty-three percent of the SSWs (the largest group) had between one and five years of total work experience while only 9 percent had 21 or more years in their current position. The largest group of respondents (42.7%) were employed in rural/small towns, with 40% in suburban locations, and 13% in urban areas. Most respondents (73%) worked with elementary students, whereas 44% worked with middle school students. About one-third worked with early childhood (33%) and high school (35%) students, respectively.

The majority (95.3%) of the 192 respondents reported working in schools currently implementing RTI/MTSS. Interestingly, although RTI/MTSS is mandated in the state of Illinois, 4.7% of the schools were not implementing interventions. Respondents varied in the extent to which they were involved in the RTI/MTSS process: 42% reported a great extent of involvement, 40.6% were somewhat involved, 12.5% had very little involvement, and 4.6% had no involvement. Respondents reported that the nature and type of RTI/MTSS implementation varied based on school and district levels. Fifty-seven percent of the SSWs revealed differences in how RTI/MTSS is implemented in the elementary, middle, and high school grades. The results demonstrated a divide between SSWs--some eagerly embraced RTI/MTSS and others reluctantly tackled the systems changes. The implementation of RTI/MTSS was described by respondents as both enhancing and altering the role of SSWs.

### **School Social Worker Roles**

SSWs who were already a part of RTI/MTSS in their schools felt that their responsibilities had changed dramatically by allotting more opportunities to share their input and multi-faceted knowledge about students. SSWs were viewed by school staff as functioning as coaches, consultants, or leaders. SSWs shared experiences of being an integral part of the RTI/MTSS team to implement interventions to address significant behavior concerns. According to one individual, “a lot of the work on the secondary and tertiary levels is left to the social worker.” For example, respondents noted their social work roles had expanded to include behavioral observations, teacher consultations, and increased prevention work with general education students. Additionally, SSWs were frequently in charge of managing and coordinating collection and dissemination of school-wide data. Previously they were responsible only for their own data, counseling, and evaluation.

The survey revealed that 72.4% of respondents felt RTI/MTSS did not limit SSWs roles and responsibilities but required explicit organization and balance. Some respondents who worked in a cooperative district commented that RTI/MTSS made it more difficult to meet special education mandates in a timely fashion while managing daily RTI/MTSS responsibilities. “I am responsible for implementing tier two social and academic instruction groups while also serving as the tier two building coach. This includes implementing Positive Behavioral Interventions and Supports (PBIS) Check-in and Check-out, which minimize time to facilitate therapeutic groups.” In addition to limiting the amount of time available for counseling, the majority of respondents felt that RTI/MTSS would replace the necessity of completing Social Developmental Studies (SDS). These respondents feared that eliminating SDS would ultimately lead to fewer special education referrals in the future by limiting the opportunity for social workers to share their input about students. Other respondents, however, felt that the heavy reliance on data-driven assessments represented an improvement over previous practice because it facilitated earlier completion of SDS.

### **Advantages of RTI/MTSS**

Respondents noted several advantages of RTI/MTSS by selecting from predetermined options on the survey, with opportunities to provide examples. The most frequently noted potential advantages in implementing RTI/MTSS were in providing school-wide behavior supports (90.1%) and problem-solving interventions (89.6%). Interestingly, heavy emphasis on data to guide implementation of RTI/MTSS was viewed as an advantage by 77% of SSWs. This response indicated positive reactions to using data to help schools determine student interventions. Some of the responses for “other” advantages included feeling that RTI/MTSS has led to improved dialogue systems, more consultation opportunities and input regarding students, and enhanced parental involvement and community awareness. Some respondents indicated that RTI/MTSS encouraged open discussions and consultation between disciplines. “RTI is increasing my role and responsibilities. I work more closely with teachers and parents.” Some SSWs noted experiences of collaborating with school psychologists to implement behavioral and reading interventions. This open dialogue also encouraged other staff to approach SSWs with questions about students or to inquire about resources and additional intervention

strategies. These conversations resulted in explicit goals for all involved (i.e., students, staff, and parents), a structured timeline, and greater clarity throughout implementation stages. Respondents also shared that SSWs were a great asset to parents by encouraging parental involvement and participation in the RTI/MTSS process. Additionally, SSWs also provided community awareness and education about RTI/MTSS implementation and its advantages.

### **Challenges of RTI/MTSS**

Survey respondents noted many concerns involving RTI/MTSS implementation that seemed to outweigh its potential advantages. Concerns included the lack of social work involvement in RTI/MTSS planning, the implementation process, confusion over intervention tier selection, imbalance between academics and behaviors, data collection, and inadequate training and guidance. These issues are typical of the complexities associated with school-wide changes.

**RTI/MTSS Planning.** Respondents declared that SSWs are not usually involved in the initial planning and development phases of RTI/MTSS. However, they are called on later to lead the implementation of interventions at tiers two and three. “Staff come to me now with concerns about general education students; I educate the teachers and staff about RTI/MTSS.” One SSW noted, “I am responsible for arranging interventions, planning schedules and behavioral referrals, and problem-solving for both behavior and academic sides of RTI/MTSS.” Other respondents noted that SSWs and psychologists were also responsible for training, consulting, and modeling RTI/MTSS implementation within their districts.

**Implementation Process.** SSWs perceived that RTI/MTSS implementation is an overwhelming process. “It is time-consuming, labor-intensive, especially at the beginning, and quite inconsistent.” Another respondent shared, “Having to attend additional meetings and being placed in a leadership role as RTI/MTSS building coordinator took valuable time away from direct social work services.” SSWs identified challenges associated with providing services to students with and without an Individualized Education Program. “I am involved in all aspects of RTI and with all students, not just with special education.” These time constraints were even more intensified for SSWs employed in cooperative school districts (i.e., multiple schools that share pupil personnel resources). Some respondents remarked that many challenges are faced at different levels during the implementation phase. “It seems to be implemented differently everywhere depending upon who is in charge, who is dispersing the information, and who is implementing it.” Other implementation concerns included the need for precise methods to monitor progress and ensure fidelity, inadequate time for implementation, lack of sufficient funding, and the absence of a collaborative effort from the entire RTI/MTSS school team to move the process forward.

**Interventions.** Respondents indicated that funding for interventions, especially those designed for special education services, was a pivotal issue. They provided various examples of how RTI/MTSS interventions were limited in some districts due to inadequate data-gathering practices or lack of staff. Other critical concerns regarding interventions included difficulties for students transferring between schools. For example, schools in

various districts may be at different stages of RTI/MTSS implementation which could lead to barriers in overall systems flow. Further, difficulties with RTI/MTSS interventions were associated with a lack of administrative support. Other respondents noted a lack of consistency in how schools applied social and emotional interventions. For example, some respondents noted a dearth of tier three interventions to meet the needs and demands of students with significant mental health concerns.

Other challenges of the process included difficulty in gauging improvements or quantifying effectiveness and difficulties in finding evidence-based interventions. For example, some respondents reported that SSWs were given a narrow list of options that could be used to assess the effectiveness of interventions. "Sometimes it is difficult to implement interventions that would support pre and post-tests for progress monitoring, thus limiting the use of such tools for social workers." According to one respondent, "not all issues that social workers deal with in a school setting could be quantified or assessed for improvement, which in some ways seems to limit the role of RTI/MTSS." Another respondent stated, "Providing tier one support with a social emotional learning curriculum is emphasized." However, many respondents revealed that demands to provide tier two and tier three interventions services were also increasing. Other respondents commented that making distinctions within a tier system, especially between tiers two and three, was difficult in the absence of well-developed behavioral guidelines. For example, schools with clear guidelines denote the number of behavioral referrals required to move to the next tier. Additionally, if progress monitoring data do not indicate improvement within a specified period, consideration is given towards movement to the next tier.

**Behavioral Side of RTI/MTSS.** Respondents commented that the behavioral side of RTI/MTSS interventions was not as well developed as those on the academic side. They noted few specific behavioral interventions beyond PBIS and Check & Connect. The survey revealed that some districts emphasized the academic side of RTI/MTSS more than the behavioral side. "Since we don't have a behavioral system in place, it makes RTI very confusing as to what the expectations are." Respondents also thought that the behavioral side of RTI/MTSS was critical but time-consuming and difficult to address for some students with multiple and intense academic and behavioral issues. For example, some respondents revealed that there was a greater need for more precise decision-making rules to differentiate when students should move from one tier to the next. This lack of clarity made implementation of behavioral interventions more challenging.

Some respondents also reported that their schools did not have a solid tier one behavioral management system in place. This limited the focus of RTI/MTSS to the academic side, thus heightening the need for additional manpower to collect and maintain behavioral data during implementation. One respondent stated that "teachers are more academic-focused, but SSWs focus more on behavior functioning, which sometimes creates confusion." Another respondent noted, "I am constantly creating individual behavior plans and classroom plans. I also do a lot more classroom groups."

**Data Collection.** The survey revealed that not all schools could invest in costly data management systems despite the need to maintain and store information. Some respondents felt that too much time and effort was being wasted in collecting unimportant data. The respondents commented that insufficient data collection processes ignored important areas



that needed attention and focus, which led to a lack of understanding of “big picture” issues concerning home, school, and community connections. “Way too much time is wasted on measures which do not tell a whole story and is not always a student’s primary need.” Over-reliance on certain types of data was also viewed as a barrier as “it detracts from other measures of progress, such as psychological assessments or behavior rating scales.”

Despite their reservation about the methods used, respondents also recognized the positive value of data collection processes. They acknowledged that data provided necessary evidence to make the right decisions and also assisted in identifying early interventions and prevention strategies. Nevertheless, collecting the amount of data needed at each point of the process and framing social work goals were perceived to be time-consuming. As one respondent stated, “it is exhausting to gather data that really shows improvement in social and emotional interventions.”

**Training and Guidance.** Ninety percent of the survey respondents indicated a strong desire for obtaining further information and training about RTI/MTSS. Three-quarters (74%) noted that they had attended RTI/MTSS training, but most wanted further education on its key elements. Respondents participated in trainings provided by school districts, IASSW conferences, free-standing workshops, and various other entities such as PBIS Network, Illinois Alliance for School-based Problem-solving and Intervention Resources in Education, graduate schools, and the Illinois State Board of Education. Despite a high percentage of respondents partaking in RTI/MTSS trainings, many felt the instruction was limited and lacked ongoing guidance and support throughout implementation. For example, one respondent commented that “there is little follow-up to formal training which makes it difficult.” Overall, many SSWs expressed a need for more guidance on their new roles concerning RTI/MTSS.

### **Limitations**

There are several limitations of this study suggesting that the findings should be interpreted with caution. Limitations include potential sampling biases related to the pool of respondents and online survey methodology used in this study. Because respondents were drawn from IASSW membership lists, this pool cannot be generalized to the entire population of Illinois SSWs. The sample was based on those members who self-selected to participate; therefore, it introduces the possibility of information bias. While 82.7% of the 192 respondents worked in rural and suburban communities in Illinois, their perceptions are most likely influenced by location and employment demographics. Likewise, the response rate of 25% posed a limitation as findings cannot be generalized to the entire population of Illinois SSWs. The use of an online survey may have also served as a limitation by discouraging those less comfortable with technology from participating.

### **Conclusion**

SSWs are integral trailblazers at their schools with essential responsibilities in creating a true educational community. This study offers a unique perspective of role transformation and underscores what SSWs in Illinois experienced while implementing RTI/MTSS. The results demonstrate recurring themes in RTI/MTSS implementation as many school personnel are unsure about the potential gains. While some advantages of implementing

RTI/MTSS were identified, SSWs discussed many obstacles and challenges, such as intervention imbalance between academics and behaviors, difficulties regarding data collection, insufficient involvement in planning, and inadequate training. SSWs have training in managing systems change and are particularly suited for implementing RTI/MTSS; unfortunately, they are frequently not called upon to contribute this expertise. The findings suggest that schools are in need of RTI/MTSS data management support to properly address the challenges of addressing students' social and emotional needs. Clear goals for staff and parents are needed as well as a structured timeline for interventions. Such guidelines are necessary to provide clarity to stakeholders throughout RTI/MTSS implementation stages, potentially resulting in more appropriate and available student services and better academic outcomes.

Although some SSWs were resistant to implementing RTI/MTSS, many eventually came to see its potential for improving students' academic outcomes and that it offered them an opportunity to become leaders of this systems change. Consistent with the literature, RTI/MTSS has strengthened the role of SSWs in many ways by enhancing their responsibilities as consultants, coaches, and leaders (Clark & Tilly, 2010). In these roles, SSWs are seen as knowledge providers who act as a primary source of information on RTI/MTSS for teachers and parents (Clark et al., 2010; Massat, Constable, & Thomas, 2009; Raines, 2010). For example, SSWs are viewed as providing strong support to teachers for case documentation and planning. SSWs are also entrusted to solve problems or address issues that no one else in the organization can or wants to address. Essentially, changes in the organization are triggering changes in the roles of SSWs.

A surprising finding of this study indicated SSWs' perceptions of leading their school as an RTI/MTSS change champion. Despite the many implementation barriers, this new revelation led to an "ah-ha" moment for SSWs as they recognized the RTI/MTSS the potential leadership advantages outweighed the challenges previously noted. Many essential aspects of managing change require SSWs to use their specialized knowledge and skills to reframe their role as change leaders. Because SSWs understand the need for a collaborative change process, they are well-equipped to advocate and contribute to the performance of the whole school as RTI/MTSS change champions.

### **Implications**

The findings from this study could have important implications for SSWs. However, it is important to keep in mind that this study used a small sample of 192 survey respondents mostly from small towns and suburban communities in Illinois; therefore, the results should only be generalized to populations that closely resemble this sample. Although there are potentially important extrapolations that could be made from this study, the topic requires more rigorous research to thoroughly understand how SSWs participate in implementing RTI/MTSS. It is critical that SSWs understand and maximize their new opportunities to effectively manage systems change (Clark & Tilly, 2010). Consistent with the literature, SSWs have begun lending their expertise in facilitating organizational change as well as designing, implementing, and evaluating the impact of services (Dupper, 2003). SSWs must continue to develop collaborative relationships with other professionals to benefit students and employ effective leadership strategies that are deeply embedded within the profession. Embracing additional leadership responsibilities creates ample opportunities

for SSWs to closely align social and emotional practices with academic achievement (Clark & Alvarez, 2010; Kelly et al., 2010). Moreover, accepting the challenge to be change champions allows SSWs to exert influence by creatively guiding schools through the RTI/MTSS process.

Based on the number of foundational changes to roles identified by respondents, RTI/MTSS presents SSWs with an opportunity to embrace their new responsibilities and role of a change champion (Avant, 2014). Consistent with the literature, taking action beyond simply complaining is paramount (Winfrey, 2011). RTI/MTSS is here to stay, thus requiring SSWs to either step up as leaders and adapt to the changing landscape of schools or be relegated to the sidelines. As champions of change, SSWs must anticipate RTI/MTSS challenges and meet them with determination and perseverance.

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**Author note**

Address correspondence to: Deneca Winfrey Avant, PhD, Illinois State University, School of Social Work, Campus Box 4650, 326 Rachel Cooper Hall, Normal, IL 61790. E-mail: [dwinfre@ilstu.edu](mailto:dwinfre@ilstu.edu)

## **Self-care and Professional Quality of Life: Predictive Factors Among MSW Practitioners**

**Kori R. Bloomquist  
Leila Wood  
Kristin Friedmeyer-Trainor  
Hea-Won Kim**

**Abstract:** *This study explored the effects of self-care practices and perceptions on positive and negative indicators of professional quality of life, including burnout, secondary traumatic stress, and compassion satisfaction among MSW practitioners. Results reveal that while social workers value and believe self-care is effective in alleviating job-related stress, they engage in self-care on a limited basis. Findings indicate that MSW programs and employers do not teach social workers how to effectively engage in self-care practice. Various domains of self-care practice contribute differently to indicators of professional quality of life. This study sheds light on the under-studied relationship between social worker self-care and professional quality of life, provides insight into the type of activities practiced and not practiced by MSW practitioners, and identifies gaps between perceived value and effective teaching of self-care. Implications exist for social work educators and employers and the potential to support a healthier, sustainable workforce.*

**Keywords:** *Self-care practice, self-care perceptions, professional quality of life*

Social workers represent a significant segment of human service professionals in the public and private sectors. There are nearly 600,000 social workers in the United States, and this number is expected to grow by 19 percent by the year 2022, which is faster than the average growth rate of 11 percent for all occupations (U. S. Bureau of Labor Statistics, 2013). Social workers practice in a variety of settings including child welfare and family practice, schools, mental health and addictions, and health care (U. S. Bureau of Labor Statistics, 2013). Social workers often juggle high volumes of paperwork, complex caseloads, and challenging client situations (Kim & Stoner, 2008). Additionally, social workers routinely engage with individuals, families, and groups who have experienced significant trauma and recent crises; exposure to such clients and the suffering they experience may become emotionally demanding on social workers (Newell & MacNeil, 2010). Compassion fatigue, secondary traumatic stress, and burnout are potential consequences of these emotional demands and can lead to feelings of exhaustion and incompetence, turnover intention, and actual turnover from one's organization (Bride, 2007; Figley, 1995; Killian, 2008; McCann & Pearlman, 1990; McGarrigle & Walsh, 2011; Newell & MacNeil, 2010).

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Kori R. Bloomquist, PhD, is an Assistant Professor at Winthrop University. Leila Wood, PhD, is the Senior Project Director at the Institute on Domestic Violence and Sexual Assault at University of Texas at Austin School of Social Work. Kristin Friedmeyer-Trainor, MSW, LSW, is a medical social worker at St. Vincent Hospital in Indianapolis, IN. Hea-Won Kim is an Associate Professor at Indiana University.

## **Self-care and Professional Quality of Life**

The practice of self-care refers to the purposeful actions people and organizations take that contribute to wellness and stress reduction (Alkema, Linton, & Davies, 2008; Barker, 2010; Killian, 2008; Kraus, 2005). Self-care has been heralded in the field of social work as a means to protect against the many stressors of the profession. According to the National Association of Social Workers (NASW, 2008), social workers have an ethical responsibility to address impairment or personal challenges that could interfere with professional decision-making and services to clients, but is self-care predictive of professional quality of life? Greater understanding is needed about self-care practices and perceptions of self-care as well as the relationship of self-care to the consequences of working with vulnerable and traumatized populations. The current study explored social worker self-care as a means to support a healthy and effective workforce. This study intends to enhance the social work knowledge base in the areas of self-care and professional quality of life.

### **Literature Review**

#### **Professional Quality of Life**

The effect of trauma on professionals who work in direct contact with clients has been investigated over the past several decades across multiple disciplines including nursing, social work, psychology, mental health, and case management (Ray, Wong, White, & Heaslip, 2013; Stamm, 2010; Thielman, & Cacciatore, 2014; Thompson, Amatea, & Thompson, 2014). Understanding the factors that influence professional quality of life is important to helping professionals, including clinical social workers, and to their clients (Thomas, 2013). The current body of literature indicates that the experiences of compassion satisfaction and compassion fatigue influence one's overall professional quality of life (Ray et al., 2013; Stamm, 2010). Professional quality of life refers to "the quality one feels in relation to their work as a helper" and is influenced by both positive and negative aspects of the work (Stamm, 2010, p. 8). Compassion satisfaction is a positive indicator of professional quality of life and refers to the pleasure derived from being able to do one's work effectively (Stamm, 2010). Compassion fatigue involves negative responses to caring for those who have experienced trauma, including feelings of fear associated with trauma work (Stamm, 2010). Compassion fatigue is comprised of two parts—secondary traumatic stress (STS) and burnout (Stamm, 2010). Together, compassion satisfaction and the two components of compassion fatigue—secondary traumatic stress and burnout—generate a professional quality of life for helping professionals.

Secondary traumatic stress (STS) is a clinical extension of compassion fatigue (Alkema et al., 2008; Bride, 2007; Figley, 1995; Killian, 2008; Stamm, 2010). Figley (1995) argues that STS is experienced not only by people working with those who have experienced trauma, but also the families and extended support systems of victims. Consequences of STS include sleep disturbance, intrusive thoughts (Killian, 2008; Stamm, 2010), forgetfulness, an inability to separate work and private lives, and an avoidance of trauma reminders (Stamm, 2010). Experiencing STS has the potential to compromise a practitioner's well-being and service delivery. A significant number of social workers have



been found to have symptoms of STS—most often intrusive thoughts, psychological stress, and avoidance of reminders of particular clients (Bride, 2007).

Burnout is an additional component of compassion fatigue. Maslach and Jackson (1986) recognize burnout as a syndrome of “emotional exhaustion, depersonalization, and reduced personal accomplishment” common among human service workers (p. 1). Burnout is typically the result of highly stressful work environments (Grosch & Olsen, 1994; Maslach & Jackson, 1986) and can also result from lack of esteem (McCann & Pearlman, 1990). Burnout has been found to be positively correlated with amount of time on the job (Galek, Flannelly, Greene, & Kudler, 2011); it can impact job performance (Maslach & Jackson, 1986) and interrupt cognitive schema including frame of reference and rationalization (McCann & Pearlman, 1990).

**Self-care.** Self-care practice requires individuals and organizations to purposefully engage in behaviors that contribute to wellness and reduced stress. Five primary domains of self-care practice are recognized in the literature. These domains include physical, psychological, emotional, spiritual, and professional self-care (Saakvitne & Pearlman, 1996). Physical self-care can be thought of as actions taken to promote one’s physical well-being. Common physical self-care activities include exercise, adequate sleep, and a healthy diet. Psychological self-care refers to actions taken to endorse self-awareness and healthy decision-making. Engaging in therapy, journaling, and reading are examples of psychological self-care activities. Emotional self-care refers to actions taken to encourage emotional well-being. Emotional self-care activities include spending time with loved ones, laughing, and self-praise. Spiritual self-care involves nurturing connections and finding meaning in life. Attending religious or spiritual events, praying, and meditation are common spiritual self-care activities. Professional self-care can be thought of as actions to promote professional health and competence. Common professional self-care activities include participating in relevant trainings, setting appropriate boundaries with clients, seeking adequate supervision or support, and advocating for one’s own needs within the workplace. Research suggests that specialized trauma training can improve compassion satisfaction and decrease compassion fatigue and burnout among mental health professionals (Sprang, James, & Whitt-Woosley, 2007). Knowledge and training may provide some protection against the harmful effects of trauma exposure (Sprang et al., 2007).

**Self-care perceptions.** Perceptions of self-care involve the attitudes and beliefs one holds about self-care and can be influenced by a variety of environmental and personal factors. A paucity of research exists with regard to social workers’ perceptions of self-care and the perceptions of self-care among helping professionals in general. However, in a study to determine the relationship between perceptions of self-care and quality of life among clinical psychology doctoral students, Goncher, Sherman, Barnett, and Haskins (2013) found that perceived self-care emphasis was a significant predictor of both quality of life and self-care practice. Self-care perceptions are influential among students in a related helping field, clinical psychology. Therefore, it is possible, if not likely, that the attitudes and beliefs social workers hold about self-care may influence quality of life and self-care practice.

**Environmental considerations of helping others.** Research has found that higher rates of burnout occur for social workers who have lengthy engagement with clients because the social worker can begin to feel helpless while assisting the client (McCann & Pearlman, 1990). Bober and Regehr (2006) and Brady, Guy, Poelstra, and Brokaw (1999) found that therapists who spend more time working with victimized clients have higher levels of post-traumatic symptoms and distress. Thus, it appears that more time in direct contact with clients is related to higher levels of job-related stress. Studies using the Traumatic Stress Institute Belief Scale have shown a statistically significant association between years of experience in the field and dysfunctional views of intimacy with others (Bober & Regehr, 2006). In essence, the longer someone is in the field, the more intimacy issues are encountered. Conversely, a longer length of time in the field has been associated with less vicarious trauma (Pearlman & Mac Ian, 1995). Age (being younger), having children, and socioeconomic status have been found to be predictive of helping professionals' intent to turnover from their current position (Barak, Nissly, & Levinal, 2001).

Despite recognition of the stress and demands faced by human service professionals, including social workers, a historical lack of systematic research regarding the self-care of these workers exists (Newell & MacNeil, 2010; Norcross, 2000). Some scholars posit that increased use of self-care strategies may decrease strain outcomes, or the negative consequences of engaging in human service work (Alkema et al., 2008; Bober & Regehr, 2006; Deery-Schmitt & Todd, 1995; Kraus, 2005; Kulkarni, Bell, Hartman, & Herman-Smith, 2013; Newell & MacNeil, 2010; Richards, Campenni, & Muse-Burke, 2010; Skovholt, Grier, & Hanson, 2001). Additionally, researchers theorize that increased engagement in self-care practice leads to greater compassion satisfaction and professional resiliency (Fink-Sammick, 2009; Killian, 2008). However, emotional and psychological risks associated with providing direct social work services to vulnerable populations and the use of professional self-care in response to these risks have been largely overlooked in social work practice, training, and education (Newell & MacNeil, 2010). The purpose of this research study was to expand knowledge regarding the association among social workers' self-care practices and perceptions and professional quality of life. Exploring ways in which social workers perceive and practice self-care has the potential to improve employment retention, augment training, and enhance job satisfaction and overall professional quality of life among social work professionals. The researchers hypothesized that more frequent engagement in self-care practice and more positive perceptions of self-care would be predictive of lower levels of STS and burnout and greater compassion satisfaction among MSW practitioners.

## **Methods**

### **Study Participants**

This study focused on practitioners with an MSW, as MSW-level practitioners are likely to deliver clinical interventions and are thus at risk for experiencing trauma and strain outcomes. Inclusion criteria for the study included holding an MSW degree from a program accredited by the Council on Social Work Education (CSWE) and being employed either

part-time or full-time as a social worker at the time of data collection. The study used a convenience sample of alumni from CSWE-accredited MSW programs ( $n=786$ ). The CSWE website provided a list of 217 colleges and universities with an accredited MSW program (CSWE, 2011). The researchers identified and contacted program directors and/or other MSW administrative staff with a personalized email about the study. Programs that did not respond to the initial email were contacted with a second email. Three programs were not able to be contacted. Of the 214 programs contacted, 32 programs expressed interest in the study and agreed to forward the study information (e.g., recruitment email with a link to the online survey) to a list of their program alums (15% response rate). Two follow-up emails were sent to the 32 participating schools in an effort to ensure the survey had been forwarded to alumni. This study was approved by the Indiana University Institutional Review Board.

## Measures

**Professional quality of life.** Professional quality of life was measured using the Professional Quality of Life Scale, version 5 (ProQual-5), developed by Stamm (2005). This instrument is the most commonly used measure of both positive and negative consequences of working with people who have experienced exceptionally stressful events (Stamm, 2005). Since its development in 1995, it has been revised multiple times. Version 5 is the most current version of the instrument (Stamm, 2015). The ProQOL-5 is a 30-item scale with three subscales to measure compassion satisfaction, burnout, and STS. Each subscale includes 10 items. Respondents were asked to rate how frequently they have experienced each item on 5-point Likert scale (1=never to 5=very often). The compassion satisfaction scale measured the pleasure one derives from doing one's work well ( $\alpha=0.90$ , Stamm, 2005). Example items from the compassion satisfaction subscale include: "I get satisfaction from being able to help people" and "I feel invigorated after working with those I help." The burnout scale measured feelings associated with hopelessness and difficulty in dealing with work or doing one's work effectively ( $\alpha=0.92$ , Stamm, 2005). Example items from the burnout subscale include: "I am happy" and "I feel connected to others." Lastly, the STS scale measured work-related secondary exposure to people who have experienced trauma ( $\alpha=0.93$ , Stamm, 2005). Example items from the STS subscale include: "I am preoccupied with more than one person I help" and "I jump or am startled by unexpected sounds." A summary score for each subscale was used for analysis with higher scores indicating greater compassion satisfaction, burnout, and STS, respectively.

**Self-care practice.** Self-care practice was measured using a scale developed by the researchers based upon the work of multiple contributors to the field of self-care. The self-care practice items included in this study were largely influenced by the works of Bell, Kulkarni, and Dalton (2003), Bober, Regehr, and Zhou (2005), and Saakvitne and Pearlman (1996). The measure included five domains of self-care practice—physical, professional, emotional, psychological, and spiritual. Domains included between eight and 12 self-care activities associated with well-being in that particular area of life (see Table 2 for items in each domain). In an effort to measure which activities social workers practice and how often they engage in each activity, respondents were asked to indicate frequency of engagement in 45 different self-care activities during the past 30 days. Responses were

rated on a 6-point Likert scale (0=never to 6=very frequently). A summary score was used to indicate each self-care practice domain as well as overall self-care practice. Higher scores indicated a greater frequency of engagement. Internal consistency reliability of the self-care practice scale was tested overall ( $\alpha=0.90$ ) and for each sub-scale (physical subscale  $\alpha=0.73$ ; professional subscale  $\alpha=0.79$ ; emotional subscale  $\alpha=0.69$ ; psychological subscale  $\alpha=0.76$ ; spiritual subscale  $\alpha=0.76$ ).

**Self-care perceptions.** Self-care perceptions refer to one's appreciation, value, and/or awareness of self-care. An 11-item scale to measure self-care perceptions was developed based upon existing literature (Bell et al., 2003; Bober et al., 2005; Saakvitne & Pearlman, 1996). Respondents were asked to indicate their agreement with each item on a 5-point Likert scale (1=strongly disagree to 5=strongly agree). Four items were reverse-coded. A summary score was created with higher scores indicating more positive self-care perceptions ( $\alpha=0.76$ ).

**Background variables.** The study instrument also included questions to ascertain respondents' demographic and additional background information. A total of 16 items inquired about current practice status, education level, licensure status, area of social work practice, salary, position status (full or part-time, clinical or administrative), amount of time spent in direct practice with clients, race, ethnicity, age, years of post-MSW experience, years in current position, practice location (urban or rural setting and state where practicing), and gender.

### Data Analysis

Descriptive statistics were used to examine the current level of self-care practice and perceptions and capture respondents' characteristics. In an effort to predict compassion satisfaction, burnout, and STS, multiple linear regression analyses were used. Summary scores of each of the five self-care practice subscales as well as the summary score for self-care perceptions and background variables were used as independent variables to predict each indicator of professional quality of life. Years of post-MSW experience, percentage of time in direct contact with clients, and annual salary were selected as independent variables in the analyses based upon their relationship to professional quality of life as identified in previous research. Before the hypotheses were tested, several assumptions for regression were examined. Multicollinearity did not prove to be a challenge in any of the regressions.

## Findings

### Participant Characteristics

The sample of MSW practitioners ( $n=786$ ) hailed from 42 states and the District of Columbia. The majority of respondents were female (88%) and Caucasian (85%). On average, respondents were about 42 years of age ( $M=41.52$ ,  $SD=12.59$ ), had practiced over nine years after earning their MSW ( $M=9.54$ ,  $SD=9.44$ ), and had been in their current position for about five years ( $M=4.95$ ,  $SD=5.79$ ). The majority of respondents were licensed (68.9%), clinical (58.9%) practitioners. Most respondents spent more than half of

their work week in direct contact with clients (63.5%). Nearly half of respondents earned between \$30,000 and \$50,000 annually. Further sample characteristics can be found in Table 1.

**Self-care Practice Domains**

As seen in Table 2, on average, respondents reported engaging in physical self-care most frequently (M=3.6), followed by professional (M=3.5), emotional (M=3.4), and psychological self-care (M=3.3). Respondents reported engaging in spiritual self-care activities less frequently than all other domains (M=2.9). Overall, respondents were not routinely or frequently engaging in self-care practice (M=3.3, SD=0.61). None of the 45 listed self-care practices were rated at less than 1 (Never), indicating that each activity was used by at least some respondents. Each respondent indicated engagement in at least one of the 45 listed self-care practice activities. Only 12 of the 45 activities were rated at a 4 or above (Often–Frequently). The self-care activities rated at a 4 or above included practicing healthy eating, sleeping regularly (physical), taking breaks throughout the work day, discussing cases with colleagues, chatting with co-workers, making quiet time to complete tasks, and setting limits with clients (professional), laughing, spending time with those one enjoys (emotional), and practicing being mindful, reading non-work related literature, and taking time for reflection (psychological). Five of these 12 items are professional self-care activities.

The least frequently practiced self-care activities, with a rating at a 2 or lower (Rarely–Never), included writing in a journal (psychological), practicing yoga (spiritual), participating in stress

		<b>Frequency (%)</b>
<b>Gender</b>		
Female		693 (88.2%)
Male		86 (10.9%)
Other		2 (0.3%)
<b>Race</b>		
Caucasian		665 (85.0%)
Black or African American		58 (7.4%)
Other		39 (4.0%)
Multi-racial		20 (2.6%)
<b>Ethnicity</b>		
Not Hispanic or Latino		709 (93.0%)
<b>Position</b>		
Clinical		461 (58.9%)
Administrative		147 (18.7%)
Other		175 (22.3%)
<b>Licensed</b>		
Yes		541 (68.9%)
<b>Income</b>		
Less than \$30,000		73 (10.6%)
\$30,001-\$40,000		181 (23.4%)
\$40,001-\$50,000		198 (25.4%)
\$50,001-\$60,000		139 (17.8%)
\$60,001-\$70,000		85 (10.9%)
\$70,001-\$80,000		48 (6.1%)
<b>Direct Contact with Clients</b>		
0-25%		142 (18.1%)
26-50%		144 (18.4%)
51-75%		270 (34.4%)
75-100%		228 (29.1%)
<b>Practice Setting</b>		
Urban		554 (71.3%)
<b>Area of Practice</b>		
Health		136 (18.7%)
Public Welfare		79 (10.1%)
Mental Health		277 (35.3%)
Child Welfare		114 (21.5%)
Other*		104 (14.5%)

management training, and negotiating one's own needs (professional). There were no items from the physical or emotional domains rated at a 2 or lower.

<b>Physical Self-Care Activity</b>	<b><u>N</u></b>	<b><u>M</u></b>	<b><u>SD</u></b>
Healthy eating habits	781	4.55	1.26
Sleep regularly	777	4.54	1.38
Engage in activity/hobbies	777	3.80	1.44
Exercise	779	3.78	1.44
Medical care when needed	777	3.77	1.62
Preventative medical care	776	3.57	1.61
Take time to be sexual with self or partner	765	3.33	1.41
Take time off from work	778	2.87	1.46
Take a vacation	772	2.56	1.45
<i>Physical Self-Care Dimension-OVERALL</i>	782	3.64	0.74
<b>Professional Self-Care Activity</b>	<b><u>N</u></b>	<b><u>M</u></b>	<b><u>SD</u></b>
Take time to chat with co-workers	781	4.71	1.37
Set limits with clients	771	4.58	1.31
Take breaks during the work day	781	4.31	1.56
Discuss cases with colleagues	781	4.21	1.40
Make quiet time to complete tasks	781	4.03	1.43
Arrange your work space so it is comforting	780	3.69	1.65
Get regular supervision	780	3.07	1.39
Diversify your caseload	769	3.03	1.68
Participate in professional education/training	778	2.88	1.56
Participate in a peer support group	780	2.09	1.37
Negotiate your needs	773	1.99	1.19
Participate in stress management training	777	1.54	0.92
<i>Professional Self-Care-OVERALL</i>	782	3.46	0.76
<b>Emotional Self-Care Activity</b>	<b><u>N</u></b>	<b><u>M</u></b>	<b><u>SD</u></b>
Laugh	778	5.24	1.04
Spend time with those you enjoy	780	4.89	1.20
Play with children	777	3.73	1.72
Give yourself praise	767	3.25	1.41
Allow yourself to cry	777	2.82	1.15
Take social action	773	2.79	1.32
Re-watch favorite movie(s)	775	2.68	1.34
Re-read favorite book(s)	778	2.09	1.38
<i>Emotional Self-Care Dimension-OVERALL</i>	781	3.44	0.75
<b>Psychological Self-Care Activity</b>	<b><u>N</u></b>	<b><u>M</u></b>	<b><u>SD</u></b>
Practice being mindful	778	4.21	1.47
Read non-work related literature	779	4.11	1.61
Take time for reflection	778	4.05	1.42
Set goals for yourself	777	3.86	1.37
Say "no" to extra activities	777	3.16	1.12
Develop a plan for caring for yourself	773	2.83	1.47
Participate in your own therapy	777	2.10	1.38
Write in a journal	778	1.81	1.25
<i>Psychological Self-Care Dimension-OVERALL</i>	781	3.28	0.86

<b>Spiritual Self-Care Activity</b>	<b>N</b>	<b>M</b>	<b>SD</b>
Pray	781	3.82	1.96
Visualize yourself having a positive day	778	3.48	1.71
Sing	778	3.36	1.74
Spend time with nature	780	3.2	1.36
Read inspirational literature	778	3.03	1.72
Spend time in a spiritual community	782	2.52	1.54
Meditate	781	2.37	1.57
Practice yoga	778	1.72	1.15
<i>Spiritual Self-Care Dimension-OVERALL</i>	782	2.94	0.98

*Note: Respondents selected responses from 1 (N: Never), 2 (R: Rarely—Once a Month), 3 (S: Sometimes—A few times a month), 4 (O: Often—Weekly), 5 (V: Very Often—A Few Times a Week), and 6 (F: Frequently—Almost Daily to Daily)*

### Self-care Perceptions

Using the general definition of self-care provided in the instrument, on average, respondents reported moderately positive perceptions of self-care. Of the 11 perception items, respondents most strongly agreed with the statement “I value self-care” (M=4.5) followed by “Self-care is effective in alleviating job-related stress” (M=4.38) (see Table 3). These findings indicate that social workers value self-care and believe it is effective in combating strain outcomes. When asked about their MSW program (M=3.8) and employer (M=3.3) valuing self-care, responses were more moderate as were responses related to respondents’ MSW program (M=3.2) and employer (M=2.4) effectively teaching them how to engage in self-care practice. Respondents indicated a moderate level of disagreement with the four items related to self-care practice barriers. Overall, respondents indicated their MSW program and employer value self-care much less than the individual worker, that MSW programs and employers do not effectively teach workers how to engage in self-care practice, and when compared to MSW programs, employers were less likely to value and effectively teach self-care.

<b>Perceptions</b>	<b>N</b>	<b>M</b>	<b>SD</b>
I value self-care.	779	4.47	0.64
Self-care is effective in alleviating job-related stress.	781	4.38	0.69
The MSW program from which I graduated values self-care.	780	3.79	1.01
My current employer values self-care.	773	3.34	1.28
My MSW program taught me how to effectively engage in self-care.	780	3.22	1.08
It is easy to engage in self-care practice.	780	3.06	1.15
My workload prevents me from engaging in self-care.	779	2.83	1.23
My family obligations prevent me from engaging in self-care.	780	2.45	1.18
My current employer effectively teaches me how to engage in self-care.	774	2.44	1.25
My community obligations prevent me from engaging in self-care.	780	2.03	.95
My social life prevents me from engaging in self-care.	778	1.95	.87

### Variable Correlations

The researchers were interested in the relationships among study variables. Self-care perception was found to have a significant positive correlation with multiple self-care practice domains including psychological ( $r=0.14$ ,  $p<.01$ ), spiritual ( $r=0.15$ ,  $p<.01$ ), emotional ( $r=0.18$ ,  $p<.01$ ), and professional ( $r=0.28$ ,  $p<.01$ ). Multiple dimensions of self-care practice were found to be significantly correlated, ranging from  $r=-.08$ ,  $p<.05$  to  $r=0.55$ ,  $p<.01$ . Among the background variables used in the analyses, there were significant positive correlations between years of post-MSW experience and multiple domains of self-care practice including physical ( $r=0.16$ ,  $p<.01$ ), psychological ( $r=0.18$ ,  $p<.01$ ), spiritual ( $r=0.14$ ,  $p<.01$ ), and emotional ( $r=0.07$ ,  $p<.05$ ).

### Predicting Professional Quality of Life

The primary goal of this study was to explore the effect of self-care practice and perceptions on indicators of professional quality of life among MSW practitioners. Multiple regression analyses was conducted to identify predictors of each indicator of professional quality of life.

*Secondary traumatic stress.* The results of the STS regression revealed that the predictor variables explained 19.3% of the variance ( $R^2=0.19$ ,  $F_{(9, 746)}=19.83$ ,  $p<.001$ ). Respondents reported less STS when they held more positive perceptions of self-care and had more years of post-MSW experience (see Table 4). Psychological self-care was the only significant self-care practice domain; however, respondents who practiced more psychological self-care reported higher levels of STS ( $b=.11$ ,  $p<.05$ ).

*Burnout.* The results of the burnout regression indicated the six predictor variables explained 38.6% of the variance ( $R^2=0.39$ ,  $F_{(9, 746)}=52.06$ ,  $p<.01$ ). As seen in Table 5, respondents reported less burnout when they held more positive perceptions of self-care, engaged in more professional, emotional, and spiritual self-care practice, and had more years of post-MSW experience. However, respondents who practiced more psychological self-care ( $b=.09$ ,  $p<.05$ ) reported higher levels of burnout.

*Compassion satisfaction.* In the compassion satisfaction regression, self-care practice, perceptions, and the background variables explained 24.5% of the variance ( $R^2=0.25$ ,  $F_{(9, 746)}=26.92$ ,  $p<.001$ ). As seen in Table 6, respondents reported more compassion satisfaction when they held more positive perceptions of self-care, practiced more professional and emotional self-care, and had more years of post-MSW experience.



	<b>B</b>	<b>SE</b>	<b><math>\beta</math></b>	<b>t</b>	<b>p</b>
<b>Secondary Traumatic Stress</b>					
Constant	33.78	1.51		22.31	<.001
Self-care Perceptions	-.32	.03	-.37	-9.49	<.001***
Physical Self-care	.01	.02	.01	.30	.761
Professional Self-care	-.05	.03	-.09	-1.93	.054
Emotional Self-care	-.07	.04	-.07	-1.73	.085
Spiritual Self-care	.03	.03	.05	1.17	.244
Psychological Self-care	.08	.03	.11	2.37	.018*
Annual Income	.00	.12	.00	-.00	.998
Direct Time with Clients	.06	.18	.01	.33	.745
Years Post-MSW	-.11	.02	-.19	-5.08	<.001***
<b>Burnout</b>					
Constant	44.50	1.29		34.57	<.001
Self-care Perceptions	-.37	.03	-.44	-12.90	<.001***
Physical Self-care	.02	.02	.03	1.03	.302
Professional Self-care	-.60	.02	-.11	-2.82	.005**
Emotional Self-care	-.16	.03	-.19	-5.11	<.001***
Spiritual Self-care	-.07	.02	-.10	-2.85	.004**
Psychological Self-care	.06	.03	.09	2.19	.029*
Annual Income	-.10	.10	-.03	-.99	.321
Direct Time with Clients	-.03	.15	-.01	-.18	.860
Years Post-MSW	-.08	.02	-.15	-4.50	<.001***
<b>Compassion Satisfaction</b>					
Constant	23.21	1.57		12.47	<.001
Self-care Perceptions	.23	.04	.24	6.54	<.001***
Physical Self-care	-.02	.02	-.03	-.78	.438
Professional Self-care	.08	.03	.12	2.74	.006**
Emotional Self-care	.17	.04	.18	4.45	<.001***
Spiritual Self-care	.01	.03	.02	.49	.623
Psychological Self-care	.03	.04	.04	.85	.399
Annual Income	.32	.12	.05	1.52	.130
Direct Time with Clients	.28	.18	.05	1.52	.130
Years Post-MSW	.06	.02	.09	2.51	.012*

\* p < .05; \*\* p < .01; \*\*\* p < .001

## Discussion

This study provided interesting insights into the self-care practices and perceptions of social work practitioners. Physical self-care was the most frequently practiced domain with average scores indicating between monthly and weekly use. This was closely followed by use of professional and emotional self-care. The most practiced activities overall included laughing, spending time with friends and family, and taking time to chat with co-workers. These activities were practiced often to very often by respondents. In their study of residential youth workers, Eastwood and Ecklund (2008) found healthy eating and spending time with friends and family to be among the most endorsed self-care practices (Eastwood & Ecklund, 2008). Similarly, Turner et al. (2005) found that psychology interns most often used relationships, humor, eating well, and self-awareness as self-care activities.

Van Hook and Rothenberg (2009) also found that exercise, social time, and hobbies to be the most used self-care activities among child welfare workers. The use of multiple self-care strategies among social workers in this sample follows Norcross' (2000) recommendation for workers to use a variety of self-care approaches to increase professional quality of life

Rated at a 2 or lower (Rarely–Never), journaling, practicing yoga, participating in stress management training, and negotiating one's own needs were found to be the least practiced self-care activities among the respondents in this study. As noted, there were no items from the physical or emotional domains rated at a 2 or lower. Perhaps activities in these two domains of self-care practice are more easily accomplished or available to social workers. Participating in yoga and stress management training could potentially pose a cost to participants or agencies and perhaps deter social workers from engaging in these activities. It is somewhat concerning that negotiating one's own needs within the workplace was practiced with such low frequency ( $M=1.92$ ). While social workers are trained to advocate for their clients in practice, it does not appear that they are doing so for themselves in professional settings.

Of the five self-care domains explored in this study, three proved to be significant predictors of professional quality of life: professional, emotional, and spiritual. More professional, emotional, and spiritual self-care practice are predictive of less burnout. More professional and emotional self-care are predictive of greater compassion satisfaction. As discussed by Nissly, Barak, and Levin (2005), burnout has been found to be predictive of turnover. Findings from this study suggest that professional self-care, such as chatting with co-workers, setting limits with clients, and taking breaks throughout the work day, may buffer against burnout. This finding has implications for employers; endorsing and teaching professional self-care could support worker sustainability. With regard to professional social worker self-care, Dombo and Gray (2013) advocate a comprehensive model that incorporates interventions at the macro, mezzo, and micro-levels of an organization. Content regarding professional self-care practice could also be built into social work education curricula, especially in the areas of practice skills and field, as a means to promote career longevity for new practitioners. Newell and Nelson-Gardell (2014) strongly advocate for the incorporation of professional self-care into social work curricula and encourage the use of professional self-care techniques as a means for supporting a healthy workforce. Van Hook and Rothenberg (2009) feel it is important to incorporate ways to identify work-related stress within the social work educational curriculum and also build supports into the organization context.

Emotional self-care activities can play a valuable role in professional quality of life. Figley (2002) advocates the use of socially supportive relationships, a form of emotional self-care, as a way to manage or treat compassion-related stress that results from working with vulnerable and traumatized populations. Killian (2008) found that clinicians cited spending time with friends and family as a self-care strategy and that social support was an important factor in predicting levels of burnout and compassion satisfaction. In the current study, emotional self-care proved to be significant in predicting less burnout and greater compassion satisfaction. These findings suggest that employers and educators may have the opportunity to support healthier, more satisfied social workers by attending to the

emotional self-care needs of employees and students, including assessing and enhancing the social support networks of human service professionals (Figley, 2002). Although respondents reported engaging in spiritual self-care less frequently than the other domains, spiritual self-care was predictive of less burnout. Hong (2012) found that workplace spirituality was associated with less intent to turnover among community mental health workers. Collins (2005) also advocated the use of spiritual self-care practice as a means for social workers to address professional fatigue, over-commitment, and the trauma associated with human service work. Dombo and Gray (2013) assert that a model of self-care that engages spiritual practices can prevent burnout, support social workers in developing adaptive coping strategies, and actually “offer the support needed to be present in clinical practice” (p. 94). In general, very little is known about the realm of spiritual self-care among human service professionals, especially social workers. Further exploration of this domain of self-care practice is needed.

Self-care perceptions and psychological self-care proved to be particularly interesting predictors of professional quality of life in this study. In existing literature, self-care perceptions have been found to be a predictor of improving quality of life (Goncher et al., 2013) and reducing burnout among workers in a residential youth center (Eastwood & Ecklund, 2008). Respondents in the current study largely agreed that they value self-care and believe it is effective in alleviating stress. However, overall findings suggest that social workers are not frequently practicing self-care. Perhaps this is related to respondents’ perceptions of the ease of engagement in self-care practice or perceived barriers to self-care practice. Though respondents took a neutral position regarding ease of engaging in self-care, they largely disagreed that family, workload, community obligations, and social life prevented them from engaging in self-care practice. Therefore, something else must be contributing to social workers’ lack of frequent engagement in self-care activities. In future research, it will be necessary to explore additional potential barriers to practicing self-care as well as other contextual and environmental factors that could affect the way social workers perceive self-care. The use of qualitative methods could be helpful in shedding light on these topics of interest.

Additionally, while respondents perceived their MSW programs to value self-care, they were less likely to agree that their program effectively taught them how to engage in self-care practice. This finding demonstrates a potential gap between the value of self-care by MSW programs and actual teaching of self-care practice to social work students. While there is no existing literature to directly address this gap, Newell and Nelson-Gardell (2014) acknowledge that students routinely go into the field unaware of the potential for strain outcomes. Newell and Nelson-Gardell highlight an ethical responsibility of social work educators to equip students with information and skills to acknowledge and address consequences of human service work.

While responses to employers’ value of self-care were neutral, respondents disagreed that their employers effectively taught them how to engage in self-care practice. Provided this study’s findings related to the role of professional self-care in predicting less burnout and greater compassion satisfaction, it appears employers have a real opportunity to address self-care in the workplace as a means to promote a healthier workforce. In an effort to learn more about how to best support social worker self-care, further investigation into

social work educational programs' and employing agencies' value and teaching of self-care practice is needed.

As noted, more psychological self-care was found to have a negative impact on professional quality of life, as indicated by higher levels of burnout and STS. The researchers theorized about possible explanations for these findings. Commonly reported psychological self-care activities included taking time for reflection, journaling, saying "no" to extra activities, developing a plan for caring for yourself, and practicing being mindful (listening to your thoughts, belief, acknowledging your behaviors, suspending judgments, etc.). Brown and Ryan (2003) suggest that self-awareness is simply "knowledge about the self" (p. 823). Psychological self-care techniques, such as participating in one's own therapy, support the development of awareness of one's boundaries and limitations (Richards, Campenni, & Muse-Burke, 2010). It is suspected that social workers who engage in these types of activities may be highly self-aware and particularly in-tune with negative indicators of professional quality of life—perhaps more so than those who do not practice psychological self-care or practice it limitedly. Further research is needed to explore the relationships between psychological self-care practice and negative indicators of professional quality of life.

Additional interesting findings from this study include the role of post-MSW experience in predicting indicators of professional quality of life. While some may have predicted that more years of practice experience would result in greater instances of negative indicators of professional quality of life, this was not the case in this study. Years of post-MSW experience actually seemed to buffer against negative indicators of professional quality of life. This finding may suggest that as practitioners gain more experience, they also learn how to cope with and/or address strain outcomes from their work. In their study of professional quality of life in child welfare workers (14% held an MSW degree), Van Hook and Rothenberg (2009) found younger workers (age 18-29 years) reported higher burnout scores than older workers (age 30 years and older). It is possible that these older workers also had more years of post-MSW experience. Alkema et al. (2008) found increased time of service to be connected to increased self-care: the longer hospice professionals worked, the more compassion satisfaction and self-care strategies they developed. These authors also found that chronological age was not a significant factor in self-care. Additional research is needed to determine where and how experienced practitioners learn to address work-related stress and build capacity for compassion satisfaction. Coupled with the findings from this study, research seems to indicate that experience, not biological age, is related to self-care practice and overall professional quality of life. This makes the emerging self-care practice of students, who are at an increased risk for burnout, even more critical to professional longevity (Harr & Moore, 2011). Interestingly, direct service time with clients was not a significant predictor of any indicators of professional quality of life. This finding suggests that contextual factors outside of direct practice with clients, may influence practitioners' experiences of strain outcomes.

Findings from this study suggest that overall, social workers are not frequently or routinely engaging in self-care practice. While the self-care perception measure used in this study included some items regarding potential barriers to practice, future research is

needed to understand how and why social workers do not engage in self-care practice. Conversely, further research is also needed to better understand how and why social workers do engage in some self-care activities, including those that may seem routine or easily accessible, such as chatting with co-workers and spending time with loved ones. In general, there exists a need for future research into social worker self-care practice and perceptions. This study focused on the direct impact of perception on professional quality of life. Self-care perception is significantly correlated with multiple domains of self-care practice. Future studies are necessary to shed light on how perception relates to practice, which in turn may affect professional quality of life. Investigating the relationship between psychological self-care practice and negative indicators of professional quality of life may lead to new learning related to how best to support and maintain the social work workforce.

### **Limitations**

This study has notable limitations. Respondents were from a self-selected sample of MSW-level social workers in the United States. The sample of 786 MSW social workers was not nationally representative; however, participants of this study came from 42 states and D. C., and their backgrounds mirrored previous random samples in terms of gender (NASW, 2003) and average annual income (U. S. Bureau of Labor Statistics, 2013). Respondents in this study had an average of approximately nine years of post-MSW experience. In the NASW (2003) sample, respondents had, on average, 16 years of experience as a social worker. The use of alumni lists as a means of identifying study participants might have influenced the sample to include more recent graduates. In this study a vast majority of the participants (85%) was Caucasian as compared to 58% of MSW students in the CSWE (2011) survey. Overall, the sample is not representative of the general population of social work practitioners. Thus, the results are not generalizable.

An additional limitation relates to the use of a new survey instrument. Although the internal consistency reliability for all subscales of professional quality of life measures were .90 or greater and the instrument has been used in numerous studies, some of the self-care scales developed by the researchers for this study demonstrated only an acceptable degree of internal consistency reliability, which has implications for measurement. Further testing of these scales in future studies as well as scale adaptations based upon new learning may improve the scales' psychometric properties.

The study was cross-sectional in nature. While a cross-sectional design allows for a snap-shot measure of the phenomena under study, this type of design is not able to capture participants' changes in their perceptions and practice of self-care or professional quality of life over time (Rubin & Babbie, 2011). Also, this study may not have accounted for the full scope of other variables that affect professional quality of life. Stamm (2010) notes that professional quality of life is dynamic because it is associated with both environmental and personal characteristics. In future studies it will be valuable to explore additional contextual factors that may affect professional quality of life as well as self-care practice and perceptions. Despite these limitations, this study does offer valuable insights regarding social worker self-care practice, perceptions, and indicators of professional quality of life.

## Conclusion

Professional quality of life is a complex concept that is comprised of both positive and negative experiences of human service work. Study respondents valued self-care but engaged in self-care practice activities on a limited basis. This study explored the predictive ability of self-care practice domains, perceptions of self-care, and background characteristics on multiple indicators of professional quality of life and found that the perceptions practitioners have of self-care are significant in predicting levels of burnout, STS, and compassion satisfaction. Also, domains of self-care practice contribute differently to indicators of professional quality of life. Professional, emotional, and spiritual self-care predicted lower levels of burnout, and professional and emotional self-care practices were both predictive of greater compassion satisfaction. Findings from this study have important implications across levels of practice. Social work practitioners, agencies, and educators should no longer just pay lip service to the value of self-care, but instead embrace self-care as a legitimate tool to support professional quality of life.

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**Author note**

Address correspondence to: Kori R. Bloomquist, PhD, Winthrop University Department of Social Work, Bancroft Hall 128, Rock Hill, SC 29733.  
Email: [bloomquistk@winthrop.edu](mailto:bloomquistk@winthrop.edu)

## **Bulletproofing the Psyche: Mindfulness Interventions in the Training Environment to Improve Resilience in the Military and Veteran Communities**

**Kate Hendricks Thomas  
Sarah Plummer Taylor**

**Abstract:** *While clinical health services exist for service members with existing mental health conditions like posttraumatic stress, they are not stemming the rising tide of service suicides. A new approach to mental health intervention and suicide prevention in military-connected personnel is required, one that speaks to the participatory, hard-working ethos of military culture. Social work and health promotion professionals working to prevent and treat mental health problems like depression and stress injuries must understand the confluence of warrior culture and mental health issues in the veteran community. While the research literature does not yet address this confluence issue directly, programs exist that provide guidance, and a mindfulness-based training protocol may provide the answer. The purpose of this review is to provide programming recommendations based on a review of successful exemplars in treatment settings, the limited evaluation of best practices currently available when working with this priority population in prevention settings, and a cultural analysis of the military veteran community.*

**Keywords:** *Veterans, depression, mental health, resilience, mindfulness, warrior culture*

In 2011, the number of suicide deaths among active duty military personnel eclipsed the number of combat deaths. In contrast, before the wars in Iraq and Afghanistan, the incidence of suicide in active duty US service members was consistently 25% lower than in the civilian population (US Department of Veterans Affairs, 2014). Understanding the mental health problems facing American military veterans requires reviewing both the issue of depression and stress injury as well as the culture of the military population.

Depression in veterans can be categorized as both diagnosed and undiagnosed. Stress and anxiety are symptoms of depression, and depressive conditions are closely related to trauma and stress-related disorders like Posttraumatic Stress (PTS); the two often co-occur (American Psychiatric Association, 2013). Diagnosed depression is subject to semantic debate in the military community, and symptom overlap between depressive conditions and stress injuries often leads to misdiagnosis or confusion about co-occurring conditions (US Department of Veterans Affairs, 2014). Professionals discussing the same stress injury symptoms may refer to PTS or the less-popular Posttraumatic Stress Disorder (PTSD), stress reaction, battle fatigue, operational stress, or shell shock (Hoge & Castro, 2012). These trauma and stress disorder diagnoses are often accompanied by symptoms of depression in varying degrees of severity, and this co-occurrence may or may not be understood, recognized, and diagnosed (American Psychiatric Association, 2013; Hoge & Castro, 2012).

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Kate Hendricks Thomas, Ph.D., is an Assistant Professor of Health Promotion, Charleston Southern University. Sarah Plummer Taylor is a graduate student, School of Social Work, University of Denver.

Over 19 million people in the United States are reportedly diagnosed with depression, while others suffer without diagnosis (Hendricks Thomas, 2015). The Department of Defense and the Veterans Health Administration have made combatting depression a major priority, specifically because it is a known predictor of suicide (Bossarte, 2013). Careful study of suicide risk in the military population compared to the general population shows that suicide risk is almost four times higher among young veterans than their non-serving peers, a difference made more statistically significant when analysis controls for age and time in service (Bossarte, 2013). Internationally, numbers indicate the same. A British study of recent combat veterans found the risk of suicide to be 2-3 times higher for military members than the general population, with the year immediately following discharge being a particularly risky time (Ilgen et al., 2012).

Social workers, health promoters, and psychologists need to advocate for new treatment protocols and a paradigm shift to sharpen focus on prevention in order to change these numbers (Spelman, Hunt, Seal, & Burgo-Black, 2012). While clinical health services exist for service members with existing mental health conditions like PTS, they are not stemming the rising tide of service suicides. A new approach is required, one that shifts the focus towards training and prevention and speaks to the participatory, hard-working ethos of military culture (Libby, Corey, & Desai, 2012).

A research basis exists for mindfulness-based training protocols grounded in resiliency theory. Studying resilience involves identifying the protective personality traits and behaviors that promote growth and looking for practical ways that programming can strengthen and encourage such traits (Richardson, 2002). Original research on resiliency theory came out of the fields of social work and social psychology, but unlike more problem-oriented theories, it came about after inquiry into characteristics demonstrated by survivors of trauma. Researchers first began by asking the question of why some survivors fared better after difficulty than others who experienced the same events. Based on three decades of research on children labeled "at-risk," Werner and Smith (1982) found that 36% of those children were thriving and achieving success in school, professions, and relationships. They self-reported high levels of happiness and quality of life among other similar qualities and personality indicators, and Werner codified these as resilient traits. Children who tested as socially responsible, adaptable, tolerant, and achievement-oriented seemed to thrive, especially if they also had excellent communication skills and high self-esteem (Werner & Smith, 1982).

Researchers reported findings that were both practically and statistically significant regarding individuals' ability to self-correct, demonstrate confidence, and exude sociability. These resilient characteristics helped them to thrive despite dire circumstances and trauma histories (Heavy Runner & Marshall, 2003). Key identifiable traits make a person resilient (Hendricks Thomas, 2015; Richardson, Neiger, Jensen, & Kumpfer, 1990). Researchers interested in psychological and social determinants of health picked up the concept of resilience and have gradually extended its use from the domain of mental health to health in general. Early work on resilience was concerned with the individual, but more recently researchers have become interested in resilience as a feature of whole communities. Resilient traits can be taught, but this does not happen in a vacuum. Cultural analysis to ensure applicability is vital. Third wave Resiliency Theory works to apply

questions of environment and culture to any study of individual resilient traits, with the goal being more effective cultivation of those traits by focusing on building them within supportive communities invested in doing the same (Fletcher & Sarkar, 2013; Richardson, 2002). The dialogue surrounding resilience is well-suited to training of the military population.

Training protocols differ from treatment prescriptions and address the problem preventively, without the same stigma barriers. These protocols would be best implemented in participatory fashion in the training environment, rather than in treatment settings. Veterans often reject patient identities, which creates a major barrier to mental health care with this population (Hendricks Thomas, 2015). To combat suicide rates and promote military and veteran mental health, a new approach is required, one that embraces peer education and speaks to a competitive and individualistic military culture (Kobau et al., 2011; Seaward, 2004).

Within the military community, much of the issue lies neither in lack of screening for depressive disorders, nor in the medical care available to service members suffering from depression. Rather, the challenge is getting veterans to avail themselves of treatment services (Currier, Holland, & Allen, 2012; Elnitsky et al., 2013; Koo & Maguen, 2014). In one post-deployment study, 42% of screened reserve and National Guard soldiers answered questions in such a way that they were flagged as being in need of evaluations and possible treatment (Greden, et al., 2010). However, only half of those soldiers referred sought treatment. Only 30% of those that sought treatment followed the basic program through the full eight sessions (Greden, et al., 2010). Part of the issue is the stated disconnect combat veterans feel from civilians, even civilian mental health professionals who treat the military population (Malmin, 2013). Service members and veterans often feel they are wasting their time dealing with people who cannot relate to their perspective and may actually feel more comfortable in the war zone (Hoge, 2010).

Warrior subculture tends to promote the belief that acknowledging emotional pain is synonymous with weakness and specifically, that asking for help for emotional distress or problems is unacceptable (Malmin, 2013). Depressed veterans face inexorable stigma when it comes to care-seeking for a possible or confirmed condition because of the normative values held within the warrior subculture. Culture is an important factor that shapes individual behavior through customized sets of attitudes, beliefs, and values shared by a large population (Shirayev & Levy, 2010). One's surrounding social norms play a vital role in shaping the attitudes and beliefs commonly used to delineate and define culture. In insular and intense communities, normative values can become highly prescriptive and are enforced in a myriad of intangible ways. Emotional norms become disciplinary tools, rendered more effective in communities with high levels of adherence to hierarchy (Ahmed, 2010). Especially in military communities that promote competitive individualism, this allows the expectations of others to weigh heavily on warriors' shoulders. The result of such a firmly entrenched value system is shame associated with patient identity and mental health conditions. According to social worker and grounded theory researcher Dr. Brené Brown (2012), warrior culture is opposed to vulnerability and sees outreach as weakness. Yet, vulnerability is in fact critical to healing and self-knowledge (Brown, 2012).

## **Program Recommendations**

### *Resilient Trait Cultivation Through Mindfulness*

Mindfulness interventions teach participants unique methods for improving their own ability to regulate their nervous system and calm the body's fear receptors (Nassif, Norris, Gomez, Karch, & Chapman, 2013). The term has become in vogue, and many branded phrases are used to describe the sorts of mindfulness interventions used to treat patients (Meredith et al., 2011). Typically, such interventions involve still, seated meditation, physical movements of varying difficulty levels, and instructional seminars on individual peace, spirituality, and stress management (Hendricks, Turner, & Hunt, 2014; Seaward, 2004). Interventions using mindfulness have met with tremendous success and have been used to improve mental health outcomes in a variety of populations (van der Kolk, 2014).

### *Timing and Framing*

Rather than operating from a paradigm of post-incident therapeutic intervention, social workers and health programmers who wish to maximize efficacy within the confines of warrior culture must alter the conversation to one of preparation and training pre-incident. Training in mindfulness focuses on building agency and resilience and can ameliorate the problem of stresses due to deployment both before and after the tour (Ryan, 2012). Creating a climate of peer-led training at both the unit and individual levels will reduce overall stigma against self-care practices because everyone participates, the program is led by trusted informants, and no one has to take on a patient role to participate. To train is to actively participate, and this is a wellness concept with which service members are already familiar. Framing mindfulness training as a way to bulletproof your brain renders palatable a training opportunity designed to create more effective warriors with mental endurance; framing this as promotion of combat fitness, resilience, and mental endurance makes it accessible to the military population (Ryan, 2012). Creating training protocols that emphasize connection and compassion over disassociation is important to maximize success (US Department of Veterans Affairs, 2014).

By establishing mental fitness as another component of optimal combat readiness, we establish mindfulness training as a crucial component of mission preparedness and remove the stigma of mindfulness treatments for post-deployment troops who may be struggling with stress illnesses of varying degrees. The message can become directive. Just as service members learn mission essential skills and train their bodies for arduous combat, we must adopt practices designed to train and promote a healthy mind. Turning to notions of empowered self-care, health promoters can modify stress management therapies to help them resonate with the military community.

### *Protocols*

Stress injury can certainly be a result of a one-time traumatic experience, but it can also be a result of chronically elevated hormone levels that cause the nervous system to remain constantly on alert. Anyone subjected to recurring threats of death over time is at risk of developing issues because their stress response will be continually active. This

abnormal stress reactivity and chronic stress response elevation becomes a stress injury, or PTS in clinical circles. A fight or flight impulse that never goes away can wreak havoc on the human body.

The research basis for specific somatic treatment protocols exists (van der Kolk, 2014). Mindfulness interventions have been highlighted in community setting studies as effective in reducing stress and anxiety (Stevens, 2012) and in individual case studies looking at mindfulness and mood recovery (Jouper & Johansson, 2012). The Department of Defense has demonstrated the validity of yoga in Wounded Warrior recovery programs and is slowly expanding research partnerships with universities like the Uniformed Services University of Health Sciences and Johns Hopkins. Studies on one particular yoga *nidra* protocol (called iRest) at Walter Reed yielded positive qualitative feedback and resulted in a 3-week version being included in the treatment program at the deployment clinic (Hoge et al., 2008). In San Francisco, a qualitative study of 16 veterans with diagnosed PTSD completing an iRest course yielded positive findings (Stankovic, 2011).

Research from a team at the Mind Fitness Training Institute led to the development of mindfulness protocols in response to stress case studies conducted at the University of Pennsylvania. The research team found demonstrable changes to deployed service members' stress reactivity even when removed from the combat environment (Jha & Kiyanoga, 2010). Using a case study approach, the team studied long-term cognitive changes in Marines post-deployment, looking at how stress reactions either enabled or impaired mission effectiveness. They found that in Iraq, the intensity made sense because the fast-moving landscape of the contemporary combat environment trains service members to respond quickly and to spend most of their time in elevated states of alertness. Those states persisted up to two months after soldiers returned home. The team found the Marines struggling with focus, anxiety, and emotional outbursts (Jha & Kiyanoga, 2010).

Emotional reactivity is a hallmark symptom of a stress injury and can cause a vicious cycle of problems for sufferers as they create rifts in their support relationships (Hoge & Castro, 2012). Jha discovered that the reason for such reactivity is that long-term stress injury decreases working memory capacity (Jha & Kiyanoga, 2010). This higher-level brain function emotionally regulates humans, allowing for bonding and social interaction. Working memory capacity also makes advanced, intellectual activities possible. Losing working memory capacity can cause a host of emotional and behavioral problems and result in major issues with attention, focus, and regulation of responses. In studies, deployment adversely impacted the working memory capacity of study participants (Jha & Kiyanoga, 2010; Vasterling et al., 2006).

Interestingly, high stress reactivity, naturally-occurring adaptation though it may be, hinders the ability of service members to perform complex missions and interact with foreign nationals. The modern battlefield involves interaction with civilians and allies as a matter of course (Hoge, 2010). Becoming overly reactive as a response to environment hinders that mission. For example, soldiers who screened positive for mental health problems were three times more likely to report having engaged in unethical behavior while deployed (Jha, Stanley, Kiyanoga, Wong, & Gelfand, 2010). Behaviors ranged from unnecessary property damage to noncombatant injury or harm, all diametrically opposed

to the United States' mission of winning hearts and minds. Improving stress regulation allowed study participants to bond and interact with one another socially and made advanced, intellectual activities and focus possible (Jha et al., 2010).

The Mind-Fitness Training Institute team conducted a specific study on a company of Marines during pre-deployment work-ups, seeking to answer the question of whether a mindfulness-based behavioral health intervention could improve the resilience of Marine Corps reservists preparing for a tour in Iraq. Employing a mixed-methods approach to the instrumental case study, the researchers studied one unit of 34 reservists. In addition to the normal training required before heading overseas, these reservists underwent a carefully tailored yoga and mindfulness program designed to improve their ability to manage both chronic and acute traumatic stress (Teng et al., 2013). Study results were statistically significant, as participants demonstrated that adherence to intervention protocol for 15 minutes each day exponentially improved their working memory capacity (Teng et al., 2013).

Other researchers have followed the path of the Mind-Fitness team and attempted to validate specific interventions for the military community incorporating mindfulness practices. A 2011 RAND analysis commissioned by the Office of the Secretary of Defense conducted a systematic evaluation of existing programs in different branches of service. A noted finding of the study was that few programs currently being delivered in piecemeal fashion have any formal evaluation plan in place, though almost all those interviewed saw the need for longitudinal studies to determine the effectiveness of their programs (Foran, Adler, McGurk, & Bliese, 2012; Teng, et al., 2013).

### *Peer Leadership*

Because of military culture insularity and lack of communication between bureaucratic treatment agencies, programs that seek to collaborate, bridge gaps, and use peer leadership meet with real success (Greden et al., 2010). Understanding culture and delivering a product specifically targeted to the military is important; allowing for participatory implementation of a given program is vital. In the military community, the best program implementation cases are found within participatory research frameworks. Warrior subculture creates a powerful mandate for peer-to-peer outreach. Any message aimed at decreasing stigma must come from members of the community in order to be deemed credible. Recall that a major symptom of separating service members, especially after a combat deployment, is a feeling of disconnect from civilians (Hoge, 2010). Because warrior cultures have their own temperaments, they are typically exclusive and mistrustful of outsiders with different life experiences (Malmin, 2013).

A 2010 case study highlights one Michigan pilot program's experience with buddy-to-buddy peer support programs. A team from the University of Michigan and Michigan State worked with the Army National Guard (ANG) to address the constellation of issues facing soldiers returning from a deployment to Iraq. National Guard soldiers, like all reservists, often face stresses additional to those faced by active duty troops. Reservists do not come from as insular of a military community and may lack support services in civilian community settings. Particularly because PTS symptoms are very likely to be misread as



behavioral deviance, stigma may be even more difficult to overcome in community settings removed from the active duty military component (Greden et al., 2010).

The University of Michigan researchers also understood the need for audience-centered communication and partnered with unit leadership to institute a program that was completely peer-led. This decision came out of the qualitative research they conducted in the unit prior to developing a program. Interviewees said things like, “if you haven’t been there, you don’t get it” and “other veterans can be trusted” (Greden, et al., 2010, p. 93). The research team considered concepts of warrior culture and sought to design a program that spoke the correct language, using an understanding of social norms to change the culture of treatment avoidance (Greden et al., 2010). The researchers trained 350 peer leaders called “Buddy Ones” by the program. One returning unit participated in the program. Preliminary results were encouraging. Ninety percent of participants understood program intent, received regular calls and contact from their buddies, and felt comfortable with their trained peer. More than 20% were referred to formal treatment by their buddy, and that percentage all affirmed using the recommended services. As a pilot study, the Michigan buddy program is light on long-range evaluation results but advances greatly the notion that attention to warrior culture, unit-specific language, peer leadership, and insider message delivery can aid in suicide prevention (Greden et al., 2010). A focus on stigma-reduction can lead to improved rates of treatment-seeking. When working within the boundaries of warrior culture and so improving treatment-seeking by reducing existing barriers is of paramount importance (Hendricks Thomas, Turner et al., 2015; Tanielan & Jaycox, 2008).

Research and program efforts in the training environment must be participatory and peer-led whenever possible (Hendricks Thomas, Plummer Taylor, Hamner, Glazer, & Kaufman, 2015). As has been demonstrated successfully in recovery communities, peer mentoring and leadership provides the interaction, camaraderie, and instructor credibility required to encourage participation in an intervention with potentially recalcitrant participants in very specific, insular, or marginalized communities (Gosan & Dustman, 2003). Mindfulness programs, with their focus on individual agency and training to control the nervous system, have unique appeal to military-connected personnel who embrace notions of agency and actively avoid patient identity (Hendricks Thomas, 2015). By promoting mental fitness training, mindfulness programs work around the boundaries erected by warrior culture. In truth, warrior culture can distort critical thinking and good judgment in cases where warriors suppress emotional pain, fail to apply sound cognitive thinking, do not acknowledge real health or wellness issues, and intentionally choose not to seek help that might remedy a mental health problem. If strength is a virtue, becoming a patient is antithetical to being virtuous (Malmin, 2013).

## **Conclusion**

Case studies of existing programs provide the foundation upon which savvy programmers must build. Health promotion professionals working to prevent and treat mental health problems like depression and stress illness must understand the confluence of warrior culture and mental health issues in the veteran community. While the research literature does not yet address this confluence issue directly, it contains ample evidence to

support the development of a culturally-informed mindfulness training protocol. This protocol would be best implemented in participatory fashion in the training environment, rather than solely in treatment settings.

Current initiatives such as the Air Force *Resiliency Training* program, the Army's *Total Force Fitness*, and the Marine Corps' *Operational Stress Control and Readiness* program endeavor to train in the short-term and rely primarily on the classroom setting. Importantly, the training programs involve information dissemination without the inclusion of performance metrics that commanders can rely upon to track unit progress. Service members often reject patient identities, which creates a major barrier to mental healthcare in this population. To combat suicide rates and promote military and veteran mental health, a new approach is required, one that embraces peer education and speaks to the participatory, hard-working ethos of military culture. Mindfulness-based programming has the potential to meet these needs, and may provide a blueprint for success in working with the military population.

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**Author note**

Address correspondence to: Dr. Kate Hendricks Thomas, Charleston Southern University College of Health Sciences, 9200 University Ave, North Charleston, SC 29406. Email: [kthomas@csuniv.edu](mailto:kthomas@csuniv.edu), website [www.katehendricksthomas.com](http://www.katehendricksthomas.com)

## Effectiveness of Strengths-based Case Management for People with Mental Health Problems in Hong Kong

Kevin Y. C. Hui  
Cressida W. C. Leung  
Morgan C. K. Ng  
Wing Ching Yu  
Edison K. L. Lau  
Siu-kau Cheung

**Abstract:** *This study examined the effectiveness of a 6-month strengths-based case management intervention with 45 Chinese participants with mental health problems in Hong Kong. Social workers provided service according to the strengths-based case management (SCM) model developed at the University of Kansas. Changes in participants' recovery components (Stage of Recovery Scale), mental health symptoms (GHQ), and satisfaction with life were assessed using a single group pretest and posttest design. Results suggest that participants had some improvement in their autonomy, hope, and overall well-being as well as satisfaction with life after receiving services. No significant improvements in the other recovery components and GHQ score were found. Significantly, a number of participants progressed from stages of being overwhelmed or struggling with disability to stages of living with or beyond disability. Strengths-based practice helped participants develop a transformed self which sees hope and possibility despite the vulnerabilities caused by their illness. Though further refinement and testing are vital, adoption of SCM in Hong Kong mental health services is promising.*

**Keywords:** *Strengths-based practice, recovery, mental health, Hong Kong*

Mental health problems have become a major concern in Hong Kong. As the population's awareness of mental health issues heightens, the demand for mental health service has rapidly increased. In recent years more and more resources have been allocated to Hong Kong mental health settings. To cope with this high demand and the associated costs, a more effective and efficient model for mental health service is needed. Traditionally, psychiatric services in Hong Kong have followed the medical model with psychiatric drugs being the major treatment option for people with psychosocial disabilities (Lee & Yiu, 2013; Siu & Sung, 2013). The emphasis has been on treating symptoms and/or pathologies based on psychiatric diagnoses, with the aim of restoring individuals to the level of functioning before their mental illness surfaced.

In the last two decades, growing evidence suggests that the medical model is not as effective as practitioners had once thought in either lessening the incidence and prevalence of various mental health disorders or promoting psychosocial betterment in our world (Hillman & Ventura, 1992). Some findings even indicated that the medical model could have negative impacts on service recipients (e.g., low self-esteem; see Xie, 2013 for a brief review). These observations triggered the development of an alternative approach in the early 1980's, namely, the strengths-based approach (Rapp & Sullivan, 2014). This approach provides practitioners with a new perspective of mental health service which allows them to direct the service recipients to a new recovery journey that is full of possibilities, options, and wellness (Rapp & Goscha, 2011).

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Kevin Y. C. Hui (kevinhui@sracp.org.hk), Cressida W. C. Leung (m\_vp@sracp.org.hk), Morgan C. K. Ng, Wing-ching Yu, and Edison K. L. Lau (rdo@sracp.org.hk) are with The Society of Rehabilitation and Crime Prevention, Hong Kong, Unit 11B, 9/F, Tower B, Hunghom Commercial Centre, 37 Ma Tau Wai Road, Hunghom, Kowloon, Hong Kong. Siu-kau Cheung (s.k.cheung@cityu.edu.hk), is with Community College of City University of Hong Kong Division of Social Sciences, 88 Tat Chee Avenue, City University of Hong Kong, Kowloon Tong, Hong Kong.

Although strengths-based social work practice has gained popularity in the west, it is still in its infancy in mental health settings in Hong Kong. Until the early 2010s, social workers mainly followed the mental rehabilitation model and focused on alleviation of psychiatric symptoms and restoration of adaptive functions of people with mental illness (Liu, 2014). There were applications of the strengths perspective to individual cases with dementia and self-cutting behaviors (Yip, 2005, 2006), but systematic applications to a wider population were scant. In 2010, the Social Welfare Department of the Hong Kong government established Integrated Community Centers for Mental Wellness (ICCMW) in all districts across the territory. As their name suggests, the centers take a more positive focus aimed at enhancing the social support and re-integration of individuals with mental illness into the community (Lee & Yiu, 2013). These centers provide one-stop, district-based, and accessible community support and social services ranging from early prevention to risk management for service users. Only then did the concept of strengths-based practice begin to take root in the social work field in the city.

The strengths-based case management (SCM) intervention examined in this study was a project undertaken in two ICCMWs in Hong Kong for a sample of people with mental illness. Using a single group pretest and posttest design, the study aimed to examine the applicability and effectiveness of the SCM model in a Chinese population.

### **The Concept of Recovery**

An associated development in psychiatric rehabilitation in recent decades is the notion of recovery. Recovery has become an ultimate goal of treatment for people with chronic mental illness in western societies (Song & Hsu, 2011). Despite the absence of a universal definition of recovery, the definition proposed by Deegan (1988) has been generally accepted.

Recovery is a process, a way of life, an attitude, and a way of approaching the days' challenges. It is not a perfectly linear process. At times our course is erratic, we falter, slide back, regroup and start again... The need is to meet the challenge of disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work and love in a community in which one makes a significant contribution. (p. 15)

According to this definition, recovery is a comprehensive concept encompassing both process and outcome. It is about an attitude as well as a way of life. In this sense, there is never an endpoint in recovery. A "recovering" person is not one who will no longer struggle and experience symptoms, never use mental health services and medications again, or is completely independent in his/her life (Rapp, 1998). Rather, the person has come to accept his/her symptoms and struggles, think forward with hope, and take proactive control in his/her life.

Various researchers have proposed components that may foster recovery in people with mental illness, including the emergence of hope, taking responsibility for one's own wellness, effective management of one's own disability, developing a self-identity with potential, developing new meaning and a sense of purpose in life, advocacy for one's own rights, and peer support (Lee & Yiu, 2013; Mead & Copeland, 2005). Based on the recovery components, Song and Hsu (2011) charted the recovery process in terms of four stages: (1) overwhelmed by the disability, (2) struggling with disability, (3) living with disability, and (4) living beyond disability. The stages represent progressive development towards recovery, with the higher stages characterized by an increase in the process components of regaining autonomy, disability management/taking responsibility and sense of hope, and the positive outcomes of improving social functioning/role performance, overall well-

being, and willingness to help. Song and Hsu (2011) developed the Stages of Recovery Scale and argued that it could be used for assessing the status of service users in both recovery components and outcomes.

### **Strengths-Based Approach**

As recovery focuses on valuing and building one's inherent worth, resilience, and capacities, treatment methods that merely alleviate symptoms of the disorder have become insufficient (Hillman & Ventura, 1992). In this regard, the strengths-based approach appears to be a promising alternative (Xie, 2013).

The strengths-based approach is a hope-inducing and energizing approach which emphasizes possibilities, options, and wellness rather than problems, constraints and sickness (Rapp & Goscha, 2011). Its focus is not only on the intrapersonal and interpersonal qualities of a person but also on the resources in their environment (Saleebey, 2006). Different strengths-based practices have been developed, including the strengths-based approach (Rapp, 1994), the asset-building model of community development (Kretzman & McKnight, 1993), individual placement and support model of supported employment (Becker & Drake, 2003), and solution-focused brief therapy (Miller, Hubble, & Duncan, 1996). The strengths model proposed by Rapp embodies six vital principles: (1) a person has the capacity to recover, reclaim and transform; (2) the focus is on human strengths rather than weakness/deficits; (3) mental health services are directed by the service recipients; (4) the therapeutic relationship is primary and essential; and (5) community is indeed the preferred setting to work in because (6) it is the oasis of resources.

Following these six principles, Rapp (1998) designed the SCM model, an intervention that is both a philosophy of practice and a set of tools. The SCM aims to enhance recovery through a client-directed and goal-oriented approach of service delivery. The model includes five main steps: engagement, assessment, case planning, resources acquisition, and tracking and evaluation (Rapp & Goscha, 2011). After the initial engagement, practitioners implement strengths assessment to guide the service recipients to identify their strengths, personal medicines (the things that people do to create wellness and betterment in their lives), environmental resources, and personal goals. Based on these elements, a personal recovery plan is then collaboratively compiled. Following the plan, service recipients are assisted to acquire the available resources and to achieve their set goals. Throughout the process, tracking and evaluation are done periodically to ensure the applicability of the service recipients' plans in different periods and to credit them in order to encourage and support them to move forward on their recovery journeys. Even though problems, constraints and sickness are not the main concern of SCM, they are addressed in the context of goal attainment in the service recipients' recovery journey (Fukui et al., 2012).

### **Effectiveness of Strengths-Based Intervention**

Empirical research has suggested that SCM has a positive impact on one's well-being as well as symptoms management. Macias, Kinney, Farley, Jackson and Vos (1994) found that consumers with psychiatric symptoms who received SCM in conjunction with psychosocial rehabilitation showed statistically significant better physical and mental health than those who received only psychosocial rehabilitation. They reported less mood disturbance, fewer maladaptive thoughts but clearer and more rational thoughts in comparison to a control group. In a later quasi-experimental study, Macias, Farley, Jackson, and Kinney (1997) found that SCM was effective in helping adults with serious mental illness to achieve community support goals and reduced symptomatology. Similar results were found in Barry, Zeber, Blow, and Valenstein's (2003) study. Smock et al. (2008)



argued that it is the strengths identification and utilization as well as hope induction and maintenance that lead to improvement in one's well-being and symptoms management capability.

Other studies have suggested that people receiving SCM were more independent in their daily living. They were found to lead more purposive lives (Kisthardt, 1993) and possess more effective community living skills (Stanard, 1999). Also, SCM intervention appeared to enhance positive employment outcomes (Siegal et al., 1996) and facilitate proactive use of leisure time (Modrcin, Rapp, & Poertner, 1988).

Despite some evidence about the positive outcomes of strengths-based practice, relevant research to date is still far from adequate and conclusive. Recent reports of its effectiveness are scant. Rapp and Sullivan (2014) maintained that there is a need for rigorous research to examine the effectiveness of the model with different client groups and that adopt pre-post designs as a precursor to experimental testing.

In Hong Kong, as the broad concept of recovery has gained acceptance in mental health services, there were attempts to test the effectiveness of a number of recovery-oriented pilot programs, including Wellness Recovery Action Planning (WRAP; Mak, 2013) and the Peer Support Worker Project (Yeung et al., 2013). These were mainly project-based interventions; none related to SCM have been examined. The current project was the first to investigate the effectiveness of SCM intervention on the recovery of people with mental illness in Hong Kong.

### **Present Study Design and Hypothesis**

A single group pretest and posttest design was used in the current study. The mental health practitioners (23 social workers) had both the philosophy as well as the tools – the strengths assessment form and the personal recovery plan – of SCM proposed by Rapp (1994). These social workers received more than 30 hours in SCM training and supervision by experienced SCM practitioners from the University of Kansas through Skype. They were supervised by four senior local social workers (the supervisors) who had received on-site SCM training at the University of Kansas and Johnson County Mental Health Center. The social workers provided a six-month SCM intervention for a group of adults with a diagnosis of mental illness. To maintain the fidelity of SCM, the social workers wrote detailed case recordings after every meeting with the participants. Throughout the intervention period, each social worker attended twelve group supervision sessions conducted by the senior social workers, once every two weeks. In each session, the case recordings as well as the strengths-based assessments were discussed.

During the intervention, the worker used the Strengths Assessment Form (Rapp & Goscha, 2011) to help participants visualize their personal and environmental resources and identify the strengths they currently possessed, accumulated, or made use of in the past. Typical of Chinese people, the participants tended to be overly humble and discount their strengths, achievements, and resources. The worker had to be patient and persistent to help the participants see the values and virtues of their assets, no matter how small and mundane they seemed. Participants' goals and aspirations were also recorded in the Strengths Assessment Form. The goals were broken down into small, measurable, and attainable steps and put into the Personal Recovery Plan. Progress toward goal accomplishment was reviewed every four to six weeks, and the recovery plans were updated if necessary. To recognize members' specific achievements, celebrations in the form of a lunch or a certificate were organized. In whatever form it might take, modesty was practiced because in Chinese culture ostentation might create embarrassment for those who considered themselves unworthy of the kudos (Bond, Lun, Chan, Chan, & Wong, 2012).

The effectiveness of the intervention was evaluated through examining the participants' change in the components of recovery, mental health status, and life satisfaction after receiving the service. It was hypothesized that SCM would facilitate the process and outcome of recovery of participants, which in turn would lead to better overall well-being as well as higher life satisfaction.

## Methods

### Participants

Participants were recruited from two ICCMWs operated by the same organization in Hong Kong. Though situated in two different districts (both working to middle class), the nature of the services provided were largely the same. All service users seeking counseling service in the period from February 2014 to January 2015 were invited to participate in the study, and they joined on a voluntary basis with no incentive given. The participants were all Chinese-speaking adults diagnosed with a mental illness without immediate suicide and/or risk of violence. People suffering from intellectual disability, dementia, substance abuse, personality disorder, and/or autism were excluded. A total of 67 participants were recruited at the baseline and 45 completed the SCM intervention. Twenty-two participants dropped out due to moving out of the service district or they found filling out the questionnaires too time-consuming. The analyses in this study were based on the 45 complete sets of data. Independent samples *t*-tests and cross-tabulations were conducted to examine whether the 22 participants who dropped out differed from the 45 participants who completed the study in terms of demographic characteristics and the dependent variables. No significant differences between the two groups were found.

Among the 45 participants, 19 were men and 26 were women. Their ages ranged from 18 to 74 ( $M=36.4$ ,  $SD=13.38$ ). They were born either in Hong Kong or mainland China, and were all currently living in Hong Kong. Most of the participants (64.4%) were living with family or friends, 26.7% were living alone, and 8.9% were living in private hostels providing mainly residential service. The majority ( $n=25$ , 55.6%) had secondary school education, 24.4% had primary school education or below, and 20% had a college education or above.

The predominant diagnosis of the participants was mood disorder ( $n=25$ , 55.6%), followed by schizophrenia and other psychotic disorders ( $n=17$ , 37.8%), adjustment disorder ( $n=2$ , 4.4%), and sleeping disorder ( $n=1$ , 2.2%). The mean age of onset was 36.4 ( $SD=15.27$ ). Twenty-seven had been hospitalized with the mean number of hospitalizations since onset being 2.9 times ( $SD=2.39$ ). The rest reported no hospitalization experience.

### Measures

Three self-reported questionnaires were used in the current study: the Stages of Recovery Scale (SRS; Song & Hsu, 2011), the Chinese version of the General Health Questionnaire (C-GHQ-12; Lee et al., 1985), and the Chinese version of the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). These three scales formed the pre and post-assessment batteries.

**Stages of Recovery Scale (SRS).** SRS is a self-reported, Chinese scale to measure the personal recovery of people with mental illness (Song & Hsu, 2011). It comprises six subscales with a total of 45 items. Three of the subscales measure the process of recovery (regaining autonomy, disability management/taking responsibility, and sense of hope) and the other three measure the outcome of recovery (social functioning/role performance, overall well-being, and willingness to help). Participants were asked to indicate the

frequency of occurrence of the situations described by the items using a 4-point Likert scale, ranging from 0 (never) to 3 (often). The total score of these six subscales were used to define the stage of recovery following the cut-off points suggested by Song and Hsu (2011): Stage 1-Overwhelmed by the disability (SRS score 0-57), Stage 2-Struggling with the disability (SRS score 58-90), Stage 3-Living with the disability (SRS score 91-119), and Stage 4-Living beyond the disability (SRS score 120-135). The SRS has been shown to demonstrate good psychometric properties, including test – retest reliability and internal consistency for the overall scale and the subscales. The current study yielded a Cronbach's alpha of .96 for the overall scale score and .66 to .94 for the subscale scores.

**The Chinese Version of the General Health Questionnaire-12 (C-GHQ-12).** The short form of the Chinese version of the General Health Questionnaire is a self-reported scale commonly used to measure mental health status and distress in a Hong Kong population (Goldberg & Williams, 1988; Lee, Lam, Ong, Wang, & Kleeven, 1985). It consists of 12 items (six positive and six negative) measuring the frequency of non-psychotic mental health symptoms on a 4-point scale ranging from 1 (never) to 4 (usually). Examples of the positive items include “able to concentrate” and “playing a useful part in things,” whereas negative items include “loss of sleep over worry” and “felt constantly under strain.” The positive items were corrected from 1 (usually) to 4 (never) and summed with the negative ones. High scores indicate worse health. The C-GHQ-12 was found to correlate strongly with concurrently reported symptoms of physical symptoms of pain and anxiety-related somatic symptoms (Lee et al., 1985). High reliability and internal consistency of the scale scores have been obtained. The current study yielded a Cronbach's alpha of .92.

**The Chinese Version of the Satisfaction with Life Scale (C-SWLS).** The Satisfaction with Life Scale is a validated self-reported scale used to measure global life satisfaction (Diener et al., 1985). Participants indicated the extent to which they agreed or disagreed with five items using a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Examples of the items include “In most ways my life is close to my ideal,” “The conditions of my life are excellent,” and “I am satisfied with my life.” Confirmatory factor analysis of the scale showed support for a unidimensional factor structure of general overall life satisfaction (Sachs, 2004). C-SWLS has been found to have good internal consistency across studies (Pavot & Diener, 1993). The current study yielded a Cronbach's alpha of .89.

## Procedures

The Research Monitoring Committee of the organization operating the two ICCMWs conducted an ethical review of the study and granted approval to proceed with the data collection in the centers. Prior to the beginning of the intervention, an intake interview was conducted in which the nature of the study was explained. Informed consent was obtained from the participants before they were requested to fill in the pre-battery assessments.

Participants received a six-month intervention by a social worker who practiced according to the SCM model, while they maintained their regular psychiatric follow-up. During the intervention, participants had an average of 5.4 face-to-face contacts (range from 4 to 7 times) with the social worker, each lasting a minimum of 60 minutes. At the completion of the intervention, participants filled out the post-intervention batteries and were debriefed.

In order to examine the change in the process and outcome variables after the six-month intervention, seven paired sample *t*-tests were conducted to analyze the differences between the pre and post-intervention scores of the SRS as well as its six subscales, the C-

GHQ-12, and the C-SWLS. In order to understand whether there was an interaction between the intervention and the participants' background factors on the dependent variables, repeated measures analyses of variance were conducted on SRS, C-GHQ-12, and the C-SWLS, using gender (male vs. female), diagnosis (affective disorder vs. psychotic related disorder; adjustment disorder and sleeping disorder were excluded from this analysis), living status (alone vs. in an institution vs. with family/friends) and hospitalization (none vs. more than one) as covariates. These variables were chosen as covariates because they were found to correlate with some of the SRS scale scores (see Table 1 and 2 for correlation matrices of all variables). A chi-square analysis was performed on the change of recovery stage.

## Results

### Stage of Recovery Scale (SRS)

**Overall score of SRS.** Results of a paired sample *t*-test performed on the pre and post-intervention scores of SRS revealed a statistically significant difference,  $t_{(44)}=-2.60$ ,  $p<.05$ ,  $d=.36$ , in which the average post-intervention score of SRS ( $M=95.9$ ) was higher than the average pre-intervention score ( $M=87.1$ ) (see Table 3). This result suggested the participants had an improvement in the recovery processes and outcomes of small to medium practical significance after receiving the SCM intervention.

The results of the repeated measures ANOVA revealed no statistically significant interaction effects between the pre and post-intervention scores of the SRS and gender (male vs. female;  $F_{(1, 43)}=0.41$ ,  $p=.53$ ), diagnosis (affective disorder vs. psychotic related disorder;  $F_{(1, 40)}=0.02$ ,  $p=.89$ ), living status (alone vs. in an institution vs. with family/friends;  $F_{(1, 43)}=1.96$ ,  $p=.17$ ) or hospitalization (none vs. once or more than;  $F_{(1, 41)}=0.15$ ,  $p=.70$ ). These indicated that the inter-individual characteristics (i.e., gender, diagnosis, living status and hospitalization) had no statistically significant interaction effects on one's recovery due to the SCM intervention.

Table 1. *Correlations Between the Pre-Intervention Dependent Variables and Four Covariates (n=45)*

	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender												
2. Diagnosis	.04											
3. Hospitalization	-.28	-.47**										
4. Living Status	.06	-.18	.01									
5. Pre-SRS Overall score	.00	-.28	.21	.05								
6. Pre-SRS Regaining Autonomy	-.03	-.22	.20	-.02	.93**							
7. Pre-SRS Disability Management/ Taking Responsibility	-.02	-.16	-.06	-.07	.78**	.69**						
8. Pre-SRS Overall Well-being	-.01	-.32	.32*	.04	.83**	.68**	.46**					
9. Pre-SRS Social Functioning/Role Performance	.05	-.20	.25	.28	.85**	.68**	.58**	.68**				
10. Pre-SRS Sense of Hope	.19	-.26	.01	.14	.46**	.45**	.17	.35*	.40**			
11. Pre-SRS Helping Others	-.05	-.22	.20	.05	.82**	.70**	.62**	.64**	.81**	.19		
12. Pre-GHQ	-.06	.22	-.41*	-.08	-.30	-.21	-.01	-.55**	-.19	-.19	-.28	
13. Pre-SWLS	-.14	-.13	.33*	.17	.51**	.45**	.12	.71**	.46**	.22	.37	-.47

Note. SRS=Stage of Recovery Scale; GHQ=General Health Questionnaire; SWLS=Satisfaction with Life Scale. \* $p < .05$ ; \*\*  $p < .01$

Table 2. *Correlations Between the Post-Intervention Dependent Variables and Four Covariates (n=45)*

	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender												
2. Diagnosis	.04											
3. Hospitalization	-.28	-.47										
4. Living Status	.06	-.18	.01									
5. Post-SRS Overall score	.09	-.27	.16	.24								
6. Post-SRS Regaining Autonomy	.15	-.28	.13	.26	.97**							
7. Post-SRS Disability Management / Taking Responsibility	-.01	-.09	.05	.14	.90**	.85**						
8. Post-SRS Overall Well-being	.06	-.34*	.32*	.15	.85**	.75**	.70**					
9. Post-SRS Social Functioning/Role Performance	.07	-.30	.16	.24	.92**	.97**	.79**	.76**				
10.Post-SRS Sense of Hope	.12	-.18	.05	.24	.81**	.81**	.73**	.59**	.66**			
11.Post-SRS Helping Others	.09	-.21	.03	.29	.93**	.84**	.67**	.59**	.77**	.74**		
12.Post-GHQ	-.27	.34	-.24	-.13	-.65**	-.62**	-.45**	-.73**	-.53**	-.58**	-.53**	
13.Post-SWLS	.12	-.38	.40**	.21	.59**	.55**	.46**	.73**	.50**	.48**	.30*	-.58**

Note. SRS=Stage of Recovery Scale; GHQ=General Health Questionnaire; SWLS=Satisfaction with Life Scale. \* $p < .05$ ; \*\*  $p < .01$

Table 3. Paired Sample *t*-test Results for Measures of SRS, GHQ and SWLS (N=45)

Scales	Pre-Intervention		Post-Intervention		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Stage of Recovery Scale						
Overall Score	87.1	23.45	95.9	25.29	-2.60	.01*
Process variables						
Regaining Autonomy	29.5	8.93	32.9	9.41	-2.44	.02*
Sense of Hope	6.3	1.80	6.9	1.76	-2.37	.02*
Disability Management/ Taking Responsibility	18.9	5.13	20.3	5.14	-1.79	.08
Outcome variables						
Overall Well-being	13.4	6.07	15.4	5.50	-2.54	.02*
Social Functioning/Role Performance	12.6	4.10	13.7	4.08	-1.77	.08
Helping Others	6.4	2.28	6.7	2.00	-0.95	.35
General Health Questionnaire	17.4	7.39	16.1	6.13	1.14	.26
Satisfaction with Life Scale	19.6	7.37	22.0	6.85	-2.50	.02*

Note. \**p*<.05.

**Recovery stage.** Participants' recovery stages were defined following the cut-off points suggested by Song and Hsu (2011). A chi-square analysis was performed to analyze the change in the recovery stage of participants before and after receiving strength-based intervention. Results revealed that there was a statistically significant difference between the pre and post recovery stages of participants,  $\chi^2_{(1, n=45)}=6.79, p<.01$ . Nine of the 45 participants progressed to a higher stage as a result of the intervention, but five regressed to a lower stage (see Table 4). Most of the participants (68.9%) remained in the same stage.

Table 4. Chi-square Test Result for Stage of Recovery by Period

Post-Stage of Recovery	Pre-Stage of Recovery		$\chi^2$	<i>p</i>
	Overwhelmed/ Struggling With Disability	Living With or Beyond Disability		
Overwhelmed/ Struggling With Disability	16 (35.56%)	5 (11.11%)	6.79	.01**
Living With or Beyond Disability	9 (20%)	15 (33.33%)		

Note. \*\**p*<.01

**General Health Questionnaire (GHQ)**

A paired sample *t*-test was conducted to analyze the difference between the pre and post-intervention scores of the GHQ. The difference was not statistically significant,  $t_{(36)}=1.14, p=.26$  (see Table 3). Similarly, repeated measures ANOVAs were conducted to analyze the differences between the pre and post-intervention scores of the GHQ with gender (male vs. female), diagnosis (affective disorder vs. psychotic related disorder; adjustment disorder and sleeping disorder were excluded from this analysis), living status (alone vs. in an institution vs. with family/friends) and hospitalization (none vs. more than one) as covariates (see Table 1 and 2 for correlation). No statistically significant interaction effects between the pre and post-intervention scores of GHQ and gender,  $F_{(1, 35)}=1.08, p=.31$ , diagnosis,  $F_{(1, 33)}=.54, p=.47$ , living status,  $F_{(1, 35)}=.12, p=.74$ , and hospitalization,

$F_{(1, 33)}=4.03, p=.053$ , were found.

### Satisfaction with Life Scale

A paired sample *t*-test was conducted to analyze the difference between the pre and post-intervention scores of the SWLS. Results revealed that there was a statistically significant difference between the pre and post-intervention scores of the SWLS,  $t_{(44)}=-2.50, p<.05, d=.34$ . The average post-intervention score of SWLS ( $M=22.0$ ) was higher than the average pre-intervention score ( $M=19.6$ ) (see Table 3). Overall, participants were more satisfied with their life after receiving the SCM intervention, with an effect size of small to medium practical significance.

Similarly, repeated measures ANOVAs on the pre- and post-intervention SWLS scores using gender (male vs. female), diagnosis (affective disorder vs. psychotic related disorder; adjustment disorder and sleeping disorder were excluded from this analysis), living status (alone vs. an in institution vs. with family/friends) and hospitalization (none vs. more than one) as covariates (see Table 1 and 2 for correlation matrix) showed no statistically significant interaction effects between the pre and post-intervention scores of the SWLS in terms of gender,  $F_{(1, 43)}=3.49, p=.07$ , diagnosis,  $F_{(1, 40)}=0.60, p=.44$ , living status  $F_{(1, 43)}=0.03, p=.87$ , and hospitalization,  $F_{(1, 41)}=0.10, p=.76$ .

### Discussion

The current study provides the first empirical evaluation of SCM practice with people with mental illness in a mental health setting in Hong Kong. Though the design lacks the rigor of randomized control group designs, it does provide data regarding the effectiveness of SCM in improving and enhancing the recovery of individuals with mental illness.

The findings of the current study produced mixed results. On the one hand, the SCM intervention in the study brought about significant though small improvements in mental health recovery. More promising changes were observed in two process components (autonomy and hope) and one outcome component (overall well-being) after the SCM intervention. Given the emphasis on goal orientation, strengths assessment and hope inducement of SCM, it is not surprising to note the positive outcomes regarding the two process components. Since autonomy and hope are associated with general well-being (Rapp & Goscha, 2004), the enhancement of these elements likely contributed to the improvement in participants' overall well-being in the current study.

Nevertheless, no statistically significant improvement was found in the process component of disability management/taking responsibility and the outcome components of social functioning/role performance and helping others. The GHQ results also indicated that SCM failed to bring about reduction of psychological distress among the participants. Behind the apparently disappointing façade, the findings actually have important implications for the effectiveness of strengths-based practice. First, while the six-month intervention may facilitate the recovery process, these intermediate changes may not be translated immediately into enhanced personal and social functioning outcomes. Second, despite the persistence of certain psychological distress and symptoms as indicated by the GHQ, the individuals experienced an enhanced sense of overall well-being and satisfaction with life. These positive changes may have been downplayed if the focus remained on alleviation of symptoms, illness, and dysfunction. Actually, the experience of the participants in this study exemplifies the notion of recovery which "involves a transformation of the self-wherein one both accepts one's limitations and discovers a new world of possibility" (Deegan, 1988, p. 13). The participants in this study are not "cured"



or free from mental health problems, but they can lead more satisfying, hopeful, and contributing lives despite their illness.

In terms of stage of recovery, some participants progressed into a higher stage but a few regressed. As Song and Hsu (2011) reminded, the stage a service user reaches might be transitory because recovery is a journey of spiral progress. A longer term intervention is needed before service users can stably progress into a higher stage.

Clearly, the current study provides only preliminary evidence of the applicability and effectiveness of SCM among people in Hong Kong with mental health problems. The study had a number of limitations. First, with the small sample size, it is difficult for the statistical tests to acquire adequate power to detect statistically significant changes. Second, the intervention was implemented for six months and the number of worker-user contacts was on average 5.4. The dosage might be too low to realize the full potential of SCM. Finally, the absence of a control group precludes any definitive conclusions. Despite the limitations, the preliminary findings suggest that a more rigorous design with a control group is warranted. In future applications, it will be useful to extend the period of intervention beyond six months and examine whether hope and autonomy can have rippling effects on the other elements of recovery and mental health status in the long run. Qualitative inquiries to explore service users' responses to SCM will also inform how the approach can be adapted for the local population.

Despite the limitations and modest findings, the current study adds to the existing literature on SCM. In particular, the strengths-based model was originally developed to help people in western cultures which embrace individualism. Chinese people including Hong Kong citizens are characterized by a culture of humility and self-deprecation where it is not easy to help people acknowledge their strengths. However, the experience of this study indicates that with worker's patience this is achievable, and strengths-based practice can be applied in a Hong Kong population.

In conclusion, the current study provides empirical evidence supporting the effectiveness of SCM practice on the recovery of people with mental illness in Hong Kong. With improvement in their autonomy and hope, the individuals in this study have enjoyed improved well-being and a more satisfied life. Though further refinement and testing are vital, adoption of SCM in Hong Kong mental health service is promising.

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**Author note**

Address correspondence to: Siu-kau Cheung, PhD, RSWHK, Community College of City University, 88 Tat Chee Avenue, Kowloon Tong, Hong Kong.  
Email: [scskc@cityu.edu.hk](mailto:scskc@cityu.edu.hk)

## Using Game Theory to Understand Screening for Domestic Violence Under the TANF Family Violence Option

Soonok An  
Jisung Yoo  
Larry G. Nackerud

**Abstract:** *Universal screening for domestic violence in the Temporary Assistance for Needy Families (TANF) program is required by most states, but its implementation is questionable. This paper employs game theory to conceptualize interactions between TANF applicants and frontline eligibility caseworkers. The intended outcomes of universal screening for intimate partner violence (IPV) – granting of a good cause waiver to IPV victims – are valid only by the assumption that caseworkers perform their roles. To grant a good cause waiver, TANF applicants and caseworkers should exchange two types of information: 1) disclosure of abuse by IPV victims and 2) notification of the availability of good cause waivers by caseworkers. This paper illuminates that intended outcomes of universal screening for IPV are difficult to achieve and discusses the applicability and limitations of game theory for policy evaluation.*

**Keywords:** *Universal screening for intimate partner violence, strategic game theory, Family Violence Option, policy analysis*

The Family Violence Option (FVO) enacted during the 1996 welfare reform aims to assure safety for the person who experiences intimate partner violence (IPV) by mitigating any barriers to receiving and maintaining the cash benefits inherent in Temporary Assistance for Needy Families (TANF) (Casey, Davies, Gifford, & Menard, 2010). Studies have found a higher prevalence of IPV in welfare populations compared to the general population (Lawrence, 2002; Meisel, Chandler, & Rienzi, 2003). Among TANF enrollees, the prevalence of IPV ranged from 14% to 32% for the previous 12 months (Gallagher, 2011; Tolman & Rosen, 2001). TANF recipients who had experienced IPV had multiple barriers to meeting TANF requirements, such as mental and physical problems, housing instability, human capital deficits, and child-related problems, with 2.3 barriers on average (Brush, 2004). Such individual barriers elevate the risk of program sanctions (Casey, 2010).

The service goals derived from the FVO are clear. The FVO may provide such support services as (1) waivers to TANF requirements, for example, work responsibility, lifetime limits, and/or child support enforcement; and (2) referrals to support services to address the needs of identified TANF applicants experiencing IPV (Government Accountability Office [GAO], 2005). To promote an informed use of waivers and other relevant services, the implementing agencies in at least 43 states have adopted a universal screening protocol (GAO, 2005). IPV screening during the TANF application and assessment process is designed to resemble IPV screening in health care settings that routinely assesses “current harm or risk for harm from family and IPV in asymptomatic persons” (Nelson, Nygren,

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Soonok An (Corresponding author), PhD, School of Social Work, University of Georgia, 279 Williams Street, Athens, GA 30602-7016, Phone: (706) 424-1470 / Fax: (706) 542-3364 / Email: [aso@uga.edu](mailto:aso@uga.edu). Jisung Yoo, MA, Department of Lifelong Education, Administration, and Policy, University of Georgia, 850 College Station Road, Athens, GA 30602, Phone: (706) 469-0887 / Email: [jisyoo@uga.edu](mailto:jisyoo@uga.edu). Larry G. Nackerud, PhD, School of Social Work, University of Georgia, 279 Williams Street, Athens, GA 30602-7016, Phone: (706) 542-5470 / Fax: (706) 542-3364 / Email: [nackerud@uga.edu](mailto:nackerud@uga.edu).

McInerney, & Klein, 2013, p. 388). However, the IPV screening in a TANF program differs in that it also assesses barriers to compliance with program requirements due to IPV and ultimately may benefit TANF clients with such barriers.

Universal screening for IPV as a protocol embraces diverse behavioral strategies for TANF eligibility caseworkers and applicants. By routinely asking TANF applicants about their IPV experience, routine screening creates an opportunity for all applicants to disclose abuse (Davies, 2010). On the other hand, universal screening mandates that TANF eligibility caseworkers notify applicants that TANF requirements may be waived. Temporary waivers to TANF requirements for victims of IPV are referred to as “good cause” waivers (Cooke & Burke, 2003). Notification of good cause allows applicants to make an informed decision to apply for a waiver (Pataki & Doar, 2006). Thus, universal screening exchanges key information about IPV from an applicant to a caseworker, as well as information about good cause waivers from a caseworker to an applicant, through their choice of behaviors that incrementally support the outcome of waiver use. An assessment that opts out of either of the two conditions cannot be referred to as universal screening (DeCarli, 2001; Lindhorst & Padgett, 2005).

Indeed, waivers for TANF requirements were so seldom an option for TANF applicants that a mere 2.4% of California cash assistance enrollees were waiver-holders in April 2013 (California Department of Social Services, 2013). The prevalence of IPV among TANF applicants in California and their need for good cause waivers are unclear, but lifetime prevalence of IPV among welfare recipients is as high as 80% (Meisel et al., 2003). Barriers to comply with work requirements were reported in 8.1% to 8.4% of randomly selected welfare recipients in two counties (Norris, Speiglman, & Dasinger, 2002; Speiglman, Fujiwara, Norris, & Green, 1999). Other studies reported even lower waiver rates (Hetling, 2011; Lindhorst, Casey, & Meyers, 2010). Low rates of waivers are inevitably linked to identification and notification rates. An interview study revealed that screening rates ranged from 2.9% to 7.5% in three states, with Georgia as an outlier at 28.8% (Lindhorst, Meyers, & Casey, 2008). Nevertheless, the identification rate in all four states that had adopted the FVO was around 2%. TANF applicants were also not informed of good cause waivers. In 2000, 56 to 72% of TANF applicants in the state of New York did not receive an IPV screening form that described good cause (Hearn, 2000). In California, one-third of the disclosed applicants were not informed of their eligibility for IPV services (Spatz, Katz, & Rees, 2005). Routine screening and notification were rarely implemented together, and only 1.2% of the eligibility caseworkers used both methods in Georgia, Michigan, New York, and Texas (Lindhorst et al., 2008). TANF caseworkers tended to identify applicants with IPV experience through profiling criteria, such as immediate danger, separation from an abuser, or subjective judgments (Hetling & Born, 2006).

While IPV screening in TANF involves an interaction between caseworkers and applicants, only a few studies have attempted to describe how caseworkers and applicants interact with one another (Lindhorst & Padgett, 2005), and none of the reviewed studies provided a theoretical or conceptual framework to identify factors that determine the success of IPV screening. If such a framework were available, it could be used to improve screening outcomes.

This paper conceptualizes interactions between TANF applicants and frontline eligibility caseworkers for their IPV screening processes based on game theory. By choosing the most relevant game model to formalize IPV screening in TANF, this paper hypothesizes two game models with different scenarios of TANF applicants' informed and uninformed decisions for disclosing abuse. The scenarios represent TANF applicant-caseworker interactions under universal screening for IPV, as well as IPV screening that is not universally applied. The authors claim that the intended outcomes of universal screening for IPV are valid only through several assumptions. In addition, this paper compares the two game models on the basis of how a caseworker and an applicant interact. This paper is not intended to provide empirical findings based on this game theoretical conceptualization.

### **Game Theory Application in the Context of IPV Screening in TANF**

This section provides the definition of game theory, major components of game theory, and potential contributions of game theory application in policy evaluation and in understanding IPV screening in TANF. Game theory is a useful and relevant policy evaluation tool that can be used to understand interactions between TANF applicants and frontline eligibility caseworkers during IPV screening. An application of game theory in this paper examines how good cause waivers can be granted to victims of IPV in TANF programs as intended by the Family Violence Option.

Game theory describes strategic interactions and explains the outcome of such interactions (Greif, 2006; Osborne, 2004). A human interaction is strategic when one chooses a behavior by anticipating another person's behavior. Thus, the behaviors of two actors are interrelated. Game theory establishes an analytic model that illuminates a problem or a social dilemma in the process of a particular interaction in a particular setting (Grief, 2006). Game theory has been applied to understand interactions in social science between an insurance company and the insured (Agee & Gates, 2013; Dowd, 1982), a principal and an agent (Miller & Whitford, 2002; Saam, 2007), parties to international relations (Field, 2014; Polachek & Xiang, 2010), and a ruling party and the opposition party in Congress (Groseclose & Milyo, 2013). The explanatory function is the key feature of game theory and is based on a rationality assumption. The assumption notes that a person will behave in certain ways to maximize gain and minimize loss.

A *game* is defined by particular components such as players, outcomes, strategies, rationality, and information (von Neuman & Morgenstern, 1953). First, *players* are subjects of particular interactions and play a part to induce an outcome (Hermans, Cunningham, & Slinger, 2014). Games within the context of game theory are played by two people, and/or between groups, and they are simultaneously or repeatedly played (Osborne, 2004). Second, an *outcome* is what players obtain at the end of the interactions and indicates the purpose of a game (Milton, 2006). Third, *strategies* refer to a possible set of behaviors or actions that each player can choose at one time. In a strategic situation, a player acts upon the other player's strategy; that is, players consider each other's strategies when making decisions.

Fourth, a key assumption of game theory is that players are considered to be rational actors. This assumption consists of two properties: expected utility and a minimax criterion (von Neumann & Morgenstern, 1953). On the one hand, rational behavior chooses an alternative among an exhaustive action set that maximizes a particular function called an expected utility. Giocoli (2006) defined *expected utility* as the rationality of a preference system. The rationality of a preference system endorses the subjective expected utility of a decision (Savage, 1954). On the other hand, a *rational actor* should follow the minimax criterion that refers to a strategy that minimizes loss due to the other player's choice (Giocoli, 2006).

Fifth, information indicates the players' knowledge of types of other players, their and the other players' possible strategies, strategies the other players choose, and/or preferences of the other players (Garratt, Troger, & Zheng, 2009). In case of a perfect or complete game in which each player is aware of the actions chosen by the other player and also knows possible actions available to them, strategies are common knowledge to both players (Witzel, 2009). Conversely, incomplete information defines an incomplete game in which at least one player is somewhat uncertain about the other player's type (i.e., IPV victim or non-victim), strategies, and/or preferences (Harsanyi, 1987).

Game theory is relevant to policy evaluation for specific occasions. Game theory is particularly useful when information on how policy is implemented by the actors is unavailable or not easily accessible (Hermans et al., 2014). Many human interactions at the policy implementation level are hard to observe, thus limiting valid data with relevant variables. In fact, collection of primary data or access to secondary, administrative data of IPV screening from state and local TANF offices is often not available due to multi-level processes for permission, disinterest of the implementation of IPV screening in TANF, and/or distrust of outside researchers. Such data, including direct observation, were obtained in two research initiatives (Hetling & Born, 2006; Hetling, 2011; Meyers & Laurie, 2005). A very motivated TANF program (i.e., Maryland Department of Human Services) allowed outside researchers to analyze administrative data (Hetling, 2011; Hetling & Born, 2006), and with collective research initiatives based on a federal level of funding and support (i.e., the U.S. Department of Health and Human Services) they could observe the applicant-caseworker interactions and interview the TANF workers (Meyers & Laurie, 2005). Existing data also do not contain relevant variables to predict good cause waivers in relation to routine screening for IPV and routine notification of good cause waivers. Thus, we do not know whether universal screening for IPV is effective at identifying IPV victims and granting of waivers.

For evaluation of policy implementation, a well-developed theoretical framework to analyze available data is difficult to secure. Game theory helps simplify and clarify complex processes of interaction with certain game components. Although a game model cannot explain actual outcomes of the interaction, it can provide a logical structure to interpret observed human interactions and the variations of instances of interactions (Hermans et al., 2014), and/or it can also develop hypotheses for empirical testing with statistical methods.



Game theory may be relevant to evaluation of intake interviews for welfare services. Like IPV screening in TANF, such intake interviews are involved in identifying eligibility and/or assessing need for services. Service providers may need to manage resources parsimoniously and identify eligible applicants for specific services – in this case, good cause waivers in IPV screening. This paper presents the potential applicability of game theoretical models as an evaluation method for social welfare policy--in this case, eligibility screening in TANF. The objective of this paper is to understand how intended outcomes to grant good cause waivers to IPV victims can be achieved.

### **Bayesian Strategic Game Modeling**

This section addresses the relevance and applicability of Bayesian strategic game modeling to IPV screening in TANF and describes major components of (Bayesian) game theory to conceptualize IPV screening. The Bayesian strategic game is particularly relevant to modeling a strategic game under uncertainty (Osborne, 2004). This type of game is also called an incomplete game. IPV screening in TANF is an incomplete game in that the TANF applicant's experience with IPV is unknown to a TANF frontline eligibility caseworker. In a common two-person zero-sum game in which a player benefits only at the equal expense of others, a player attaches subjective probability weight to the other player's actions and beliefs. This type of decision process is called a Bayesian theorem (Keeney & Nau, 2011; Savage, 1954). A Bayesian game model combines formal game theory and probability theory with set beliefs about a player's hidden or unknown type. IPV screening in TANF should identify applicants' hidden type regarding IPV experience through the interactions between an applicant and a caseworker.

The Bayesian strategic game is potentially applicable to conceptualize interactions that need to identify a hidden characteristic of a player. Service eligibility interviews seem suitable for model development with a Bayesian strategic game. IPV screening in TANF resembles a market of "lemons," where the good being exchanged possesses high quality variations that are unknown to the buyers (Akerlof, 1970). The market of TANF identifies variations of applicants' characteristics related to their eligibility for good cause waivers, but such identification processes may be unattractive to the buyers, who are TANF service providers. High variations in eligibility for good cause waivers embrace costs based on identifying applicants' experience with IPV. One major cost is from the sellers' potential dishonesty regarding their true characteristics, for example, applicants' false disclosure of IPV. Such risk is called adverse selection (Moe, 1984).

Bayesian strategic game modeling is also relevant to IPV screening in TANF because identification of one's eligibility is linked to specific rewards. The purpose of a game is to deliver a good cause waiver in IPV screening in TANF. Good cause for IPV victims waives one or a combination of the following TANF requirements: work responsibility, child support enforcement, and lifetime limits. Without the consideration of a good cause waiver, TANF recipients can receive TANF for only 48 months in their lifetime, and every adult TANF recipient should be involved in work or work activities on a weekly basis and identify the biological father of a child to apply for child support (GAO, 2005). Receiving a good cause waiver also avoids program sanction by the failure to comply with any of the program requirements and/or extending TANF for up to 60 months (Casey, 2010; Fontana,

2000). In that case, good cause waivers may generate direct monetary rewards for IPV victims. A good cause waiver also avoids the risk of further abuse by complying with TANF requirements or recovery from the impact of abuse. These rewards may be attained within a more long-term timeline, yet it may be difficult to account for monetary rewards while a person is in the TANF program. A good cause waiver potentially prevents health costs from putting an IPV victim in danger through TANF requirements and/or perpetrating IPV. The waiver ultimately could strengthen its recipients' capacity as a workforce.

The potential rewards of receiving a good cause waiver are critically linked to the service need (Levin & Zeisel, 2009; Tolman & Rosen, 2001). The rationale for the Family Violence Option is that IPV victims on welfare tend to have more barriers to complying with TANF requirements (Tolman & Rosen, 2001). Theoretically, IPV victims who enter the TANF program and have barriers to complying with TANF requirements would perceive good cause waivers as rewards. The same type of TANF applicants would not perceive rewards if they do not receive the waivers. The following seven game components may define IPV screening in TANF programs.

1. **Players:** The IPV screening in a TANF program is a two-person interaction between a TANF applicant and an eligibility caseworker.
2. **Incomplete information:** A TANF applicant and an eligibility caseworker make a decision with incomplete information. Incomplete information refers to the situation in which players may not know some information about the other players, such as their characteristics, strategies, etc. (Harsanyi, 1987). At the beginning of the IPV screening, a TANF eligibility caseworker does not know about a TANF applicant's characteristic as an IPV victim. In game theory, such a characteristic is called a type or a state (Osborne, 2004). Such a state is denoted as " $\omega$ ". Because not all applicants experience IPV, two states of  $\omega_1$  (*applicants with IPV experience*) and  $\omega_2$  (*applicants without IPV experience*) exist. On the other hand, a TANF applicant may not know about good cause waivers. As a caseworker does not know the status of IPV among TANF applicants, the caseworker may subsequently face the following situations: a TANF applicant should signal the state of IPV to a caseworker, and the caseworker formulates a belief which is the probability  $0 \leq p \leq 1$  to each state of IPV of a TANF applicant consistent with the signal (Zamir, 2010).
3. **Outcomes:** The intended outcome of universal screening for IPV is to grant good cause waivers to applicants with IPV experience who have difficulty complying with a TANF requirement and to not grant good cause waivers to applicants without IPV experience.
4. **Rationality:** A TANF applicant and a TANF eligibility caseworker are rational actors who maximize the expected utility of the outcome, receiving or granting a good cause waiver (Milton, 2006; Nurmi, 2005). An *expected utility* function represents a player's preferences (Keeny & Nau, 2011), and it is defined by both a single action profile such as *disclose IPV* and a state of a player's characteristic such as a true IPV victim. The term expected utility is interchangeably used with preferences or payoffs (Osborne, 2004). A rational

TANF applicant who has difficulty complying with TANF requirements due to IPV will prefer receiving a good cause waiver to not receiving such a waiver. A rational TANF eligibility caseworker will provide a waiver to IPV victims who have difficulty complying with TANF requirements.

5. **Preferences:** Preferences can be ordered, and such order of preferences is called ordinal preferences (Barnett II, 2003). Ordinal preferences mean that if a player prefers action a to action b, and action b to action c, then that player prefers action a over action c. If a caseworker prefers granting a good cause waiver to not granting a good cause waiver to an applicant, a higher number is assigned to the strategy of granting a good cause waiver compared to the other strategy—for example, 2 for granting a good cause waiver and 1 for not granting a good cause waiver, simply because 2 is greater than 1. Players choose their optimal strategy (action), the one most preferred in the strategy profiles, so that the outcomes furthest from that choice are the least preferred (Shepsle, 2010).
6. **Strategies:** A choice of a specific strategy is determined based on the expected utility of the final outcome. If TANF applicants expect a high utility to obtaining a waiver, they would strategically disclose IPV rather than not disclose IPV. A player chooses one of the strategies at the time of their decision node. IPV victims could disclose their experience with abuse at a TANF appointment or be silent.
7. **Rules:** IPV screening in TANF follows specific game rules. Game rules indicate all of the game components and they represent who moves, when they move, what options players have, what they know about the information, and why they move (associated with expected utility)(Matos, Ferreira, & Andrade, 2010). In relation to the order of moves of decisions, a TANF applicant should disclose the experience with abuse prior to the caseworker's granting of a good cause waiver.

### **Particular Assumptions for Hypothesizing Universal Screening**

This section begins with modeling universal screening for IPV according to the FVO using the Bayesian strategic game model. To explore how intended outcomes of IPV screening may come about, four additional assumptions may be required to conceptualize the TANF applicant-caseworker interactions within universal screening for IPV.

First, this paper assumes that the FVO defines rationality respectively for a TANF applicant and a caseworker. A rational TANF applicant would maximize expected utility regarding a good cause waiver. However, a rationality assumption for a caseworker needs clarification. In the real world, caseworkers may not perceive great utility by granting a waiver. Caseworkers' attitudes and beliefs about a victim's worthiness to receive TANF benefits influence their screening of IPV (Carrington, 2005; Lindhorst & Padgett, 2005). However, in the hypothetical scenario of universal screening for IPV, a TANF caseworker is assumed to strategically perform universal IPV screening to grant a good cause waiver. A caseworker should perceive lower utility for granting a good cause waiver to a false IPV victim than granting it to a true IPV victim.

Secondly, this paper assumes one exception from the rationality assumption of a TANF applicant: self-determination. A TANF applicant who is informed of good cause waivers may not disclose IPV if the applicant does not perceive the waiver as a reward. TANF applicants may still prefer to pursue work and receive child support instead of receiving temporary good cause waivers or exemptions from TANF requirements (GAO, 2005; Raphael & Haennicke, 1999). Researchers found that victims of domestic violence did not use the waivers because they had no current danger, did not want to complete paperwork, had no evidence to prove harm, feared the abusive father, were motivated to work, and received child support from the father of their child (Fontana, 2000; Levin, 2001). This paper considers these conditions as self-determination. Social work values appreciate clients' self-determination to use or refuse services (National Association of Social Workers [NASW], 2008, 2013). Although a service provider may inform clients of opportunities and potential resources that could be used in a voluntary situation, the client is always the decision-maker.

The assumption of self-determination as an exception was added because IPV experience is a core eligibility criterion to receive a good cause waiver, but IPV experience does not always determine the need for good cause waivers among IPV victims (Fontana, 2000). Therefore, this paper assumes the following ordinal preferences of good cause waivers in universal screening—that a TANF applicant with IPV experience who is indifferent about receiving a good cause waiver does not disclose IPV. A full assumption of ordinal preferences for both a TANF applicant and a caseworker is presented in the next section.

Third, this paper assumes that universal screening for IPV involves two types of information: information of a TANF applicant's IPV characteristics and information about good cause waivers. On the one hand, universal screening for IPV determines the applicant's hidden IPV characteristics as a starting point. It is assumed that caseworkers should know the true state of applicants' IPV experience in order to achieve intended outcomes of granting a good cause waiver. When a game model is drawn as a figure, this characteristic is set as a starting point of the game (Matos et al., 2010); see Figure 1.

On the other hand, in universal screening for IPV, information about good cause waivers needs to be common knowledge between players. TANF applicants need to know that good cause waivers are available to them. Although it is not the case for all states and local agencies, universal screening for IPV entails universal notification of good cause waivers to TANF applicants (DeCarli, 2001; Lindhorst & Padgett, 2005). The assumption of a rational caseworker based on quality of service may eliminate information asymmetry of available strategies for IPV victims. In this case, caseworkers routinely inform TANF applicants of good cause waivers.

Fourth, this paper simplifies players' behavioral strategies for the informed decision of a TANF applicant to disclose IPV. This paper defines a critical tenet of universal screening for IPV as a TANF applicant's informed decision to disclose IPV. If the universal screening process for IPV that promotes such informed decision is deconstructed, it may entail very complex decisional points in order that: 1) a TANF applicant applies for TANF; 2) a caseworker screens for IPV; 3) a TANF applicant discloses abuse; 4) a caseworker informs

a TANF applicant of good cause waivers; 5) a TANF applicant who did not disclose IPV may disclose IPV after being informed of good cause waivers and continue to other decisional points. Contingent upon the informed decision to disclose IPV, this paper focuses only on two key decision points: TANF applicant's disclosure of IPV, *disclose or not disclose*, and TANF caseworkers granting of good cause waivers, *grant a waiver or not grant a waiver*.

Additionally, this paper also limits this conceptualization of universal screening for IPV with a couple of supplementary assumptions to rationalize the relevance between the theory and the phenomenon of universal screening for IPV. This paper excludes the possibility of a third person such as a domestic violence specialist. Also, this paper does not account for the possibility of repeated games or prior experience with the game by the players.

### **Informed IPV Disclosure and Applicants' Utility of Good Cause Waivers**

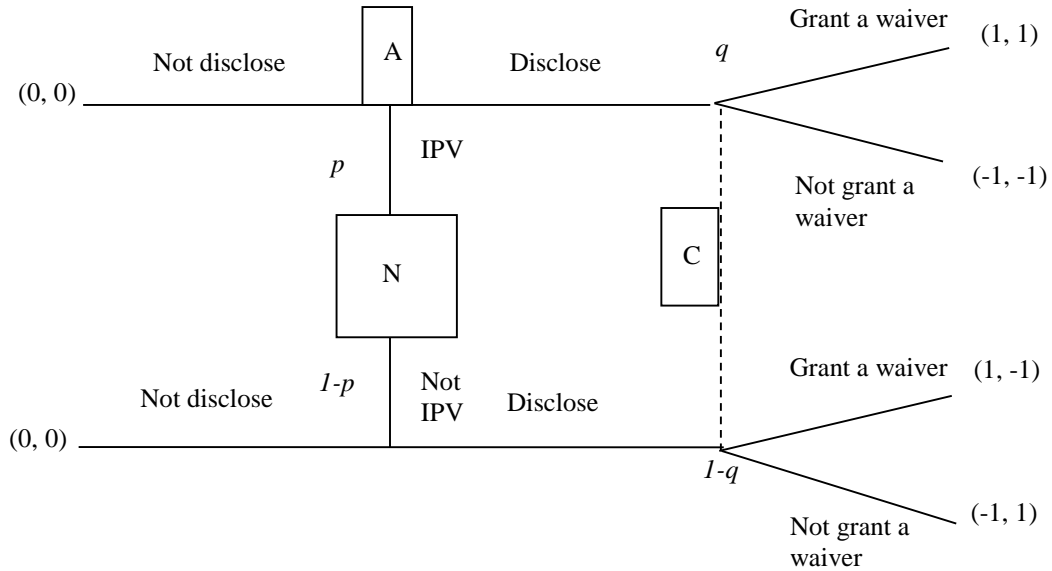
The model of universal screening that supports the informed decision to disclose IPV is depicted in Figure 1. Figure 1 shows a Bayesian strategic game model with incomplete information. The strategy profiles are all valid: *disclose or not disclose* for the applicants and *grant a waiver or not grant a waiver* for eligibility caseworkers. "N" determines the applicant's state of IPV: applicants with IPV experience ( $\omega_1$ ) with probability  $p$  or applicants without IPV experience ( $\omega_2$ ) with probability  $1-p$ . When applicants disclose IPV, caseworkers will either *grant* or *not grant a waiver* with a probability of  $q$  if they believe applicants to be victims of IPV ( $\omega_1$ ), and with a probability of  $1-q$  if caseworkers believe applicants have not experienced IPV ( $\omega_2$ ). Reversely, caseworkers will take no action when the applicant chooses not to disclose, so they unnecessarily set a conditional belief about the IPV state ( $\omega_1$  or  $\omega_2$ ).

Figure 1 also presents the expected utilities for TANF applicants that the model assigns. If a caseworker grants a waiver, then the applicant's expected utility is 1, being granted a waiver. Receiving a waiver may benefit applicants without IPV experience ( $\omega_2$ ) if they intentionally misinform. Applicants' disclosure, therefore, could be based on need or fraud. Both types of applicants who do not disclose IPV may be indifferent to receiving a waiver, so they do not disclose abuse (0 represents those who do not disclose abuse). The model assumes that informed disclosure, compared with informed non-disclosure, is more likely to increase applicants' expected utility of receiving a waiver and to decrease their expected utility by the failure to receive a waiver (-1 represents those who disclose abuse but are not granted a waiver).

Caseworkers have three types of expected utilities according to the assumption of rationality: 1 when caseworkers make the right decision regarding the state of IPV, 0 when caseworkers do not grant a waiver to an applicant either with IPV experience ( $\omega_1$ ) or without IPV experience ( $\omega_2$ ) who does not disclose, and -1 when caseworkers grant a waiver to an applicant without IPV experience ( $\omega_2$ ) or do not grant a waiver to an applicant with IPV experience ( $\omega_1$ ). An expected utility of 0 for an applicant with IPV experience ( $\omega_1$ ) is considered a client's self-determination to not accept a waiver. Thus, (1, -1) in the

right, bottom node indicates an applicant's utility of receiving a waiver (1), and a caseworker's utility of granting a waiver (-1).

Figure 1. *Informed IPV Disclosure and Applicants' Utility of Good Cause Waivers*



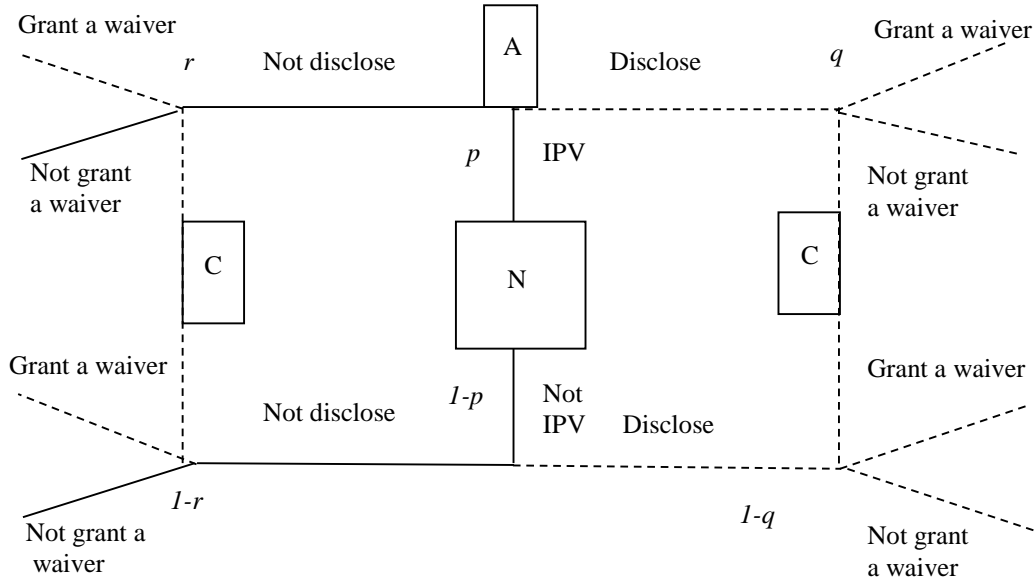
**Uninformed IPV Non-disclosure and the Termination of a Game**

A second model hypothesizes the situation of an uninformed decision to disclose IPV by a TANF applicant. The aim of developing such a model is to illuminate the disjuncture from universal screening for IPV. Thus, a comparison of two different scenarios of informed and uninformed decisions to disclose IPV are available. In this new scenario, a TANF applicant makes a decision to disclose IPV, given no information about good cause waivers.

Figure 2 represents the game rules of an uninformed decision to disclose IPV by TANF applicants. Under such rules, routine screening and notification of good cause do not guide TANF applicants' disclosure of IPV. Informed disclosure of IPV is strictly unavailable, making it impossible to grant a waiver because the information of a good cause waiver is asymmetrically available to caseworkers and applicants. The left side of Figure 2 from the nature (N) shows that applicants are given a single strategy profile, *not disclose*, due to unavailable knowledge of good cause waivers. And, the only available strategy for the caseworker is *not grant a waiver* in response to the applicant's non-disclosure. The probabilities *r* and *1-r* represent a caseworker's belief about the states of IPV, given an applicant's action, *not disclose*. Such uninformed non-disclosure is a distinctive feature of the uninformed decision to disclose IPV, which is inconsistent with universal screening for

IPV. This uninformed non-disclosure is different from informed non-disclosure, which is based on applicants' self-determination in the left nodes in Figure 1. Uninformed non-disclosure is caused by the IPV screening process eliminating applicants' strategies because the IPV screening process does not entail notification of good cause waivers.

Figure 2. *Uninformed IPV Non-disclosure and the Termination of a Game*



Notification of good cause waivers influences the players' expected utilities, but that effect cannot be displayed with numerical expected utilities in the model. When the players have the single strategy profile *not disclose* and *not grant a waiver*, the interaction does not satisfy game assumptions. This type of game rule does not transfer expected rewards to the applicants who experience IPV.

### Outcomes of the Game Models

This section finds *Nash Equilibrium*, which is a decisional outcome (Osborne & Rubinstein, 1994) from the model of the Informed IPV Disclosure and Applicants' Utility of Good Cause Waivers depicted in Figure 1. Nash Equilibrium is a steady state where both players have no reason to change their strategy (Osborne, 2004). Any found equilibriums indicate predicted outcomes specifically regarding the granting of a waiver as the final outcome in this specific model.

To find the equilibriums, the model of Informed IPV Disclosure and Applicants' Utility of Good Cause Waivers was reviewed with four different sub-games. The sub-games consist of two separate games and two pooling games. These sub-games are characterized by two types of assumptions regarding (1) the caseworkers' beliefs of an applicant's types in IPV experience ( $\omega_1$  or  $\omega_2$ ) and (2) the applicants' potential behaviors,

*disclose or not disclose.* Regarding the applicants' potential behaviors, a separating game is where the first player behaves differently prior to the second player's strategy (Munoz-Garcia, 2012), meaning that a caseworker thinks that an applicant behaves inconsistently but has behaved consistently with the states of IPV. In the model, two separate games are played by a TANF applicant: 1) when there is a possibility an applicant with IPV experience ( $\omega_1$ ) discloses while an applicant without IPV experience ( $\omega_2$ ) does not disclose (see the right, upper node and the right, bottom node in Figure 1) and 2) when there is a possibility an applicant with IPV experience ( $\omega_1$ ) does not disclose while an applicant without IPV experience ( $\omega_2$ ) discloses (see the right, upper node and the left, bottom nodes in Figure 1)

A pooling game is played when the first player consistently chooses a strategy (Munoz-Garcia, 2012). Two pooling games are played in the model in Figure 1: 1) when there is a possibility that an applicant *with IPV experience* ( $\omega_1$ ) and also *an applicant without IPV experience* ( $\omega_2$ ) discloses (see the upper right and bottom right nodes) and 2) when there is a possibility that both types of applicants do not disclose (see the upper left and bottom left nodes).

Regarding the beliefs of eligibility caseworkers, the first separating subgame assumes a caseworker believes only an applicant with IPV experience will disclose ( $q=1$ ). The second separating subgame assumes a caseworker believes only an applicant without IPV will disclose ( $q=0$ ). The first pooling game assumes that a TANF caseworker believes both applicants with and without IPV experience will disclose ( $q=p$ ). Thus, a caseworker believes an applicant with IPV experience is more likely to disclose than applicants without IPV experience ( $q \geq 1-q$ ). In the second pooling game, a caseworker believes that all types of applicants will not disclose IPV.

Screening outcomes of the game model called Informed Decision to Disclose IPV in Universal Screening were analyzed based on the utilities in numbers (i.e., 1, 0, -1) in Figure 1. The game that is described in Figure 1 helps understand the logical process to find the equilibriums. There was no predicted outcome (equilibriums) in either separating games in Figure 1. In the first separating game, granting a waiver is an optimal strategy for caseworkers because they think an applicant with IPV experience ( $\omega_1$ ) would disclose. An applicant with IPV experience ( $\omega_1$ ) would be better off by disclosing (expected utility, 1) than by not disclosing (expected utility, 0). Because a caseworker would grant a waiver if an applicant disclosed regardless of the state of IPV ( $q=1$ ), an applicant without IPV experience ( $\omega_2$ ) would also be better off by disclosing than by not disclosing. An applicant without IPV experience ( $\omega_2$ ) would also prefer to alter her strategy from *not disclose* to *disclose*. Therefore, no equilibrium can exist for this separating game.

In the second separating game, caseworkers' optimal strategy is *not granting a waiver* if they think that an applicant without IPV experience ( $\omega_2$ ) discloses. In that case, an applicant with the state of  $\omega_2$  would not disclose IPV because she is not granted a waiver. Hence, an applicant without IPV experience ( $\omega_2$ ) would prefer not to *disclose* because the applicant's strategy of *not disclose* has a higher expected utility than that of *disclose* (expected utility, 0 > expected utility, -1). Therefore, there is no equilibrium.



The first pooling game embraces two different conditional beliefs of applicants' types and the behaviors. When a caseworker believes an applicant with IPV experience is less likely to disclose than is an applicant without IPV experience, caseworkers must select *not granting a waiver* because they think that the applicant is more likely to be an applicant without IPV experience ( $\omega_2$ ) than an applicant with IPV experience ( $\omega_1$ ). If a caseworker prefers *not granting a waiver*, the expected utility of an applicant without IPV experience ( $\omega_2$ ) would be -1. Consequently, this applicant would prefer to *not disclose* IPV (expected utility, 0), which entails a higher expected utility, rather than *disclose* (expected utility, -1). Therefore, with this specific belief, there is no equilibrium.

Conversely, if a caseworker believes an applicant with IPV experience is more likely to disclose than an applicant without IPV experience is, a caseworker optimally selects granting a waiver. Given a caseworker's strategy, *granting a waiver*, applicants may also perceive the higher expected utility 1 compared to -1 if they are not granted a waiver. Thus, applicants, regardless of experience with IPV, will disclose if they believe that they are more likely to be granted a waiver rather than being denied. Thus, an equilibrium occurs if a caseworker believes a disclosed applicant is a real victim and the applicant believes a waiver will be granted by disclosure.

In the second pooling game, notice that both types of applicants prefer to *not disclose* (payoff 0) only if caseworkers select to *not grant a waiver*. The strategy, *not disclose*, contains a higher payoff compared to the situation where an applicant discloses but is not granted a waiver (expected utility -1; see the right nodes in Figure 1). In order for *not granting a waiver* to be chosen, a caseworker must have a sufficiently pessimistic belief about the types of applicants despite their strategy for IPV disclosure. Regardless of the states of IPV, a caseworker believes an applicant without IPV experience ( $\omega_2$ ) is more likely to disclose than an applicant with IPV experience ( $\omega_1$ ). Within such belief systems, an applicant would prefer to *not disclose* as this sub-game predisposes. Thus, a caseworker's strategy, *not granting a waiver*, is optimal. In the second pooling game, an equilibrium exists when a caseworker believes that a disclosed applicant is not the real victim and an applicant regardless of IPV experience believes that they would not be granted a waiver.

Two equilibriums were found in the model of Informed Decision to Disclose IPV in Universal Screening. That is, two outcomes are predicted if universal screening for IPV is implemented as assumed. The first outcome is applicants disclose IPV experience and caseworkers grant a waiver when caseworkers believe disclosed applicants are real victims and applicants believe they will be granted a waiver by disclosure. The second outcome is applicants do not disclose IPV and caseworkers do not grant a waiver when caseworkers believe that disclosed applicants are not the real victims and applicants regardless of IPV experience believe that they would not be granted a waiver.

Figure 2 describes the scenario of Uninformed Decision to Disclose. The model of the no knowledge situation of good cause waivers cannot assign expected utilities to the players' strategy profiles. Allowing both an applicant and a caseworker to play a single strategy results in the play of *not disclose* by an applicant and *not grant a waiver* by a

caseworker. Such strategy set clarifies that screening outcomes possess disjuncture from universal screening for IPV.

### **Discussion and Limitations**

This paper claims that the intended outcomes of universal screening for IPV—granting of a good cause waiver to victims of IPV—are difficult to achieve without accurate IPV screening. Two game models, particularly using a Bayesian strategic game model of universal screening for IPV in TANF, helped explore the underlying assumptions of universal screening for IPV to achieve the intended outcomes of granting good cause waivers to IPV victims. The models also helped explore different strategies and outcomes based on whether or not a TANF applicant makes an informed decision to disclose abuse. Development of such models is useful in 1) generating potential hypotheses for empirical tests, and 2) exploring assumptions of universal screening for IPV by refining the original components and assumptions of game theory, especially the rationality assumption for TANF frontline eligibility caseworkers.

This paper suggests a need of empirical testing of several hypotheses as well as measurement development. Equilibriums from the informed decision model for IPV disclosure in Figure 1 suggest two hypotheses: 1) a good cause waiver is given to a TANF applicant only when the TANF applicant discloses IPV experience to a TANF caseworker who tends not to worry about potential fraud from TANF applicants, and 2) a good cause waiver is not given to a TANF applicant who does not disclose IPV if a caseworker believes that only a small number of TANF applicants are victims of IPV. In addition, from the uninformed decision model for IPV, 3) non-disclosure is a hypothetical outcome when a TANF applicant is not informed of a good cause waiver by a caseworker. The two models also illuminate crucial concepts that could be included as variables in quantitative research questions and/or could be measured for future policy evaluation. Valid and reliable measurement of such concepts is essential. Future studies could define and operationalize constructs of such variables in more valid and reliable ways. Such variables include the TANF applicant's need for a good cause waiver, the caseworker's belief of TANF applicants' need for a good cause waiver and their state of IPV, and universal screening for IPV. For example, the informed decision to disclose IPV may be facilitated with a combination of routine screening and routine notification of a good cause waiver. However, without measuring and including variables of both behaviors in a statistical model for testing, we cannot know the real preferences of behaviors or strategies of TANF applicants regarding a good cause waiver.

Several assumptions to conceptualize universal screening for IPV in the Bayesian strategic game model imply that equilibriums may exist only based on the accuracy of IPV screening. Both the rationality assumption and information about a good cause waiver available to TANF applicants may be relevant constructs of the quality of IPV screening. According to the rationality assumption, caseworkers' preferences for granting a waiver are determined by accountable implementation of IPV screening. Caseworkers prefer to respond accurately to an applicant's state of IPV in granting a good cause waiver. The model of universal screening for IPV also identified information of a good cause waiver that may remove uncertainty for a TANF applicant to strategically disclose IPV to a

caseworker. In order to employ universal screening for IPV, caseworkers should also routinely provide information of good cause waivers to TANF applicants.

The rationality assumption for TANF caseworkers also invites potential applicability of anti-rationality assumptions to understand TANF caseworkers' behaviors for future research. In the model of universal screening for IPV, the caseworker's motive for choosing a strategy was supposed to be driven by their role, not their personal instincts, preconceptions, attitudes, etc. Such an assumption is not aligned with the original rationality assumption of game theory. This approach is not uncommon in the study of human behaviors. Outside formal game theory, human behaviors are considered irrational with alternative assumptions, such as bounded rationality, framing effects, and/or risk adversity (Simon, 2001; Tversky & Kahneman, 1982, 1986). Human beings sometimes act upon altruism, fairness, and/or trust rather than self-interest (Thaler, 1991). This paper attempted to apply game theoretical concepts in model development of universal screening for IPV, but the rationality assumption of the model actually emphasized the role of TANF caseworkers who may be fair and altruistic.

Two conditions of universal screening for IPV--routine screening of IPV and routine notification of a good cause waiver--seem to require high work ethics of TANF caseworkers, relevant knowledge and skills, and person-oriented work. Such requirements together underscore the role of caseworkers in facilitating informed decision-making opportunities for TANF applicants. Such assumptions may not be realistic though, like IPV screening that is not universally implemented in the real world. We simply notice the similarity from evidence of IPV screening in TANF and agree with the claim that it is difficult to expect street-level bureaucrats to do people-oriented work to enhance clients' self-determination (Lipsky, 1969; Watkins-Hayes, 2009). This paper cannot conclude whether IPV screening in TANF is an implementation failure or policy design failure, but it is noteworthy that the policy design appears to embrace unrealistic expectations for the frontline worker to implement the expected rules.

A Bayesian strategic game model in formalizing models of a TANF applicant-caseworker interaction in TANF, however, cannot help in understanding "why actors are not contributing" to achieve intended outcomes or how unintended outcomes may result from interactions (Hermans et al., 2014, p. 12). As discussed, game theory may offer insights on predictors of observed outcomes. However, it does not offer a tool to identify reasons for not granting a waiver or specific barriers to granting a good cause waiver. The authors strongly believe that research on the barriers to employing universal screening for IPV would be quite valuable for presenting evidence of how to improve IPV screening in TANF. However, game theory and the models discussed in this paper are not the proper tools to determine how to solve the problem of universal screening for IPV not working in the real world (Schelling, 2010).

In addition, overcoming the following shortcomings may strengthen the models presented in this paper as an evaluation method. First, the applicant's experience with IPV is not identical to the need to utilize a waiver. This paper considers them equal. Future study can make this distinction and investigate who among applicants with IPV experience actually needs a waiver. Second, the model of universal screening does not undergo all the

possible steps related to game rules that could actually establish the applicants' expected utilities differentially. The rationales for determining expected utilities need to be set clearly. Third, this paper does not test the models and their hypotheses, so future studies need to analyze empirical data to investigate whether good cause notification determines the use of a waiver.

Despite such limitations, this paper's application of the Bayesian strategic game model was beneficial to exemplify game theory as an alternative tool in evaluating the FVO at the level of actor-interactions. This paper also revealed the potential use of soft application of game theory in policy evaluations rather than mathematical application of the theory.

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### Author note



Address correspondence to: Soonok An, PhD, School of Social Work, University of Georgia, 279 Williams Street, Athens, GA 30602-7016, Phone: (706) 424-1470 / Fax: (706) 542-3364 /Email: [aso@uga.edu](mailto:aso@uga.edu)

## Mapping Community Capitals: A Potential Tool for Social Work

Kyle A. Pitzer  
Calvin L. Streeter

**Abstract:** *Concept mapping can be a useful tool in social work practice at all levels. Mapping can help clarify and increase comprehension of abstract concepts, such as community capitals or assets. This paper describes community capitals, presents a simple method for mapping community assets conceptually, and demonstrates this method through two case examples. The cases detail activities of two organizations involved in work with communities. The development and leveraging of capitals is illustrated in both instances. Following the case examples, the significance and value of mapping in social work and suggestions for future research are discussed based on the mapping exercise.*

**Keywords:** *Community development, community capitals framework, community practice, concept mapping, social work practice*

Social workers play a vital role in the assessment of social issues, the implementation of interventions, and the evaluation of interventions. These activities take place at multiple levels of practice including micro, mezzo, and macro levels. The Community Capitals Framework (CCF) can be a useful conceptual tool for social workers in various practice settings and at multiple practice levels, especially the community level, where engaging community members in the process of identifying, leveraging, and building community resources is critical. The CCF fits logically with many models for community assessment and can be useful in planning and implementing community interventions. Traditionally, mapping changes in community capitals has been visualized as an upward spiral. Here we present a different style of mapping that can be easily interpreted and used by social workers and the communities with which they work to gain insights into the assets that exist in the community and how those assets might be used to enhance community capacity. This paper illustrates the mapping of community capitals in social work practice by including the interventions and community activities that are directly involved in building capital. By carrying out this exercise, the intention is to provide some examples that social workers can adapt to their own practice areas to benefit the individuals, groups, and communities they serve. In this paper, the CCF is briefly defined, the mapping method is outlined, and examples are presented to illustrate how community capitals are built and leveraged in different settings and through different approaches. Lastly, the utility and importance of mapping community capitals is discussed as well as the role of intangible capitals in community development using capital maps as a reference.

### Community Capitals Framework and Community Interventions

The term capital is most frequently found in economics and refers to “money or assets” that are invested to yield economic outcomes (Bishop, Press, & Tauber, 2010, p. 54). Capital, in the context of the CCF, represents a range of resources found within a

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Kyle A. Pitzer, MSSW, is a doctoral student at Washington University in St. Louis, George Warren Brown School of Social Work. Calvin L. Streeter, PhD, is the Meadows Foundation Centennial Professor in the Quality of Life in the Rural Environment at the University of Texas at Austin School of Social Work.

community that can be invested to grow other capitals and benefit the community (Flora & Flora, 2013). The Community Capitals Framework outlines seven major types of assets that may be present in communities. These types of assets, detailed in Table 1, are natural, cultural, human, social, political, financial, and built (Flora & Flora, 2013). According to Flora and Flora (2013), every community has some degree of resources, and these resources can be leveraged to develop additional resources, or capital. The authors also assert that the ultimate goal of every community is to become sustainable, which can be achieved by developing and leveraging community capitals. A sustainable community is defined as one that is economically secure, socially inclusive, and ecologically healthy (Flora & Flora, 2013).

Table 1. *Seven Capitals in the Community Capitals Framework*

<b>Natural Capital</b>	Elements of nature present in a community including land and water resources, weather, and biodiversity
<b>Cultural Capital</b>	Values and perspectives of community members that play a major role in self-efficacy in affecting community change
<b>Human Capital</b>	Education, skills, health, and self-esteem of community members
<b>Social Capital</b>	Trust, collaboration, and shared vision among community members
<b>Political Capital</b>	Ability of groups or communities to influence policy and ensure that policies are implemented accordingly
<b>Financial Capital</b>	Monetary resources
<b>Built Capital</b>	Facilities that contribute to infrastructural capacity of communities

(Flora & Flora, 2013)

The CCF can easily be used alongside other models or theories that are commonly employed in social work practice. Previous mapping of community change using the CCF focuses on a systems perspective (Emery & Flora, 2009). Mapping community capitals using the systems perspective is critical to social workers in assessing community capitals and guiding community intervention. Alternatively, mapping that provides more detail in the illustration of interventions and activities of interest to social workers in the field could be useful as well.

Interventions that can be guided by the CCF take various forms. For example, several studies have shown that investments in leadership development can generate a great amount of community benefit (Allen & Lachapelle, 2012; Apaliyah, Martin, Gasteyer, Keating, & Pigg, 2012; Emery, Fernandez, Gutierrez-Montes, & Flora, 2009). Apaliyah et al. (2012) found that participants in leadership training across six different states implemented over 200 community projects that enhanced each of the seven capitals. Furthermore, most of the activities impacted more than one of the capitals resulting in multiple gains from a single project. This demonstrates that developing human capital can also generate gains in other capitals through community-based projects implemented by community members.

Social capital within communities is also crucial to developing other community capitals. Bourdieu (1986, p. 248) defined social capital as the aggregate of resources, “actual or potential,” to which one has access by possessing “membership in a group.”

Coleman (1988) further implied that social capital plays a unique role in the development of other common forms of capital. More recently, bonding social capital has been defined as the connection between individuals in similar circumstances, and bridging social capital has been defined as the connection between groups within and external to communities--exclusive and inclusive, respectively (Flora & Flora, 2013; Putnam, 2000; Putnam & Feldstein, 2003; Woolcock & Narayan, 2000). Both of these types of social capital have been cited as important to sustainable communities and are useful for producing different kinds of community outcomes (Flora & Flora, 2013; Putnam, 2000). An additional type of social capital that has also been cited is linking social capital, which is the connection between communities and other formal institutions that hold some position of power (Woolcock, 2001). Social capital has also been discussed to an extent in the field of social work (see Dominguez, 2008; Hawkins & Maurer, 2012; Healy & Hampshire, 2002; Overcamp-Martini, 2008). Given the importance and interconnectedness of both bonding and bridging social capital, as well as the impact of social capital on other capitals, understanding the assessment of social capital as well as interventions that can further enhance it is essential for communities hoping to build community capitals.

Social capital can be both a result and driver of community intervention. For instance, in a study of community capitals in one community development project described by Emery and Flora (2009), a critical component of development was increasing social capital. Social capital was also recognized as one of the primary facilitators. The initiative focused on developing leadership, entrepreneurship, and philanthropy. Existing leaders leveraged bonding social capital to initiate development, and social capital was then increased through the engagement of community members and external partners in the process. One example of this engagement is the provision of opportunities for youth and adults to work together on each facet of the development strategy. Connecting these two age groups contributed to the regeneration of the community by retaining and developing the human capital found in the youth and using it within the community. The implementation of these types of activities resulted in enhanced community capitals. In this case, the community achieved gains in human, social, political, cultural, and financial capital, unfolding from the beginning of the intervention. Although this is only one case, it offers an idea of the types of interventions that influence community capitals and how the CCF can be used in design and planning processes.

The main objective of this paper is to present a method for mapping community capitals conceptually in a way that can be harnessed by social workers involved in practice with communities to bring about community change. The authors' primary goals in writing this paper are to illustrate the viability of the CCF for social workers and provide an easily replicable and adaptable concept mapping approach that can be used by social workers and the communities with which they work. Given that social workers are concerned with assessment, intervention, and evaluation, this method can be used in multiple phases: assessing which community capitals are present or needed, determining how to enhance them, and examining the impact of these strategies on community capitals. Two case examples are presented to illustrate how community capital can be increased, as well as the actions that contribute to those enhancements. The cases are then mapped using the CCF

as a guide to illustrate the outcomes as well as the interventions and community activities to serve as a reference for social workers.

### **Concept Mapping**

Different types of mapping have been successfully used in community practice to a variety of ends. Typically, mapping is thought of as depictions of locations of attributes in geographic space. In this case, the authors are mapping abstract concepts rather than physical space, in order to track changes in community capitals. Concept mapping tools can be used to identify assets, plan and guide implementation of community projects, or evaluate and reflect on community change efforts that have taken place within a specific community (see Davis & Cooper, 2014; Kane & Trochim, 2007; Trochim, Milstead, Wood, Jackson, & Pressler, 2004). For each of these purposes, a map can provide a simple and neat illustration of the major components of the task at hand. Concepts related to community development, such as community capitals, can be somewhat abstract and difficult to understand. Mapping community capitals as they are developed through the programs and activities of community members can potentially enhance both social workers' and community members' understanding of these concepts as well as their self-efficacy in using this type of framework to improve communities.

The mapping exercise presented in this paper was developed in order to clarify the concept of community capitals within communities and how these capitals are affected by social work practice. The maps are simple hybrids of the traditional spiraling up approach and concept mapping, which is used in various disciplines and professions. The maps are shown as flowing upward in order to emphasize the gain in capital, and consequently, the development of the target community. The capitals are contained within ovals, similar to several types of concept maps. Arrows accompanied by the intervention or community activity are used to illustrate the activities associated with each capital gain. The maps are intended to be straightforward and easy to read to demonstrate that this technique can be adapted to and replicated with a variety of communities.

The authors also speculate that this type of concept mapping exercise could enhance community engagement in development activities. Community participation has been recommended as a key component of successful community development (Kretzmann & McKnight, 1993). A major part of community participation is collaborative and open communication and sharing of information (Botes & van Rensburg, 2000; Gaunt, 1998; Mannarini & Talò, 2013). At times, the implementation and impact of community development activities is not readily apparent to the greater community and can seem nonexistent or minimal based upon the experiences of community members. Mapping the development of community capitals along with the activities by which they were developed can serve to clarify the impacts and narrow the gap of knowledge between the community at large and those directly involved in community development projects. These types of concept maps may also be straightforward enough to be used with diverse audiences. This can be critical to generating support from the community and sustaining community development by ensuring there is an understanding among community members regarding development projects and the activities and impacts these projects entail, although more research is needed to explore this idea.

## Case Examples

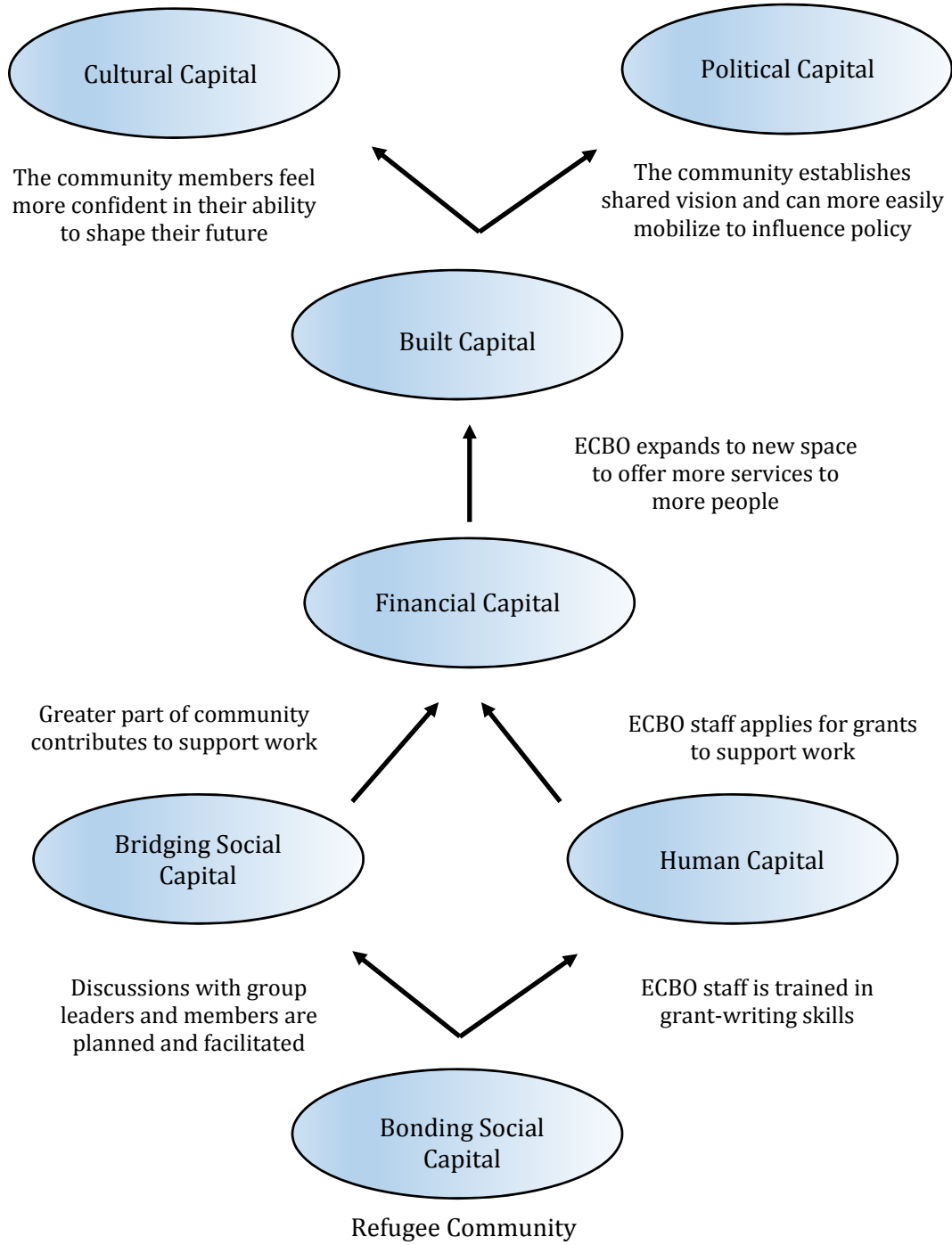
The following case examples illustrate and integrate the concepts of the CCF and include community capital maps for each case. Both of the examples are based on internships performed by a social work student placed at the organizations for educational purposes. The maps were generated after the experience for the purpose of this conceptual exercise, and some extrapolation has been used and hypothetical information added to supplement areas where direct evidence was not available. The first example is set domestically with a non-profit organization that manages programs and services for refugees, and the second takes place with a nongovernmental organization (NGO) that focuses on community development in rural India. It is important to note that this is not necessarily a step-by-step guide to mapping community capitals. These examples provide some idea of what mapping community capitals might look like.

### Case #1: Refugee Resettlement in the United States

The first example focuses on a specific project conducted by an organization specializing in refugee resettlement in the United States. The role of the organization was to provide technical assistance to a local ethnic community-based organization (ECBO) in order to build the capacity of the organization and expand the services available to benefit the greater refugee community. Throughout the project, specific capitals were leveraged and increased, as shown in Figure 1, to benefit the target community through a variety of tasks carried out by the resettlement organization and the ECBO.

The first step in building capital within the refugee community as a whole was to gain support from the various ethnic groups that made up the greater refugee community. The refugee community targeted by the project was somewhat fragmented, though each ethnic group was rich in bonding social capital. To ensure the success of the project, developing bridging social capital was critical. The central task in building this type of social capital was connecting different refugee groups and encouraging conversation about the needs of group members and the goals they hoped to attain. The ECBO was used as a hub for these activities to connect the groups and served as a common meeting ground for hosting productive conversation. Activities related to this task included meetings between ECBO leaders to encourage the development of common goals and objectives and focus groups with community members that were planned and facilitated by technical assistants in order to establish their needs. By helping community leaders recognize commonalities and bringing some of the larger groups together in conversation regarding their needs, cohesion was increased, partnerships were formed, and a shared vision was developed.

Figure 1. *Concept Map Showing Community Capital Development within the Refugee Community*



As a twofold approach, human capital within the targeted community was increased as well. Human capital was enhanced within the ECBO and its newly established partners. The skills that fall under human capital most pertinent to this case were those related to the operation of a non-profit organization that provides direct services. Specific focus was given to writing grant proposals. At the beginning of the project, the ECBO was a sub-grantee of the resettlement organization, and one of the major goals of the ECBO was achieving self-sufficiency, specifically in terms of funding. The staff received individual technical assistance in completing grant proposals for numerous funding sources. With this technical assistance, the staff members, some of whom were already well-versed in financial matters, were able to apply their knowledge in combination with their newly developed skills to writing grants, resulting in more successful grant proposals.

With the increase in human and social capital, gains in financial capital could be realized. Financial capital was made available through two pathways. The first resulted from the increased social capital. Prior to the work done by the resettlement agency, the ECBO received a small portion of monetary assistance in the form of contributions from the primary ethnic group. It could be extrapolated that as the other ethnic groups became more committed to the advancement of the greater refugee community, the ECBO had access to additional contributions from these groups, supplementing the pool of donated funds. The ECBO could also begin receiving funding through grants. The increase in human capital gave the staff the skills they needed to secure grants through successful grant proposals. The additional financial capital available to the ECBO could be put toward various organization-related purposes such as program development, office expansion, and hiring new staff from other ethnic groups. Although the ECBO planned to use funding to this end, it would also benefit the community in that the ECBO would be able to reach more members of the refugee community with more comprehensive services and increase community cohesion through the hiring of multiethnic staff.

The ECBO also planned to use some of the financial capital to enhance built capital. This would be a small gain relative to the other capitals, but it would be important to the advancement of the community. The built capital would come in the form of new space acquired by the ECBO through which they could provide more services. The new space would be at another location and would be easily accessible to community members who may not have been able to reach the primary office. Again, although the space would belong to the ECBO, the greater community would also benefit in that more people would be able to access services.

Lastly, based on the strides made by the ECBO, and subsequently the community, it can be inferred that both cultural and political capital was positively impacted. A major component of cultural capital is the confidence of community members in their ability to affect the future of the community (Flora & Flora, 2013). With the accomplishments detailed in this case-- the newly developed skills, organizational partnerships, and social cohesion-- community members likely felt much more confident in their ability to identify challenges and take the appropriate action to address them. In regards to political capital, as the ethnic groups began to recognize their common needs and shared goals, the cohesion of and commitment to the community likely improved. With the increased social cohesion



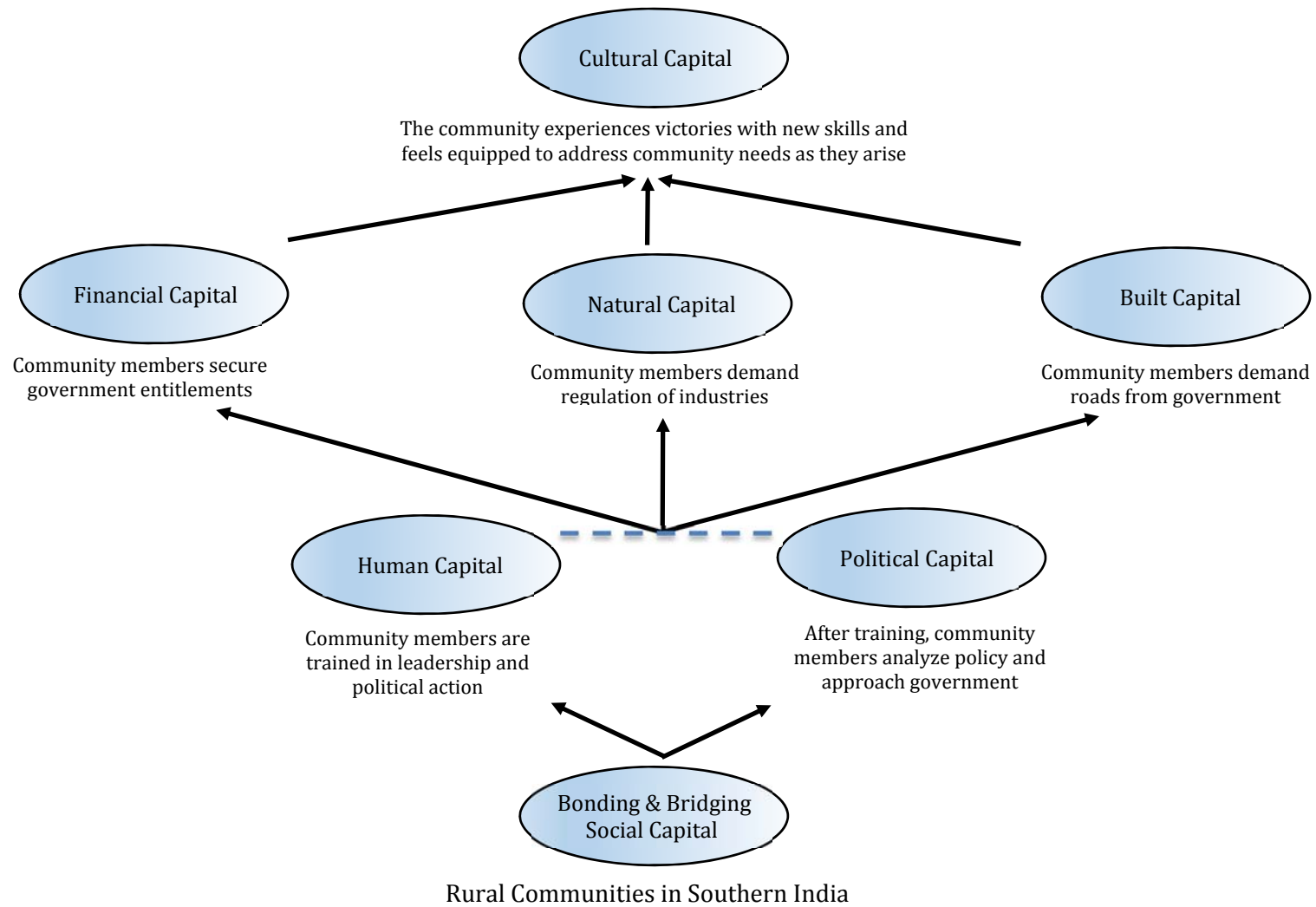
and community commitment, it is possible that the greater refugee community could stand united and shape policy in their favor if the need were to arise.

### **Case #2: Rural Development in India**

The second example focuses on the community development efforts of a large NGO in South India. The community development program is focused on capacity building and community empowerment around a number of issues. The NGO at hand primarily focuses on rural communities in India, particularly those that are impoverished and marginalized. Some of the major activities of this program are improving governance, assisting in the acquisition of resources both financial and built, raising awareness about community issues, and training community members in policy analysis, evaluation, and development. Figure 2 illustrates these and other activities associated with community capital development. The NGO focuses on issues that are identified by community members as common between rural communities in the same block, district, region, and state.

Many of the rural communities in India with which the NGO works are rich in both bonding and bridging social capital. Community participation in development efforts carried out by this NGO is close to 100% in many of the communities. In the communities this NGO serves, the problems of individual community members are seen as community issues and are addressed as such. For instance, small community funds exist to assist families and individuals who are in need due to various circumstances, such as loss of income due to injury, disability, or death. There has also been a hierarchy created through the NGO and community leaders that illustrates the bridging social capital of rural communities. The hierarchy begins at the village level and continues to the block, district, region, state, and national level. As villages experience common problems, such as lack of access to fresh drinking water or pollution by multi-national corporations, these problems move up the hierarchy to be addressed at higher levels.

Figure 2. *Concept Map Showing Community Capital Development within Rural Communities in Southern India*



Building human and political capital is at the core of the development program. A major part of the NGO's work is training community members in policy analysis and evaluation. The community members identify policies that adversely impact them, and the NGO works with the community to analyze those policies and develop recommendations, which are then submitted to the appropriate policy-making bodies. This gives community members a voice in policy at multiple levels of government while improving their individual skills. The community members, aside from being informed about policy, also learn how to approach government representatives and access resources through the government, which is again building both the skills of the individuals and the political capacity of the community.

As a result of the increases in human and political capital, financial capital is gained, natural capital is protected and developed, and built capital is acquired when necessary. Instead of duplicating services provided by other entities, the NGO devotes their efforts to developing the capacity of communities to secure resources through existing avenues such as the government. For instance, the NGO works alongside many community members to inform them about and attain entitlements available through the government, strengthening the financial capital in the community. These entitlements include old age benefits, disability, and survivor benefits. Also, by developing the capacity of community members to approach government officials and access necessary resources, the communities are able to protect their natural capital. In some of the policy workshops, both the speakers and community members discussed how the lack of regulation of some industries results in the pollution of rural villages, destroying crops and other natural resources. As the community members become familiar with approaching government officials and making demands, they are able to leverage their political capital to call for the regulation of industries by government and control the detrimental effects of pollution. In the same vein, community members are able to demand infrastructural improvements for their communities when necessary. An example would be the construction of roads by the government at the request of rural communities to help them become more connected to major cities.

Similar to the previous case, it can be inferred that the capital gains outlined in the previous section have had a dramatic impact on the cultural capital of rural communities in India. This increase in cultural capital was discussed in many community meetings attended by the authors. The NGO in this example has been working in rural communities for decades building community capacity. The many victories experienced by rural communities in India alongside the NGO have likely increased cultural capital. The community members have transformed their communities in many ways and likely feel much more in control of their future and confident in their ability to affect change.

### **Discussion**

The major points discussed here are the utility and importance of mapping community development concepts, such as community capitals, in community practice and the role of intangible capitals in the development process. The idea of community capitals is abstract and the development of community capitals can be difficult to understand. The two case examples presented here vary in many ways, but these maps illustrate that the development of capitals can be relatively easy to understand. This is important to note because both of

the communities, as well as the interventions and community activities, are quite different, yet each map gives a clear visualization of what was accomplished in each case. The mapping technique can be used to help communities evaluate their activities and outcomes, identify ways to sustain the capital gains, or plan and guide future interventions for multiple community-wide issues. Despite the fact that these communities are very different, using this relatively simple mapping technique can heighten the comprehension of complex social problems and concepts such as community capitals and the types of activities relevant to community development. This could also be integrated into the macro practice curriculum as along with organizational development, program development, and community organizing. This mapping exercise can be taken as a limited form of preliminary evidence of the viability of this tool in other communities around the world, although research is needed to understand exactly how social workers and community members perceive, understand, and use it. Given the limitations of this exercise – it is retrospective, based on two specific experiences, uses some extrapolation and hypothetical information, and is more similar to evaluation -- the process may look different when implemented with other communities or in other phases of practice, such as assessment and planning.

The traditional idea of community development devotes attention primarily to supplementing funds and facilities that improve physical infrastructure in communities (Emery & Flora, 2009). These examples and mapping exercises suggest that intangible capitals, such as social, human, and political capital, are also significant to effective, efficient, and sustainable community development. In examining the community capital maps, intangible capitals typically precede tangible capitals. Based on these experiences, enhancing intangible capital can lead to more sustainable and continuous community development outcomes. Developing intangible capital gives communities transferrable skills and assets that can be applied to multiple community needs. Research examining this type of capacity building through social work practice can be beneficial. This is clear in the example regarding rural communities in India and the increases in political capital. The rural communities leveraged this capital for more than one purpose: demanding the construction of roads, calling for the regulation of industries that were polluting their land, and securing government entitlements. The political capital that is leveraged in these instances can also be leveraged in other circumstances as issues arise rather than just acquiring an isolated financial or built capital gain.

The growth of intangible capitals can also give communities a greater sense of ownership and control of their own development. Lachapelle (2009) provides three facets of the concept of “sense of ownership.” These are (a) “ownership in process,” having a voice in development, (b) “ownership in outcome,” having control over the outcome through decision-making, and (c) “ownership distribution,” how the outcomes of interventions are distributed among members of the community (Lachapelle, 2009, p. 53). Developing intangible capitals could be equated with capacity-building in relation to the three types of ownership, and ownership in general, as outlined by Lachapelle (2009). This is illustrated by the examples outlined in the mapping exercise.

Based on the presumed gains in cultural capital described in the case examples, it can be reasoned that both of the communities felt a stronger sense of control and ownership in

their own development by the end of the mapped development processes. In both cases, the initial building of intangible capitals allowed for greater opportunity for involvement and control in the capital building that followed, demonstrating ownership in the process. Secondly, both communities exhibited ownership in the outcomes by choosing to apply their newly found skills for the good of the community. Although the agencies worked alongside the communities, the community members were responsible for identifying the issues as well as carrying out the actions to address them. Finally, the ultimate goal for both communities involved strengthening the community as a whole. Through the various activities performed by participants, the needs of the greater community were addressed, thus distributing the positive effects and benefits to all community members.

### Conclusion

The two examples and maps that have been developed through the lens of the CCF are diverse in a variety of ways. This speaks to the CCF's applicability to many types of social work practice, such as organizational development, program management, and community organizing as well as practice in both domestic and international settings. The types of activities and programs as well as the starting points also vary between the examples. The first focuses on capacity building of a specific organization, and the other concentrates on individual and community capacity development. Furthermore, the fact that both of the examples presented in the mapping exercises came from experiences in social work practice provides greater support for the notion that the CCF can be of great use to social workers. Social workers should be encouraged to modify and adapt this exercise for use in their own practice areas. Additionally, through further research regarding assessment and intervention in terms of community capitals, this type of mapping on a greater scale can be useful in working with communities in various capacities as well as determining a relationship between intangible capitals and successful community development in social work practice.

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**Author note**

Address correspondence: Kyle A. Pitzer, MSSW, Washington University in St. Louis, George Warren Brown School of Social Work, Campus Box 1196, 1 Brookings Dr., St. Louis, MO 63130. Email: [kyleapitzer@wustl.edu](mailto:kyleapitzer@wustl.edu)

## Exploring Challenges Faced by Students as they Transition to Social Justice Work in the “Real World”: Implications for Social Work

**Katie Richards-Schuster**

**Mary C. Ruffolo**

**Kerri Leyda Nicoll**

**Catherine Distelrath**

**Joseph Galura**

**Alice Mishkin**

***Abstract:** For students who are actively engaged in social justice efforts on their college/university campuses, the transition from a relatively easy platform for engagement to the “real world” can pose significant challenges and create new realities for negotiation. Little is known, however, about the nature of these transitions into post-graduate social justice experiences. Drawing on an open-ended survey of recent graduates (92 respondents, 50% response rate) from a social justice minor in a school of social work, we explore the ways in which respondents described their transitions into social justice work, focusing on a set of key challenges that emerged from our analysis and reflecting on the implications of these challenges for social work practice and future research. Understanding some of the challenges in making this transition will help social work and non-profit administrators to better support this population’s future volunteer, service, and employment needs.*

**Keywords:** Social justice, higher education administration, social work, community organization, social action

While social work has a particular and unique commitment to educating students with a social justice orientation, the field is not alone in producing such students, as more and more colleges and universities establish active social-justice- and community-oriented majors and minors apart from BSW and MSW programs (Glass, 2013; Harkavy, 2006; Hoy, Johnson, & Hackett, 2012). In keeping with this trend, many social work schools have engaged in curricular innovations that promote engaged learning and active involvement in communities (Burke, 2011; Glass, 2012; Rome & Hoechstetter, 2010). Some schools of social work are developing social work minors or related social justice minors as an alternative to the BSW program. Although only a few social work schools offer undergraduate non-BSW programs, these innovations offer the potential for a social work footprint on undergraduate campuses and create the possibility of pipelines from undergraduate to master’s or doctoral level education in social work (Richards-Schuster, Ruffolo, & Nicoll, 2015).

For highly motivated students who are actively engaged in these minors, majors, and other social justice efforts, the transition from a relatively easy platform for engagement to the “real world” can challenge individuals’ understanding of social justice and their own identities as social change agents and can create new realities for negotiation. The reality

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Katie Richards-Schuster, AM, PhD is an Assistant Professor in the School of Social Work at the University of Michigan. Mary C. Ruffolo, LMSW, PhD is a Professor in the School of Social Work at the University of Michigan. Kerri Leyda Nicoll, MDiv, MSW, PhD, is an Assistant Professor of Social Work in the Department of Sociology, Anthropology & Social Work at the Massachusetts College of Liberal Arts in North Adams, MA. Catherine Distelrath, MSW, is a Research Assistant in the School of Social Work at the University of Michigan. Joseph Galura, LMSW is a Lecturer and Advisor in the School of Social Work at the University of Michigan, Alice Mishin, LLMSW, is a Lecturer and Program Manager in the School of Social Work at the University of Michigan.



of these transitions - and the challenges that emerge - have implications for the social work and non-profit settings that become the first employers for many of these students. Yet little is known about these transitions and the immediate issues - both positive and negative - that students face as they enter this new realm of engagement.

In this article, we offer a first step toward such understanding by examining the immediate issues and challenges that new graduates have faced in staying involved in social justice work and service in the first three years after graduating from a social justice-oriented minor. Drawing on an open-ended survey of new graduates who had recently completed a social justice-focused minor within a school of social work, we explore the ways in which respondents described their transitions into the “real world.” We examine trends in their descriptions, focusing on a set of key challenges that emerged from our analysis and reflecting on the implications of these challenges for non-profit settings, social work education and practice, and future research.

### **Background Literature**

Over the last several years, higher education in the United States has experienced an increased sense of responsibility for educating young adults not just academically, but civically as well (Bringle, Clayton, Steinberg, & Studer, 2011). As students have expressed a desire to perform more community work and become more engaged in social justice activities both on and off campus, institutes of higher education have begun working to fulfill that desire, offering an increasing number of service learning courses, civic engagement minors and majors, and co-curricular service and civic engagement activities (Bringle et al., 2011; Colby, Ehrlich, Beaumont, & Stephens, 2003; Steinberg, Hatcher, & Bringle, 2011). As these programs grow and expand, there is a strong desire by social work and other allied fields to support students as they transition out of the college/university environment and adapt to the various ways that social justice activism takes shape in their lives (Flanagan & Levine, 2010; Wendlandt & Rochlen, 2008).

Little is known, however, about how these undergraduate initiatives impact students as they transition from higher education to work in the “real world.” This is especially true for the millennial generation, which is the primary cohort of students in many of today’s undergraduate colleges and universities, including our own. Recent research demonstrates an overall optimism among young adults about their lives and the world in general that is somewhat unique to the millennial generation (Murphy, Blustein, Bohlig, & Platt, 2010). Researchers have described this as a tendency to possess “world-conquering ambition” and a much greater emphasis than previous generations on personal identity and civic engagement in the workplace (Alsop, 2008; Arnett, 2004; Murphy et al., 2010). This ambitious, civic-minded outlook often leads to disappointment, however, when these young adults transition to their first jobs, finding themselves in mundane positions and wondering whether they are actually contributing anything to their organizations or, more importantly for them, to society (Alsop, 2008; Arnett, 2004; Murphy et al., 2010).

Many students entering college today have a richer background in civic engagement and social justice than ever before, primarily in the area of volunteering. Among other things, they bring to campus a variety of experiences with community-based work, along

with a disposition of unflinching confidence in their abilities. It then becomes the role of colleges and universities to foster the identities that have been formed through adolescence and continue to challenge the depth of civic engagement within each student. This is being done, more and more, through an intersection of education- and community-based programs (Bringle et al., 2011; Colby et al., 2003; Steinberg et al., 2011).

Murphy et al. (2010) found that, regardless of their feelings about the ease of their transition during the gap years, many young adults share a common sense of the value of community and social support in their lives. After leaving the comfort of the college community, many students elicit support and encouragement from their family and friends that keeps them motivated through their transition. This sense of value placed on community support likely develops most for students during their college years, particularly if they have spent time learning through community-based programs and instruction. There is limited research, however, that focuses specifically on the post-graduate outcomes of those who participate in service- and community-based programs, and very little attention is given to how these programs impact this growing population of alumni in different and presumably heightened ways compared to other graduates (Keen & Hall, 2008).

While attention to alumni transitions and the particular challenges faced by this generation of social justice-minded young adults is growing (Polach, 2004; Roksa & Arum, 2012), little research has focused on the nature of *immediate* (first, second, or third year post-graduation) transitions from undergraduate to alumni status for social work and other social justice-oriented students. Mitchell, Battistoni, Keene, and Reiff (2013), for example, discuss the importance of building an “enhanced civic identity” that sustains the transition from undergraduate to alumni, outlining fundamental skills such as collaboration, voice, reflective practice, and engaged scholarship. These skills are developed during college and become necessary for civic leadership over time, but the majority of studies have focused on alumni five or more years after graduation. Other studies finding significant correlations between collegiate engagement and post-college civic involvement have also used longer time frames (Besser, 2012; Bringle et al., 2011; Goldsberry, 2007).

Knowledge about the specific challenges facing students in the initial post-graduation years could prove to be particularly important given the fact that these years are often indicative of long-term trajectories (Roksa & Arum, 2012). While it is true that many college graduates face a transition shock, we are particularly interested in those students embarking on social justice careers because of the potential impact on their long-term engagement in social work-related fields. If schools of social work – whether they offer BSW programs or social justice minors – are to continue to build a robust cohort of life-long social justice practitioners, we must advance discussions about how best to support our graduates in making successful post-graduate transitions. This paper contributes to such discussions by examining the immediate issues and challenges that students encounter as they leave social work and social justice-oriented programs and the implications of those challenges for education, research, and practice in social work and allied fields.

## Methods

In fall 2013, our team of researchers conducted a pilot survey of alumni from an interdisciplinary social justice-focused minor program offered by a school of social work. Until 2010, this school of social work, housed in a large public university, provided graduate education for more than 600 MSW and PhD students each year but had no undergraduate programs. The minor discussed in this paper, which began in 2010, is the first and only undergraduate program that the school of social work offers and was created as a multidisciplinary program aimed to support students interested in social justice, community action, and social change (see Richards-Schuster et al., 2015; Richards-Schuster et al., 2014, for more details about the minor's development and curriculum). There is no BSW or social work major program offered at this university.

The goals of the minor, which is explicitly not intended to be a BSW program, are to enable students to: (a) examine community action and social change concepts using a multidisciplinary framework, (b) address community action and social change efforts in multilingual and multicultural communities, (c) integrate social justice values into the community action and social change processes, and (d) engage in service learning opportunities to promote community change initiatives.

The courses included in the 16-credit minor are intended to provide students with theoretical frameworks for understanding social change, skills for self-identity development and facilitation in diverse settings, experiences in service-learning or community-engagement courses, practical skills for community change work, and opportunities for integrative reflection. In addition, the minor offers co-curricular activities to complement course-based learning. These include social justice fairs, speakers and panels, community-based experiences, community-building activities, and opportunities to hear about and learn from the experiences of program alumni. Drawing on systems and community action frameworks, the many components of the minor were designed to prepare students to engage in social justice/change work throughout their lives, whether they pursue traditional social work careers or enter fields as diverse as sports management, biomechanics, or music.

### Research Design

Our pilot survey of the alumni of the minor was initially designed to gather information about the experiences of alums post-graduation, both in order to help in developing better supports for future cohorts as they transitioned to the "real world" and to assess the implications of these experiences for social work and social justice education more broadly. Our specific questions were: (1) What are the challenges that highly motivated, social-justice-focused students face as they graduate from college and enter the "real world"? (2) What are the perceptions of these new graduates as they move into social work and related non-profit settings?

To gather this information we created an online, open-ended survey. In the survey, we asked alumni to share about their post-undergraduate work (paid, unpaid, continuing education), discuss accomplishments they had achieved since graduating from the minor, identify challenges they had faced, and reflect on what they had learned (and not learned)

from the minor (e.g., what has been useful, what has mattered most to them in their post-graduation work, what they wish they had learned, and what advice they would give to current students). Because this was a pilot survey and we were looking to generate themes rather than test particular hypotheses, we intentionally kept the survey open-ended (Creswell, 2014).

Using Qualtrics, an online survey tool, we administered the survey to alumni from the first three cohorts of the minor from 2011 to 2013 (n=187). We reached out to alumni using email addresses that they had provided at graduation or updated contact information they had sent of their own accord. After sending three follow-up emails as reminders to encourage alumni to complete the survey, our final response rate was approximately 50% (n=92). Alumni from each of the three classes provided answers.

The sample of survey respondents consisted of 71 women and 21 men. Of the 92 respondents, 75% identified as white, 6.5% identified as Black, 6.5% identified as Hispanic, 5.5% identified as Asian or Pacific Islander, and 6.5% chose not to respond. Although over half (56.5%) of the respondents had been social science majors, respondents also reported a variety of undergraduate majors, including art and design, science, business, and cultural studies. The overwhelming majority of the students in this sample completed college within four years and were in their early 20s at the time of graduation. At the time of response, participants were in a range of post-college opportunities, most of which were in the non-profit or public sectors, social work, or social justice fields (see Table 1).

Table 1. *Post-Graduate Involvement of Study Participants (n= 92)*

<b>Post-Graduation Involvement</b>	<b># of Alums</b>
Extended service program (AmeriCorps, Teach for America, Peace Corps, etc.)	23 (25%)
MSW or Joint Master's Program	22 (24%)
Non-profit or government employment	23 (25%)
Other post-bacc. degree at U of M or other school	14 (15%)
For-profit or freelance work	3 (3%)
Unemployed/ No response	7 (8%)

## Analysis

As our survey questions were largely open-ended and we were interested in exploring responses without particular predefined hypotheses, we approached our data using thematic analysis (Boyatzis, 1998; Creswell, 2014; Denzin & Lincoln, 2011). Multiple research team members reviewed the survey responses, resulting in the identification of several potential thematic codes. Once these codes had been identified, the data was reviewed again in an effort to locate all instances of the identified themes/codes in each individual's survey responses. The reviewers then compared their codes and sorted them into three major categories: (a) current experiences, (b) challenges, and (c) the translation of learning from the university to the "real world." Using these categories, the data was reviewed yet again to uncover related sub-themes and ensure conceptual saturation (Corbin & Strauss, 2008; Glaser & Strauss, 1967).

The team also used QSR International's NVIVO 10 software, a qualitative data analysis program that assists with pattern-based coding and theme tracking, to explore

word frequencies and response trends (QSR International, 2012). In this article, we focus specifically on the themes that emerged related to challenges graduates faced as they transitioned from undergraduate education to post-graduate experiences.

### **Emergent Themes: Critical Challenges in Transitions**

While there were many successes that graduates faced during their transitions from undergraduate education to post-graduate life and work, these successes were most often accompanied by challenges. Approximately two-thirds of our respondents noted specific challenges they had faced during their post-graduation transition. The remaining third did not explicitly acknowledge challenges, which could mean that they transitioned without challenges or that they failed to mention them in their survey responses. We acknowledge that transitions are complex and involve both ups and downs, but we chose to pay particular attention to challenges in this paper in order to highlight the ways in which schools of social work might more fully support social justice-focused graduates.

### **Challenges with Adjustment to New Communities**

More than a third of the students who responded to this survey described challenges related to their adjustment to new community environments. This is not terribly surprising, as one would expect that students who have spent years in one location might have difficulty relocating and starting anew outside of their familiar surroundings. Building relationships, learning new jobs, and negotiating the requirements of living in new cities are challenges likely faced by many recent college graduates. For many, this was their first experience in moving to a new community without the structures and supports of a university environment, and for those beginning social-justice-focused positions, it often entails adjustments not only to new locations but also to the economic and social realities facing the communities they are entering and with whom they hope to work.

As one respondent in his first year post-graduation reported:

*My biggest challenge by far has been adjusting to my community outside of work. It is a low-income Black community centered around the church in a town ravaged by the collapse of industry. I can relate in some ways, but I'm not religious at all and it's not a great place for 20-somethings. That being said, I feel it's important to be involved in the community as much as you can, so it has been tricky to navigate being present with practicing self-care and not compromising myself.*

For this respondent, moving to a new community was challenging, not only because he did not know people and did not feel like he fit in with the culture around him but also because he wanted to become a part of this community, sharing in its struggles and accomplishments, while still maintaining his own identity. He was deeply committed to living in this community, not just physically but also socially, wanting to build relationships with his neighbors and other community members, but adjusting to life there was still a challenge. "I'm not sure (the minor) really prepares you for the full experience," he said, "since it's gonna be different no matter who you are, but it does emphasize the importance of knowing your community and I realize now how important that is to take that to heart."

Other respondents made similar comments about the challenges to adjusting to new communities and new environments:

*There have been a lot of challenges, from moving away from everything I've known, to adjusting to a new culture, language, and career...I am constantly reflecting on my role and what I hope to accomplish here.*

*It has been overall a challenge to move to a new city and a new community to work in the social work field...It is a challenge to network and start 'fresh' when you are young and continuing to move to new environments.*

### **Frustration with “Social Justice” Ideology**

Another theme that emerged was the challenge of ideological frustration around what social justice looked like in reality. Despite feeling that their experiences in college and in the minor had given them the skills to engage with others and to work collaboratively, many of our respondents still expressed a stark realization that, as one student put it, “no one wants to talk about social identities and social justice as much as college students do.”

In some ways the respondents described the difference between the theoretical frameworks around social justice and the practical implications of working for change on the ground, especially as it related to awareness around social identity. Despite having taken service learning courses or participated in internships, students expressed feeling unprepared for moving into organizational environments that differed from their experiences surrounded by other social-justice-minded students in college.

*It has been very difficult working with (an) organization as a whole who, at times, do not carry the same sort of communal and cultural values as (the minor)...I am feeling a bit frustrated by all of this, to be honest.*

*Some of my biggest challenges are working with people who have been in the criminal justice/juvenile justice field for years. They seem to be more skeptical and pessimistic. They also doubt me because of my identity as a young white woman who is passionate about challenging our prison system.*

*Working with people who do not share my interest/passion/knowledge around social justice and community work has been a challenge.*

Even among others who seemed to care about similar issues and share a commitment to social justice, it was sometimes difficult to not speak a common language. Some respondents noted that they often used jargon that identified them as educational elites, which created additional challenges: “[School] helped me by giving me knowledge, but educational privilege has been a tough thing for me to manage.” Another respondent added, “Leaving [college], I sort of assumed that everyone would have this knowledge [of how experiences and identities play into people’s lives].”

Interestingly, we found that this was particularly acute for students who transitioned from college into graduate programs. Our sense is that graduates who entered the workforce, although frustrated in many cases, were more positive about their experiences and their ability to apply the values they learned through the minor to their work, whereas

those in MSW programs expressed more frustration about their fellow students not possessing the same level of insight into social issues.

*I find that my colleagues [in the MSW program] don't have the in-depth understanding of social inequalities/issues that I... have, and this can be quite frustrating.*

*I've been struggling with being frustrated with my peers because of their lack of inclusivity or multicultural awareness...My classmates often come to me with questions in these areas because of my experiences in [the minor].*

### **Stress of Working in Non-Profit Organizations**

A third emergent theme in the findings was the level of stress and frustration faced by respondents as they transitioned from the university to work in non-profit and community-based environments. Like many millennial students, the transition from college to the workforce was the first time that these young adults had held full-time positions in the non-profit sector, although some had worked in part-time or volunteer positions while in school. Their exposure to non-profit and community-based organizations, through service learning courses, internships, field experiences, and other volunteer activities, tended to be bounded, time-limited, and in some cases engineered specifically for student learning and thus did not accurately expose students to the realities of working full-time in the field.

Non-profits, particularly smaller, service-oriented organizations, face unique challenges and limitations that are not often discussed in the college classroom, leading some students to have unrealistic expectations of what work in this environment would entail. Though they were committed to and excited about working in organizations devoted to social change, our respondents did not always have a sense of what this work would be like on a day-to-day basis.

As one respondent noted, "Working for a non-profit can be extremely frustrating due to lack of funding and organization." This was echoed by another who said, "Understanding agency limitations has been the most challenging." Several also expressed feelings of disillusionment with their job duties, which were not always as explicitly related to community change as they would have hoped. One respondent commented:

*The biggest challenge for me is just the days when I go into work and I'm doing the most seemingly unrelated, random task. And I should say it's not the type of task like getting coffee, but more like writing a random report for something that doesn't really change the way programs are going to run.*

*[Social justice work] is easier to be passionate about when you're talking about [it] in class, but much harder when it's your 40+ hours a week job. It's filled with mundane tasks that seem totally unrelated to the mission...You have to have something that ignites that spark.*

While these respondents were not about to give up on community change work, they did wish that they had been more prepared for the day-to-day work of non-profit employees,

particularly in the first few years after graduation when their jobs are likely to be entry-level positions that lack major decision-making responsibility.

These basic challenges of operating in a non-profit organizational culture were compounded for some by the stress of trying to balance their passion for social-justice-oriented work with a reasonable level of self-care. One recent graduate noted, "I think the biggest challenge so far is money...I am making barely enough to live on." Others focused less on financial concerns than on fears of losing their passion for change work as a result of financial, physical, or emotional stress. One respondent described her biggest challenge as "being treated like just because I have a heart and care about the issues, I will do anything and everything to get it done, including getting pushed to the point of physical and mental exhaustion." "One of my main challenges," another respondent said, "is separating my career from my personal life. I want so much for my clients to succeed in their goals but I have to realize that at the end of the day, I can only do what I can do."

### **Overwhelming Sense of "Real World" Injustices**

A fourth emergent theme from the survey involved efforts to grapple with the overwhelming nature of social injustices and oppression in the "real world." While some students come to college with a strong understanding of the realities of injustice, other students—especially those from more privileged backgrounds—lack a realistic picture of the challenges faced by many individuals and communities. While short-term projects, service learning courses, and internship experiences in and with communities can open students' eyes to issues they did not know existed, they cannot fully prepare them for what it is like to live these experiences on a regular basis. This is especially true for students in non-social-work degree-granting programs who do not have the same expectations for sustained field placements as most BSW and MSW programs.

One respondent noted, for example, that her biggest challenge is "just dealing with the personal stories from clients," while another said that she has been surprised by how challenging "working with clients from different backgrounds can be." For both of these respondents, as well as many others, learning about the very different – and often unjust – life experiences of clients has been enlightening but also disheartening. While some described finding ways to cope with issues of injustice, others mentioned the "immensity" of social problems and of the work they saw before them:

*I have faced burn-out and a type of exhaustion from the utter "brokenness" of the world...But I also get to see the other side of it. I have been able to rally with a team doing extraordinary work and focus on that rather than the things that we aren't/can't be doing.*

*[I have been] overwhelmed by the immensity of social issues that still exist in the world, let alone our society. It is difficult to grasp the fact that I cannot positively impact every issue I come across.*

Recognizing "real world" injustices has also challenged alumni to draw on the relationship-building skills they developed in courses and service experiences while in school. As they described it in response to our survey questions, this has involved not only



becoming aware of the very real problems and injustices communities face but also of the uniqueness of each community's experiences and therefore of the steps it will take to bring about change. Acknowledging diversity and building relationships across difference were things the students learned about in the classroom but still struggled with as they entered work in the field. As one respondent said, "I learned in [classes] that you must always come into a community understanding that it is different but what I was not ready for was how different." Overall, while our respondents repeatedly described the ways that their social justice courses and other activities had helped them to deal with the challenges they faced as they moved into social-justice-oriented jobs post-graduation, they still encountered some challenges for which they felt unprepared.

### **Implications for Social Work Practice and Research**

The findings from our research suggest that there are many challenges that students face as they transition into post-college civic engagement and social justice work experiences. Given that many students first work in non-profit settings and that these first post-college jobs often set the course for students' desire to remain in social work or other social justice-oriented careers, it is critical that social work as a field pays particular attention to understanding transitions. Similarly, it is important that social work agencies and community-based organizations be able to understand the mindset and transitional issues facing the graduates that become their newest employees or serve as long-term interns through programs like AmeriCorps or City Year. Understanding these challenges could potentially lead to easier transitions and higher job satisfaction by recent graduates and less turnover and workplace frustration by non-profit and social work agencies.

While it is no surprise that students face challenges when they leave the university setting and enter the "real world," there have been very few studies that attempt to capture the perspectives of recent graduates and to name and understand the nuances of these challenges. One of our respondents described this transition as moving beyond the "social justice bubble" that exists in many campus-based settings. While we may recognize that this bubble exists, as educators and researchers we often have not put much effort into understanding or preparing students for what leaving it will entail. In this next section we explore potential strategies for supporting transitions and discuss suggestions for future research.

### **Strategies for Social Work Schools to Support Transitions**

Because of the investment of social work schools in supporting social justice and social work agencies, social work educators play a special role in helping to develop strategies for successful transitions. While some social work schools already offer social justice minors as a form of connection to undergraduates, others schools, especially those without BSW programs, may look to opportunities to offer course work for undergraduates in order to provide more realistic understanding of work in social justice organizations.

For example, social work schools might strengthen opportunities to connect undergraduate students to the daily realities of work in the social justice realm while they are still in school. While MSW and BSW programs are required to provide field

experiences that enable longer exposure to community organizations, social justice minors or programs are not; therefore, exposure to the actual day-to-day realities of work may not occur. Such exposure might be accomplished, however, by developing a capstone or seminar to explicitly discuss the transition from student to graduate and/or by providing opportunities for students to learn about the day-to-day workload of non-profit employees, graduate students, and social justice advocates, particularly those in their first one to three years out of college.

Another strategy would be to include more opportunities for students to engage in conversations with recent graduates about their daily work life. Courses could be developed that focus on the reality of social change work to expose students to an understanding of what is expected of them (i.e., to provide a *realistic* picture of what such work is like), what the tensions and issues are in the daily tasks of social justice work, the logistics of working in a non-profit, such as sample schedules, work pacing, and need for flexibility-and the impact of the work on the employees, including accomplishments and growth.

In addition to providing more concrete examples of what social justice work is like in the “real world,” courses and co-curricular programs in social work and other related fields also need to help students to develop the specific skills they are likely to need for their post-graduation lives and work. Based on the challenges described by our survey respondents, we argue that the following types of skills should be prioritized: relationship building, critical reflection and perspective-taking, cultural and educational humility, and self-care.

The types of relationship building we have in mind include not only establishing relationships with people in one’s new community in order to learn from their perspective but also intentionally seeking out relationships with those who can inspire and support one in the face of challenges. Both require similar skills in networking and communication with diverse community members, but the former involves using these skills to meet and interact with like-minded and non-like-minded people with an eye toward building coalitions across difference, while the latter entails maintaining contacts with people outside of one’s new community as well as developing relationships within that community with people who share one’s commitment to social justice.

Our respondents’ comments about “educational privilege” and the isolation they experienced as a result of this tie directly to the recent call in social work education for the development of “cultural humility” (Ortega & Faller, 2011). This is a practice that de-emphasizes the role of the practitioner as an expert in cultural and diversity frameworks and focuses on being open to learning about people through their own perspectives and lived experiences as a core component of practice (Ortega & Faller, 2011), as well as on the need for frank discussions about the role of privilege and social identity within social change work. Critically important to student transitions is the ability for students to be aware of and cognizant about their own privilege. In this minor, for example, with a population that is largely white, possesses an upper socioeconomic status (SES), and comes from an elite public university, privilege emerges from student’s educational perspectives, racial and ethnic identity, and SES, among other social identities. Open and honest discussions about how to recognize one’s own privilege and the implications for practice

are very important. These discussions occur in the classroom on a regular basis, covering topics such as “privilege,” “entering communities,” “fighting white savior complexes,” and “critiquing the concept of ‘help’” among others. They also happen outside of the classroom in minor-sponsored workshops, retreats, and network discussion activities. Most recently, the minor developed a social justice retreat aimed at grappling with critical questions around privilege and social change. As students are able to be more open and humble in their engagement, they may be able to engage more deeply with others, even those of differing perspectives and persuasions and find a common humanity to listen and learn, even if they disagree.

### **Strategies for Administrators of Social Justice and Civic Engagement Organizations**

While social work schools have the potential for the biggest influence on students before they graduate and take entry-level social justice positions, the non-profits and social work agencies that hire the students as employees or volunteers can also incorporate strategies to support this transition. Based on our respondents’ descriptions of the struggles they experienced during their transition out of college, non-profits - especially those that recruit new employees from a wide geographic region - may need to do more to equip new employees to build relationships in new and different settings. Non-profit agencies like those that participate in multi-year service programs such as AmeriCorps and City Year should consider orientations as opportunities for relationship and network building among students and for connecting students to the broader community. While orientations often occur, organizations should reflect on the ways their orientations can be more intentional in helping new graduates enter the community and build the connections that may ease some of the initial tensions.

Additionally, administrators of social justice organizations may want to seek opportunities to help new social-justice-focused graduates get involved in their work. While many of our respondents were involved in a social-justice-focused experience after graduation, we know that some are seeking additional opportunities to get involved or are seeking meaningful volunteer experiences to enhance their day-to-day work. One suggestion is for non-profit organizations to create more partnerships with local companies and agencies to encourage service days. In this way, organizations can make connections to those graduates who are social-justice-focused but engaged in other occupations or are seeking additional opportunities to be involved in social justice work. Given the challenges our respondents expressed of finding others who are social-justice-oriented in their new communities, administrators may also seek alternative forms of service days or voluntary service groups that promote engagement and help build networks of social-justice-minded young professionals.

Although critical reflection is often a regular part of student experiences during college, it is less often practiced in busy non-profits. Our alumni survey reminded us that students need to not only participate in facilitated reflection during their time in school but also to develop their own tools for continuing this type of reflection as they move into the world of social justice work. Some of this may be individual work, such as encouraging new graduates to create interactive blogs to support self-reflection and shared learning or to participate in online forums to enable graduates to reflect on and share their experiences

related to common issues. Some might also be organizational work, such as encouraging new employees to create portfolios to capture their experiences, providing weekly learning and reflection opportunities, and creating settings in which to share reflections and learning in broader organizational contexts like newsletters, websites, and conferences.

One place for critical reflection to occur is within supervision sessions. Rethinking what supervision looks like and how supervision is provided may be necessary. Depending on an organization's structure, supervision may need to happen more often or may need to focus on reflection of skills and experiences gained in the process. Supervision may occur one-on-one, in small groups, or even through ongoing communication using social media. Regardless of process, it is important to remember that supervision and points of connection between new employees and senior leadership help shape expectations, process experiences, and also help new employees see the long-term horizon of working in social justice organizations. In other words, supervision can be not only a space to deal with immediate issues but also an opportunity for learning context and history and for putting the immediate issues into perspective.

Self-care also emerged as an important theme in our survey. Understanding what self-care is and why it is valuable on an intellectual level, however, does not mean that one knows how to practice it, particularly during a time of transition as one adjusts to the demands of a new job or living situation. Social justice non-profits and agencies are perfectly positioned for helping students learn about and begin to practice such strategies. For example, non-profits might partner with social work schools to offer mini-courses, workshops, and co-curricular activities focused on realistic stressors and self-care strategies practiced in the field. The college years represent a significant time for students to prepare themselves for the stresses they may face after graduation; if they have begun these habits in a more secure and comfortable setting, it will be easier to carry them over to a new setting rather than attempting to develop new strategies in the midst of the transition.

### **Strategies for Supporting Alumni**

While all of the strategies mentioned here have the potential to significantly impact students' transitions, it is also critically important, based on our respondents' comments, that social work and other social-justice-oriented programs consider strategies for longer-term, continuous support of their alums, and, in particular, a focus on keeping alumni connected after graduation. While many schools of social work and academic programs try to maintain connections with alumni, we would push efforts to move beyond calling on alumni as donors and rather re-think alumni efforts to provide ongoing support for graduates in their work worlds and in furthering their commitments to social justice. This concept of moving from alumni as donors to a more active recognition of alumni engagement is being modeled nationally through programs like Citizen Alum, a national initiative of multiple colleges and universities aimed at moving from "donors to do-ers" and to "building multigenerational communities of active citizenship and active learning" (Citizen Alum as cited in Ellison, 2013, p. 3).

Other practical ideas for alumni engagement include creating alumni networks focused on social justice, linking alumni by geographic location or issue of interest to support collaborations and reduce isolation, providing resources and training to support ongoing reflection and strategies for self-care, and linking recent alumni to others with longer-term positions and engagement in social justice work through a post-graduate mentorship program.

In our own program, we are experimenting with a variety of ways to engage alumni in additional training through on-site sessions and web-based seminars on topics and strategies related to social justice work in the “real world.” We are also working to develop hubs of graduates across geographic areas (e.g., major metropolitan hubs and regional areas) as well as linking students across shared experiences (e.g., graduate students, Teach for America, AmeriCorps, City Year, community organizers, program developers, etc.) for reflection, connection, and support. Lastly, we are actively working on opportunities to link alumni to graduating seniors to share and reflect on their experiences as an additional way of preparing those seniors for their transition into the world of social justice work.

An additional recommendation would be to explore the potential for addressing the economic realities of social justice work and the barriers that these create for recent graduates. Schools of social work should work with alumni and agencies to develop innovative solutions such as loan forgiveness, education scholarships, professional development/continuing education credits, high quality benefits, and work-life balance programs to explore additional venues for supporting and sustaining new employees in their efforts to engage in social justice work over the long haul.

### **Limitations and Future Research**

As with any research, our study faced limitations that need to be acknowledged and accounted for in future efforts. While only a pilot, we recognize that our sample does not include the experiences of students that have returned to school as non-traditional students and therefore have had work or family experiences that will shape their transitions to post-college life. Similarly, this research did not look at the link between prior work experience and transitions, which also would potentially impact how students experience challenges. Last, using emails as a tool for outreach was a limitation because of the number of former students who did not respond in a timely manner. We learned that our outreach emails were sometimes sent to old university emails that frequently went unchecked. Although we had a decent response rate, many other alums emailed us after the survey closed realizing that they had wanted to participate but had missed the deadline. In the future we will plan to use additional measures to ensure we have the most accurate email lists for outreach while also using other platforms such as social media to contact potential respondents.

Despite these limitations, we see this pilot as a base from which to develop future research on pathways and trajectories of students in social justice programs. In particular, longer-term follow-up of graduates is needed to learn about ways to facilitate civic engagement and social justice activities post-graduation. For example, what is the trajectory for most of these graduates at various intervals (e.g., one, three, or five years) post-graduation related to civic engagement and social justice work? What are challenges

that continue to emerge at various intervals? How do experiences, both during school and post-graduation, shape perspectives over time?

In our research it was difficult to tease apart the experiences between those in graduate school and those in employment, but future research should look specifically at differences between transitions to graduate programs (social work or otherwise), short-term volunteer employment experiences, and longer-term employment opportunities. More research is also needed to explore the “valued added” impact of participation in social-justice-intensive programs as compared to more traditional academic programs. Is there a difference, for example, between the civic engagement and social justice trajectories of graduates from these programs and those of other graduates from their university? Additionally, it will be important for future research to explore the impact of work settings and context on alumni experiences. What are the various experiences of graduates in different types of workplace settings? In what ways do those settings differentially impact civic engagement and social justice values and trajectories, and what remains common across all settings?

Finally, further research and discussion needs to focus more closely on the infrastructure needed to truly connect schools of social work and employers around issues in the field. Too often there is a disconnect between a school’s curricular preparation and the needs of employers (Polach, 2004). With rare exceptions (such as the IV-E child welfare programs), there is almost no infrastructure or research to support ongoing engagement between schools of social work, administrators of agencies and non-profits, and supporting alumni. Lacking these discussions, and research to document their findings, the social work field risks creating a mismatch for the field moving forward.

### **Conclusion**

As a field committed to preparing future generations of social justice advocates and change agents, social work – together with allied fields – must continue to seek out practices that support the transition from undergraduate education to next steps in social justice engagement, helping graduates to cope, develop, and thrive rather than to burn out in the face of initial challenges. It is therefore critical that leaders in social work and other social-justice-oriented academic programs understand the challenges and issues students face as they graduate and move into the “real world.” Only by hearing from recent graduates themselves can we gain a sense of not only the knowledge and skills our students need to develop while in school but also the support they need from their academic institutions and programs once they graduate.

This study offers a first look at what very recent graduates of a social-justice-oriented program in a school of social work have encountered upon leaving undergraduate education and moving into the world of work, service, and graduate school and, by doing so, points educators, practitioners, and researchers in social work and social-justice-oriented fields toward new strategies that will enable us to produce graduates who become life-long change agents.

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**Author note**

Address correspondence: Katie Richards-Schuster, PhD, Assistant Professor, School of Social Work, University of Michigan, 3850 SSWB, 1080 S. University, Ann Arbor, MI 48109. Email: [krs@umich.edu](mailto:krs@umich.edu)

## **Are Admissions Models Working? An Analysis of MSW Admissions Models as Predictors of Student Success**

**Amy Vliek**  
**Kieran Fogarty**  
**Robert Wertkin**

**Abstract:** *Admissions models facilitate the selection of MSW candidates who are both academically prepared for graduate study and professionally suited to social work, characteristics often referred to as fit-to-the-profession. This study attempted to identify the relationship between the criteria used in the admissions model of a medium-sized MSW program and student success in the program. Specific criteria and the associated measurement tools within the model were evaluated in relation to student success. The study found that undergraduate grade point average is significantly associated with MSW grade point average while neither academic criteria nor fit-to-the-profession criteria were predictive of graduation. The study also offered new information regarding the admission of students with a criminal history. Students with a criminal history were eight times less likely to graduate than their non-offending peers, even when controlling for age, gender, race, and program type. The study supports the development of new fit-to-the-profession criteria with the possible elimination of the written statement.*

**Keywords:** *Admissions criteria, student success, fit-to-the-profession*

Ideally, the admissions models used by Master of Social Work (MSW) programs ensure the selection of the best candidates for advanced social work practice. Admissions models facilitate the selection of MSW candidates who are both academically prepared for graduate study and professionally suited to social work, characteristics often referred to as fit-to-the-profession. In this manner, admissions models enable MSW education programs to meet many administrative and professional standards including adherence to requirements of the Council on Social Work Education (CSWE), values and ethics of the profession, and the gatekeeping role for the profession.

In general, CSWE's Educational Policies and Academic Standards (EPAS) require admissions models of MSW programs to be made public and to be easy to understand. Historically, CSWE required MSW programs to develop admissions models allowing only for the admission of the most highly qualified applicants who show evidence of fit-to-the-profession (CSWE, 1994). However, this language was removed from the EPAS in 2002 and replaced with less selective language (CSWE, 2002). The most recent EPAS standards use even less selective language, but still require that admissions models promote "an educational culture that is congruent with the values of the profession" (CSWE, 2015, pp. 14). The National Association of Social Worker's (NASW) Code of Ethics also outlines and details the professional values of social work in the United States and its outlying territories (NASW, 2008). The NASW Code of Ethics states that social work is grounded

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Amy Vliek, LMSW, is the Director of Admissions and Student Services in the School of Social Work and a current PhD student in the Interdisciplinary Health Sciences PhD Program at Western Michigan University. Kieran Fogarty, PhD is a professor of Interdisciplinary Health Sciences PhD Program at Western Michigan University. Robert Wertkin, DSW is the director and professor of School of Interdisciplinary Health Programs at Western Michigan University.

in core values including service, social justice, integrity, and competence (NASW, 2008). The admissions process is a built-in form of gatekeeping with a loosely defined process which MSW programs use to select the best candidates for study with an expectation that graduates will master the basic competencies for beginning-level MSW practice (Grady & S., 2009; Reynolds, 2004; Ryan & Habbis, 1997). Admissions models attempt to fulfill the gatekeeping mandate by providing a framework which facilitates the selection of the most qualified applicants. Gatekeeping is also grounded in the professional belief that social workers must protect current and future clients from harm (Leedy & Smith, 2005), guiding social work educators, practitioners, and professional organizations in safeguarding those served by the profession.

### **Literature Review: Admissions Models and Criteria**

Although the research on admissions models is outdated, it provides some insight into admissions models and their effectiveness. The limited research supports the findings that MSW programs use similar admissions models which assess two primary areas: an applicant's readiness for graduate study and an applicant's fit-to-the-profession (Dailey, 1974, 1979; Dunlap, 1979; Dunlap, Henley, & Fraser, 1998; Fortune, 2003; GlenMaye & Oakes, 2001; Johnson, 1980; Pelech, Stalker, Regehr, & Jacobs, 1999; Pfouts & Henley, 1977; Shubert, 1963; Thomas, McCleary, & Henry, 2004). Fit-to-the-profession was typically defined by how well an applicant understands social work and demonstrates an ability to apply the NASW Code of Ethics. Undergraduate grade point average (UGPA) was also frequently reported to measure an applicant's academic readiness for graduate study (Bogo & Davin, 1989; Dunlap, 1979; Dunlap et al., 1998; GlenMaye & Oakes, 2001; Pelech et al., 1999; Thomas et al., 2004). An applicant's written statement, human services experiences, reference letters, and criminal background have been used to measure an applicant's fit-to-the-profession and field performance (Dailey, 1979; GlenMaye & Oakes, 2001; Pelech et al., 1999; Schubert, 1963; Thomas et al., 2004). Table 1 summarizes the statistically significant correlations found in the twelve studies (signified with X) between specific criteria and student success in MSW programs (type of success denoted by asterisk, if no asterisk the study did not specify type of student success). Faculty rating is defined as the faculty rating of the fit-to-the-profession criteria.

#### **Undergraduate GPA (UGPA)**

As can be seen in Table 1, UGPA is the only criterion that has consistently correlated with student success in graduate school. More often than not, it is correlated with academic success, showing that as UGPA increases so does an individual's academic success in the program (Bogo & Davin, 1989; Dunlap, 1979; Dunlap et al., 1998; Thomas et al., 2004). However, two of the studies reviewed did not differentiate between academic success and fit-to-the-profession (GlenMaye & Oakes, 2001; Pelech et al., 1999). The research supporting UGPA is consistent and generalizable due to the large sample sizes, lack of selection bias in the studies, and the examination of multiple academic years. The studies are spread over 25 years and span four decades (Bogo & Davin, 1989; Dunlap, 1979; Dunlap et al., 1998; Thomas et al., 2004). Pelech et al. (1999) summarized it well saying "undergraduate GPA continues to be one of the most valid predictors of subsequent academic performance and success in the overall program" (p. 219).

Table 1. *Statistically Significant Correlations Between Admissions Criteria and Student Success in MSW Programs*

<u>Author</u>	<u>UGPA</u>	<u>Written Statement</u>	<u>Reference letters</u>	<u>Work Experience</u>	<u>Faculty Rating</u>
Bogo & Davin, 1989	X*				
Dailey, 1974, 1979					X***
Dunlap, 1979	X*				X
Dunlap, Henley, & Fraser, 1998	X*				
Fortune, 2003					
GlenMaye & Oakes, 2001	X		X**	X**	
Johnson, 1980					
Pelech, Stalker, Regehr, & Jacobs, 1999	X				X
Pfouts & Henley, 1977					
Shubert, 1963					X****
Thomas, McCleary, & Henry, 2004	X*		X	X	

\*=Significantly correlated with academic performance

\*\*=Significantly correlated with field performance

\*\*\*=Faculty ratings unreliable and inconsistent

\*\*\*\*= For marginal students only

### Graduate Record Examination (GRE)

The large majority of MSW programs do not currently require the GRE for admission or they require it at the university level and not the program level (National Association of Deans and Director of Social Work Admissions membership, personal communication, October 15, 2014). This trend reflects the concerns of social work educators about the bias of the GRE, the content validity of the reading comprehension section of the GRE, and evidence that the GRE is not predictive of performance in social work programs (Donahue & Thyer, 1992; Milner, McNeil, & King, 1984; Thomas et al., 2004). Two popular studies in social work influenced the trend. The first of these studies made the bold statement that the “GRE is largely irrelevant in social work education” (Milner et al., 1984, p. 949). The study compared two groups of students in one MSW program-- one group that was required to take the GRE before admission and one group that was not. The study found no significant difference in the students’ field performance, retention rates, or graduation rates. Milner et al. (1984) also pointed out that the admission rate of minority students increased from 9.8% in schools which required the GRE to 17.5% in schools that did not require the GRE. The second study questioned the validity of the reading comprehension portion of the GRE. This study showed that factors other than reading comprehension, such as guessing ability or general knowledge, greatly impact an individual’s score (Donahue & Thyer, 1992). Donahue and Thyer (1992) caution against using a tool that is shown to discriminate against minorities and does not correlate with MSW student’s performance in the program.

### **Written Statement**

The written statement is highly valued in social work admissions as it is the most commonly used tool for assessing fit-to-the-profession (Gibbs, 1994). However, there is a lack of consistency in the examination of written statements (Bogo & Davin, 1989; Dailey, 1979; Fortune, 2003; GlenMaye & Oaks, 2001; Pelech et al., 1999; Pfouts & Henley, 1977; Thomas et al., 2004). Many studies lump the analysis of written statements with the analysis of other criteria used to measure fit-to-the-profession making it difficult to discern the individual relationship between a student's written statement and fit-to-the-profession performance (Bogo & Davin, 1989; Fortune, 2003; Pfouts & Henley, 1977; Pelech et al., 1999; Thomas et al., 2004). The rubrics for fit-to-the-profession criteria are also varied, and many studies showed inter-rater reliability was weak (Dailey, 1979; Fortune, 2003; GlenMaye & Oakes, 2001). This makes it difficult to examine the effectiveness of written statements in predicting an applicant's fit-to-the-profession.

Regardless of how the studies assessed the written statement as an admissions indicator, the results do not support its use as an effective criterion for fit-to-the-profession. Although eight studies examined written statements, only one found a correlation between it and fit-to-the-profession, which the study equated with field performance (Bogo & Davin, 1989; Dunlap, 1979; Dunlap et al., 1998; Fortune, 2003; GlenMaye & Oakes, 2001; Pelech et al., 1999; Pfouts & Henley, 1977; Thomas et al., 2004). One study found that faculty ratings of written statements did not increase the predictive value of the application, stating that the remaining criteria were as effective at predicting student success as the application as a whole (Fortune, 2003). The remaining studies either examined written statements as they related to academic performance or lumped written statements with other fit-to-the-profession criteria. Therefore, the results do not provide helpful information in discerning the effectiveness of written statements as a fit-to-the-profession criterion.

### **Work and Life Experience**

Work and life experience, specifically in human services, is another criterion often used in MSW admissions models (Gibbs, 1994; Miller & Koerin, 1998; Vliek, Kothari, Huizen, & Curtis 2011) although research supports that it is inconsistent at predicting student success (Dailey, 1974, 1979; Dunlap, 1979; Dunlap et al., 1998; GlenMaye & Oakes, 2001; Johnson, 1980; Pelech et al., 1999; Shubert, 1963; Thomas et al., 2004). Previous experience has not been as widely studied as UGPA or written statements; however, it is commonly viewed by admissions professionals as a positive attribute of applicants (Johnson, 1980). Two studies found that work experience in the human services field significantly correlated with field performance; as an applicants' experience in human services increases, their performance in field improves (GlenMaye & Oakes, 2001; Thomas et al., 2004). In contrast, a third study found that students who experienced problems in their MSW programs were more likely to have human services related work experience (Pelech et al., 1999). This was not true of students who had non-human-services work experience, even when the work time equaled the human-services-related students' work time (Pelech et al., 1999).

### **Faculty Rating/Interview**

Margaret Schubert (1963) was the first to publish an article about MSW admissions models. Her article was published in the *Social Services Review* and focused primarily on individual faculty ratings of admissions criteria, specifically the impact of interviews on changing faculty ratings. Schubert's study is consistent with the other five published studies that examine faculty ratings and interviews. Four of the five studies found that faculty ratings and interviews were related to student academic success, showing that as faculty ratings increased, a student's MSW GPA also increased (Dailey, 1974, 1979; Dunlap, 1979; Pelech et al., 1999; Schubert, 1963). However, the studies were not consistent in how or what the faculty rated and thus should be viewed with caution. The studies were all consistent in showing that faculty ratings and interviews did not correlate with fit-to-the-profession performance (Dailey, 1974, 1979; Dunlap, 1979; Fortune, 2003; Pelech et al., 1999; Schubert, 1963). This is important because faculty ratings align with fit-to-the-profession criteria and are meant to predict student success in professional performance.

There is some evidence in the literature that faculty ratings are inconsistent and unreliable. Dailey's 1979 study was a repeat of his 1974 study. The studies were done at different universities; however, they used the same study design which was developed using a published validation paradigm. Both studied admissions data over multiple academic years (Dailey, 1974, 1979). Both studies found that faculty ratings were unreliable and inconsistent with inter-rater reliability .47 in the earlier study and .22 in the second study (Dailey, 1974, 1979). Both scores are far too low to indicate any reliability in faculty's ability to rate in a consistent manner. Dailey (1979) suggested the examination of faculty as a variable in admissions models stating that:

...it seems reasonable to conceive of the decisional process as including faculty with high variability making judgments about students with equally high variability. Couple this with the apparent weakness and contradiction in admissions criteria and the suggestion that faculty make differential inferences from the same admissions material, and the decisional process is likely to be subject to a good deal of slippage. (p. 21)

Although these studies are somewhat dated, these findings should be seriously considered given that admissions models have not changed substantially since 1979 and faculty still rank applications in the large majority of programs (Fortune, 2003).

### **Criminal History**

While MSW programs consistently review criminal history, it is not used in a unified manner (Vliek et al., 2011). Criminal history is reviewed for two main reasons: as a gatekeeping tool and because of state and federal regulations regarding an individual's ability to work as a professional social worker if said individual has a criminal history. In some states, individuals with a criminal background are limited by state law as to where and with what populations they can practice. For example, in Michigan individuals with a criminal background are held to the standards in Public Health Code 333.16221 which outlines the criminal convictions, such as criminal sexual conduct, assault, or obtaining, possessing or selling controlled substances, that limit employment for health care workers (Vliek, 2013). The variances in state laws cause MSW programs to review criminal history

in different ways. The program examined in this study does not deny admissions due to criminal history, but instead reviews an applicant's history and informs the applicant of the impact said history may have on field placement, licensing, and future employment as a professional social worker (Vliek & Way, 2014).

### **Literature Summary**

As can be seen in the above cited literature, there has been little consistency in the results of past studies regarding admission models in MSW programs. Only one criterion, UGPA, has consistently correlated with student academic performance (Dunlap et al., 1998; GlenMaye & Oakes, 2001; Pelech et al., 1999; Thomas et al., 2004). The majority of MSW programs have consistently ranked UGPA as the most important factor in admissions academic criteria (Bogo & Devin, 1989; GlenMaye & Oakes, 2001; McNeece, 1978). However, the majority of programs also include criteria that examine fit-to-the-profession, emphasizing the importance of assessing an applicant's fit to social work (Dailey, 1974, 1979; Dunlap, 1979; Fortune, 2003; GlenMaye & Oakes, 2001; Johnson, 1980; Pelech et al., 1999; Pfouts & Henley, 1977; Shubert, 1963; Thomas et al., 2004). The research clearly indicates that the ability of admissions models to predict fit-to-the-profession needs improvement (Miller & Koerin, 1998). Further evidence-based study is imperative in order for programs to determine which measures to include in admissions models, enabling them to increase the effectiveness of gatekeeping, meet educational standards, and safeguard future clients.

### **Research Questions**

In order to offer new information that will enhance the body of research evaluating the standard MSW admissions model, this study examined the following research questions: 1) Are academic-readiness admissions criteria associated with MSW academic performance?, 2) Are fit-to-the-profession admissions criteria associated with professional competence?, and 3) Are fit-to-the-profession and academic-readiness admissions criteria associated with graduation?

### **Methods**

The purpose of this study was to identify the relationship between the admissions model used at a medium-sized MSW program and student success in the program. Specific criteria within the model were evaluated in relation to student success. Student success was measured by graduate grade point average, professional competence, and whether or not students successfully graduated from the program.

### **Sample**

The current sample consists of all applicants to one MSW program from the academic year 2004/2005 through the academic year 2008/2009. The program had 657 applications during these years. One hundred thirty-five of these applications were left out of the final sample as they were denied admission, leaving a sample size of 522 admitted applicants.

**Measures**

We received Human Subjects Institutional Review Board (HSIRB) approval to examine data for students who enrolled in the academic years 2004/2005 through 2008/2009. Two sets of secondary data were analyzed. The school’s student information system provided data related to grades, grade point average, and graduation dates. The Social Work Admissions Office provided information on admissions criteria scores, professional review committee meetings, leaves of absence from the MSW program, and criminal history.

The study examined five independent measures for each application, three of which were reviewed by faculty members, resulting in 4,557 separate ranking scores. Written statement scores ranged from 0 to 35, work and life scores ranged from 0 to 30, and reference scores ranged from 0 to 5, with higher scores indicating better performance. The admissions office evaluates the final two remaining independent measures. Undergraduate grade point average scores are calculated based on the last 60 credit hours and given a point value ranging from 0 to 20 with 0 equaling a GPA below 2.5 and 20 equaling a GPA between 3.89 and 4.0. Criminal history is a dichotomous variable (yes/no) and is asked on the application and evaluated by the admissions director. A section of the rubric including the rating of the first two sections of the written statement can be seen in Figure 1.

Figure 1. *Excerpt of Rubric for Admissions Decisions*

<b>Written Statement:</b> Maximum score is 30 (5 points per category)	
The reader rates the applicant’s coverage of required areas. Each part is rated 0–5. Readers are advised to begin with examining the personal statement with a rating of “average” and then examine whether this statement section is stronger or weaker than “average.”	
<b>Category</b>	<b>Points</b>
<b>A) Understanding of problems and concerns relative to social work.</b>	
Discussion absent; does not refer to social problems; or expresses misunderstanding of social problems	<input type="checkbox"/> 0
Briefly identifies a social problem but does not provide detail	<input type="checkbox"/> 1
Briefly identifies a social problem, and provides little/less than satisfactory depth of understanding	<input type="checkbox"/> 2
Identifies details about a social problem and provides a basic/satisfactory understanding	<input type="checkbox"/> 3
Identifies details about a social problem and provides an advanced/more than satisfactory understanding	<input type="checkbox"/> 4
Articulates an exceptionally thorough and detailed understanding of 1 or more social problems and implications for social workers	<input type="checkbox"/> 5
<b>B) Understanding of diversity.</b>	
Discussion absent; does not refer to diversity issues	<input type="checkbox"/> 0
Does not identify a personal philosophy, or does not provide discussion or understanding of diversity issues	<input type="checkbox"/> 1
Does identify a personal philosophy, but does not provide discussion or understanding of diversity issues	<input type="checkbox"/> 2
Identifies a personal philosophy, and provides a satisfactory discussion and understanding of diversity issues	<input type="checkbox"/> 3
Identifies a personal philosophy, and provides a more than satisfactory discussion and understanding of diversity issues	<input type="checkbox"/> 4
Identifies a personal philosophy, and provides an exceptional discussion and understanding of diversity issues	<input type="checkbox"/> 5



The dependent measures reflect student success as defined by the school of social work. Problems in professional competence were measured by participation in a professional review committee (PRC). A PRC is the procedure employed by the school when a student shows evidence of problems with professional competence in either the classroom or field education. It is a dichotomous variable and a student is considered successful if they do not have a PRC. Masters of Social Work academic performance is a continuous measure ranging from 2.00-4.00. A higher GPA equates to student success. Graduation is a dichotomous variable, and students are considered successful if they graduate from the MSW program.

The dataset contained demographic information on age, race, gender, and program type (Table 2). The age of accepted applicants ranged from 20 to 64 with a mean age of 30. Race had six categories, with 86% of enrollees identifying themselves as Caucasian and 14% identified in the remaining five categories. Eighty-five percent of the population was female, and 15% was male. Four percent of the population had a criminal history. Fifty-eight percent of the students in the population were part-time; 42% were full-time.

Table 2. *Demographic Data of Study Sample (n=522)*

<b>Demographic Variable</b>	<b>Mean(SD)</b>
Age	30 (9)
Race	<b>n (%)</b>
Caucasian	433 (86%)
Other	70 (14%)
Female	445 (85%)
Criminal History	14 (4%)
Program Type	
Advanced standing	82 (16%)
Part-time	282 (54%)
Full-time	134 (26%)
Part-time advanced	24 (4%)

Table 3 presents the mean admissions scores for the 522 applicants.

Table 3. *Mean Admissions Scores of Study Sample (n= 522)*

<b>Admissions Criteria</b>	<b>Possible Score Range</b>	<b>Minimum Score given</b>	<b>Maximum Score given</b>	<b>Mean (SD)</b>
Undergraduate GPA score	0-20	0	20	13 (5)
Work & Life score	0-30	14.5	30	24 (3)
Written statement score	0-35	15.5	35	28 (4)
Reference score*	0-5	2	5	4.28 (.61)

\* 75% of references rated potential students as the highest possible score (5)

**Statistical Analyses**

Frequencies and descriptive statistics were obtained for all data. If potential confounders, such as age, gender, and race, were shown to have statistically significant

correlations with the dependent measures, they were included in the final models. Research question one had a continuous dependent variable; therefore, a linear regression model was used for analysis. For the remaining questions both dependent measures were categorical variables; therefore, logistic regression was used.

## Results

RQ1: Are academic-readiness admissions criteria associated with MSW academic performance? The sample size of 522 exceeds the minimal sample size of 400 using Green's formula for the overall model,  $50+8(k)$  where  $k$  represents the number of predictors (Green, 1991). The model met the assumptions of multicollinearity (tolerance=0.953 and VIF=1.05), independent errors (Durbin-Watson=1.590), and cross-validation (F Change=73.21,  $p<.001$ ). The final model did show evidence of heteroscedasticity (Breusch-Pagan test=173.68,  $p<.001$ ). Therefore, the regression analysis was run using heteroscedasticity-consistent estimators of the regression coefficient standard errors (HC3) as outlined by Hayes and Cai (2007). Table 4 shows the change in standard errors.

Table 4. *Changes in Standard Errors in Linear Regression*

	<u>Adjusted</u>		<u>OLSE P</u>		
	<u>Beta</u>	<u>OLSE SE</u>	<u>value</u>	<u>HC3 SE</u>	<u>HC3 P value</u>
Constant	3.542	.052	<.001	.059	<.001
Gender	.036	.028	.260	.031	.240
Age	-.001	.001	.058	.001	.313
Race	-.22	.01	<.001	.042	<.001
GPA Score	.018	.002	<.001	.002	<.001

The linear regression showed that undergraduate grade point average is significantly associated with MSW grade point average ( $F=12.96$ ,  $p<.001$ ). As the undergraduate grade point average increased by 1 unit (2.5 GPA points) the MSW grade point average increased by .02 (Table 5).

RQ2: Are fit-to-the-profession admissions criteria associated with professional competence? Sample sizes for each criterion varied due to missing data. However, all sample sizes exceeded the minimal requirements per Green's formulas for sample size for the overall models and individual predictors (Green, 1991). All models met the assumptions of linearity of the logit and multicollinearity. As seen in Table 5, there was no significant relationship between problems in professional competence and fit-to-the-profession criteria.

RQ3: Are fit-to-the-profession and academic-readiness admissions criteria associated with graduation? Sample sizes varied due to missing data. However, all samples exceeded the minimal requirements per Green's formulas for sample size for the overall models and individual predictors (Green, 1991). All models met the assumptions of linearity of the logit and multicollinearity. As reflected in Table 5, there was a significant relationship between criminal history and graduation ( $F=8.36$ ,  $p=.018$ ). Applicants without a criminal history were 8.4 times more likely to graduate than those with a criminal history. Also, in the crude model GPA score was significantly associated with graduation. However, the

association became non-significant in the adjusted model which accounted for race, gender, age, and program type.

Table 5. Results of Linear and Logistic Regressions (n= 522)

	<b>n<sup>a</sup></b>	<b>Crude <math>\beta</math> (95% CI)<sup>b</sup></b>	<b>p</b>	<b>Adjusted <math>\beta</math> (95% CI)<sup>c</sup></b>	<b>p</b>
<b>RQ1: MSW academic performance</b>					
UGPA	522	.2(.018-.022)	<.001	.02(.013-.022)	<.001
<b>RQ2: Problems in professional competence</b>					
Work & life	247	.79(.82-1.16)	0.824	.94(.78-1.14)	0.515
Statement	234	.96(.83-1.11)	0.583	.95(.82-1.11)	0.512
References	249	.87(.38-1.99)	0.746	.93(.36-2.38)	0.875
Criminal hx	322	1.49(.18-12.07)	0.71	1.79(.20-15.74)	0.601
<b>RQ3: Graduation</b>					
GPA	522	1.076(1.007-1.150)	0.03	1.055(.986-1.129) <sup>c</sup>	0.122
Work & life	247	.920(.805-1.052)	0.224	.961(.831-1.112) <sup>d</sup>	0.595
Statement	234	.911(.809-1.026)	0.124	.921(8.14-1.041) <sup>d</sup>	0.188
References	249	1.380(.385-4.949)	0.621	1.105(.289-4.221) <sup>d</sup>	0.884
Criminal hx	322	5.790(1.674-20.030)	0.006	8.363(1.434-48.764) <sup>d</sup>	0.018

a. Population size for regression. Regression population demographics are statistically similar to full population.

b. CI=confidence interval

c. Adjusted model accounts for age, race, and gender

d. Adjusted model included race, gender, age, and program type

### Discussion

The current study differs significantly from previous studies in four important ways. It is the first study since the 1970s to use a reasonably large sample size when analyzing admission criteria (see also Dunlap, 1979). Secondly, it looks at admissions over time by examining four academic years. Third, the admissions committee used the same rigorous scoring rubric for reviews during all four academic years, increasing the consistency of the admissions ratings. Lastly, the fit-to-the-profession criteria were evaluated by examining professional competence problems in multiple domains whereas current published studies only associated fit-to-the-profession criteria with field performance.

The study offers new and important information regarding graduation rates for students with a criminal history. The study findings show that students with a criminal history are less likely to graduate than students without a criminal history, even when controlling for age, gender, race, and program type. Social work is a profession that values self-determination and rehabilitation. Future research investigating why students with a criminal history are less likely to graduate is important to ensure that social work education remains true to these values.

The study findings are consistent with past literature examining the academic criteria used in admissions models. The study supported UGPA as an academic criterion with results showing that as an applicant's UGPA increased, the applicant's academic performance in the MSW program improved. This is consistent with seven of the twelve published studies which support UGPA as a predictor of MSW grade point average (Bogo & Davin, 1989; Dunlap, 1979; Dunlap et al., 1998; GlenMaye & Oakes, 2001; Pelech et al., 1999; Thomas et al., 2004). Given the consistent support of UGPA as an effective predictor, MSW programs may want to consider relying more heavily on undergraduate

grade point average. However, this should be done with great fortitude and care and with strict adherence to the social work values of social justice and CSWE's educational competencies.

The study findings do not support current fit-to-the-profession criteria as effective predictors of professional competence. In fact, findings strengthen the argument that fit-to-the-profession criteria are poor indicators of professional competence as consistent with nine of the twelve published studies (Bogo & Davin, 1989, Dailey, 1974, 1979; W. Dunlap, 1979; Fortune, 2003; Johnson, 1980; Pelech et al., 1999; Pfouts & Henley, 1977; Schubert, 1963). These findings, which are consistent over a fifty year period, challenge the widely held belief among social work educators that certain fit-to-the-profession criteria, including written statements and human services work experience, should be used to assess fit-to-the-profession (Johnson, 1980). Given the large amount of resources needed to evaluate these criteria-- faculty/reader time, development of scoring systems, time devoted by applicants to write statements, recommenders' time, it makes sense that we further examine how these measurements tools can be useful. Further, many studies showed that faculty ratings of criteria were, in and of themselves, inconsistent and ineffective at predicting student success (Dailey, 1974, 1979; Dunlap, 1979; Fortune, 2003; Pelech et al., 1999; Schubert, 1963). If programs are looking for inter-rater reliability, it may be wise for researchers to follow Dailey's (1979) suggestion and examine faculty as a variable in the admissions process. If faculty members are to continue rating applications, then tools that allow for consistency and accuracy in faculty ratings must be designed.

### **Strengths and Limitations**

There is limited research on admissions criteria for MSW programs, with only 12 published studies conducted since 1963. In an increasingly important area, this is the first study of its kind to have a sample size over 200, review applicants from four or more academic years, and to have the consistency of a rubric for admissions ratings. This study is also the first to examine fit-to-the-profession in both the classroom and field placements, allowing for a more comprehensive examination of fit-to-the-profession criteria.

Because demographic and graduation data is not available regarding all MSW applicants, it is difficult to generalize the results of this study. It could be that the admissions process is working effectively and applicants who are not a good fit for social work are being denied admission. However, it was not the goal of this study to examine if admissions models were denying applicants appropriately but rather to examine if models were admitting students appropriately. Generalizability is also a limitation but was not a goal for this study. Instead, the study adds to the body of evidence that will offer evidence of the appropriateness and effectiveness of current admissions models.

### **Recommendations**

In sum, the research indicates that fit-to-the-profession criteria consistently fail to predict student professional performance. MSW programs need to seek out effective criteria and their associated measurement tools for predicting professional performance and competence. Perhaps programs should consider building admissions models based on applicant competencies, specifically social work competencies. In 1977, Duehn and

Mayadas published an exploratory study examining a competency-based direct practice curriculum. They recommended five knowledge skills for use in the development of competency-based direct practice curriculum (Duehn & Mayadas, 1977). Although this study is related only to direct practice, it has implications for MSW admissions models as it could serve as an outline in how to develop competency-based admissions criteria. This change would be consistent with CSWE's EPAS standards which are based on measurement of student competencies. It may be appropriate for MSW programs to examine competency-based admissions criteria and re-examine Duehn and Mayadas's work.

Another possibility is to model fit-to-the-profession criteria after Stein, Linn, and Furdon's work (1975) which studied non-academic factors and intelligence as predictive factors of student professional performance. The study examined scores on three attitude scales and one intelligence scale. The study was small, with a sample size of 58; however, it yielded some interesting and relevant information. Overall, the study found that student's professional performance could be predicted by attitude ratings. Further, it showed that attitude ratings that are desirable to the social work profession (i.e., less dogmatic, less authoritarian, and less alienated) are associated with higher intelligence. Interestingly, the study also found that students who are closed-minded become less interested in social work values as their careers progress. The study provides some information regarding effective fit-to-the-profession criteria, which warrants study replication.

Johnson (1980) supports retaining written statements as an admissions criteria despite the fact that her research did not find any significant correlations between written statements and student performance. In fact, none of the publications reviewed for this study support written statements as valid criteria (Bogo & Davin, 1989; Dailey, 1974, 1979; Dunlap, 1979; Dunlap et al., 1998; Fortune, 2003; GlenMaye & Oakes, 2001; Johnson, 1980; Pelech et al., 1999; Pfouts & Henley, 1977; Shubert, 1963; Thomas et al., 2004). Johnson's suggestion is based on the fact that admissions committee members felt better about their recommendation when the written statement was included in the application. The author can only surmise that this is the main reason written statements continue to be included in admission applications. However, as we move toward evidence-based admissions models, we must acknowledge that models should not include criteria that have continuously been shown as ineffective.

Perhaps written statements can serve a different purpose in admissions models. It is possible that written statements could contain 'red flags' for students who are more likely to have problems related to professional competence. More studies replicating Pelech et al.'s (1999) regression model may discover evidence that would give justification for continuing to use written statements in admissions models.

However, it may be time to consider more drastic changes to the admissions models currently used by most MSW programs. It may be time to acknowledge that our fit-to-the-profession criteria are not effective and we need to start over. Other healthcare professions use well-studied admissions models, some of which contain fit-to-the-profession criteria. A meta-analysis of other health care admission models, focused specifically on fit-to-the-profession criteria, may help social work educators build an effective model. Many health programs, including nursing, physician's assistant, and speech pathology, use centralized

application systems (CAS). The CAS require all U.S. applicants to use the same base application. These systems are not designed to improve the effectiveness of admissions models. However, having a national application may increase social work educators' interest in improving the admissions model. Research into the impacts of a CAS is certainly warranted.

Perhaps fit-to-the-profession cannot be adequately measured before admission. Social work programs can focus more diligently on fit-to-the-profession criteria while students are matriculating. This would allow programs to examine, over time and in a comprehensive manner, a student's fit-to-the-profession. Through licensing requirements, the social work profession acknowledges that social work education alone does not fully prepare someone for social work practice. Fit-to-the-profession requirements can also be added to licensure requirements. For example, as part of the application procedure, an applicant could be required to provide evidence of the application of the NASW Code of Ethics in their practice.

In an increasingly competitive applicant pool, it is important to have evidence-based admission models to guide decision-making. Cole (1991) addresses arbitrary admissions decisions as one of the largest legal issues faced by social work programs. Cole argues "there should be some evidence that there are relationships between admission standards, likely program success, and alumnae ethical and responsible conduct as professionals" (p. 23). Born and Carroll (1988) emphasizes the need to be ethical in the process of admitting students to MSW programs, which includes using admissions models that are evidence-based. The literature indicates that current admissions models do not meet these standards. This leaves educational institutions at risk for legal action, and more importantly, it leaves social work clientele vulnerable to practitioners who are not competent and do not adhere to professional social work values. Further research examining admissions models will ensure that schools of social work are using evidence-based admissions models that effectively meet CSWE standards, ensure gatekeeping, and reflect core principles of the profession.

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**Author note**

Address correspondence to: Amy Vliek, MSW, BSW, School of Social Work, Western Michigan University, 4430 Health and Human Services Building, Mail Stop 5354, 1903 W Michigan Ave, Kalamazoo MI, 49008-5354. Email: [amy.vliek@wmich.edu](mailto:amy.vliek@wmich.edu)

## Mapping Dual-Degree Programs in Social Work and Public Health: Results From a National Survey

Dory Ziperstein  
Betty J. Ruth  
Ashley Clement  
Jamie Wyatt Marshall  
Madeline Wachman  
Esther E. Velasquez

**Abstract:** *Dramatic changes in the health system due to national health reform are raising important questions regarding the educational preparation of social workers for the new health arena. While dual-degree programs in public health and social work can be an important response to what is needed educationally, little is known about them. The National MSW/MPH Programs Study surveyed MSW/MPH program administrators to better understand the prevalence, models, structure, and challenges of these dual-degree programs. Forty-two programs were identified, and 97.6% of those contacted participated (n=41). Findings indicate that MSW/MPH programs are popular, increasing, geographically dispersed, and drawing talented students interested in trans-disciplinary public health social work practice. Challenges for these programs include the need for greater institutional support, particularly funding, and a general lack of best practices for MSW/MPH education. While findings from this study suggest graduates appear especially well-prepared for leadership and practice in the new health environment, additional research is needed to assess their particular contributions and career trajectories.*

**Keywords:** *MSW/MPH programs, public health social work, trans-disciplinary practice, health-related social work education*

As the Patient Protection and Affordable Care Act (ACA) implementation unfolds, it is clear that dramatic changes in the health system will continue to profoundly impact the social work profession (Andrews, Darnell, McBride, & Gehlert, 2013; Collins, 2013; Gorin, 2013). The ACA's broad aims of increasing access to care, bettering patient care outcomes, controlling costs, and improving population health are expanding social work opportunities in navigation and care coordination. This is seen especially in the integration of behavioral health and primary care and in patient-centered health homes (Allen, 2012; Bachman, 2011; Darnell, 2013; Golden, 2011; Spitzer & Davidson, 2013). The ACA's goal of improving population health outcomes and reducing health inequities is of particular importance to social work, resonating deeply with the profession's commitment to social justice (Ruth, Wachman, & Schultz, 2014). As has been broadly observed, these intended improvements in population health and in health justice are central to the ACA's success and will require systemic, public-health-oriented, wide-lens approaches that focus on

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Dory Ziperstein is Program Manager at Circle Surrogacy, in Boston, MA; Betty J. Ruth is Clinical Professor and Director of the MSW/MPH Program, Boston University School of Social Work; Ashley Clement is Research Associate at Boston University School of Social Work; Jamie Wyatt Marshall is Project Director for the Group for Public Health Social Work based at Boston University of Social Work, in Boston, MA; Madi Wachman is Program Manager at Boston University Center for Innovation in Social Work & Health, in Boston, MA; Esther E. Velásquez is a doctoral student at the Harvard School of Public Health and a pre-doctoral research fellow at Brigham and Women's University in Boston, MA; she is supported by an NIH-funded T32 training grant (AG000158)

impacting the social determinants of health (Beddoe, 2013; Braverman, Edgerter, & Williams, 2011; Moniz, 2010). As described by Beddoe (2013), wide-lens public health approaches are population-level efforts to create healthy communities and environments, including prevention, health promotion, health advocacy, and the integration of health into all policies and systems. There is general agreement within the public health field and beyond that wide-lens public health approaches have the greatest impact on human health and are especially important in understanding and responding to the social determinants of health, such as racial, socioeconomic, and gender inequities, which contribute to poor health outcomes (Beddoe, 2013; Frieden, 2010; Turnock, 2011). Social work practice in prevention, advocacy, community health empowerment, and public health social work exemplifies the profession's ongoing use of wide-lens approaches and provides an important base upon which to expand health social work in the ACA era (Reisch, 2012).

Logically, profound shifts in the practice environment should quickly and directly affect the education of social workers at the graduate level. Yet the interplay between education and practice is not always clear-cut. Tension between academics and leaders in the health practice environment regarding social work graduate readiness for health practice is not new (Spitzer & Davidson, 2013). Despite recent articles in social work journals calling upon the academy to teach specific health competencies—inter-professional teamwork, care coordination and integration, prevention and health promotion, advocacy, the ability to work within accountable care organizations, community-based practice, program evaluation, and cost-effectiveness—little is known about whether and how social work educates for contemporary health practice (McCave & Rishel, 2011; Pecukonis, Doyle, & Bliss, 2008; Reisch, 2012; Ruth et al., 2014; Zabora, 2011). One recent effort to assess current health content in MSW programs analyzed mission statements, courses, and concentrations listed on MSW program websites. The authors found that while most MSW programs offered health courses, the majority focused on clinical practice with individuals in health settings, not wide-lens approaches. In addition, most health concentrations framed health as a niche area of practice, not as a broad approach to promoting human well-being (Ruth et al., 2014). The authors observed that the failure to broadly educate students in multiple contemporary health approaches could hinder the impact and development of new social work roles in the current environment (Ruth et al., 2014). Given the stakes and the rapid pace of change, scholars have argued that preparing the next generation of social workers requires a critical assessment of social work education for health practice (Andrews et al., 2013; Reisch, 2012; Spitzer & Davidson, 2013).

### **Dual-Degree Programs in Public Health and Social Work**

Amid the call for a changing approach to health in social work, MSW/MPH programs, which educate students in the integrated practice of public health and social work, deserve consideration. First established in the mid-late 20<sup>th</sup> century, dual-degree programs appear to have been developed in response to several phenomena: first, as an effort to formalize the sharing of knowledge and skills between schools of social work and other departments; second, as a way of increasing the marketability of both programs and graduates; and finally, as a method for preparing graduates for increasingly complex practice

environments (McClelland, 1985; Miller, Hopkins, & Greif, 2008). General interest in cross-disciplinary education appears strong at the graduate level; a recent review found that 35.3% (n=59) of accredited MSW programs offered a variety of dual-degree programs, with MSW/MPH programs the second most popular type (Miller et al., 2008).

Indeed, MSW/MPH programs appear to be proliferating (Ruth et al., 2014). In 2008, about twenty programs existed; recent estimates suggest that there are now more than three dozen (Council on Social Work Education [CSWE], 2012; McCave & Rishel, 2011; Ruth et al., 2008). MSW/MPH programs are, in part, a reflection of the ongoing collaboration between the two fields. Social work has deep roots in public health. It shares a history and natural overlap with public health on many issues of mutual concern, such as improving quality of life, achieving social justice, and engaging in interventions aimed at addressing the social determinants of national and global health (Ruth et al., 2008). The traditional term used to describe the integrated practice of social work and public health is *public health social work* (PHSW), which involves social work use of epidemiological approaches to prevent, address, and solve health problems (Ruth & Sisco, 2008). The total number of public health social workers in the US is unclear; it is estimated that less than 10% of the more than half million U.S. social workers describe themselves as “public health social workers” (Clark, 2006). However, it has also been noted that many social workers practice within public health without fully recognizing it or labeling it public health social work (Marshall, Ruth, Sisco, Cohen, & Bachman, 2011; Ruth & Sisco, 2008).

Over the years, social work scholars have raised general questions about the structure and outcomes of dual-degree programs, including MSW/MPH programs (McClelland, 1985; Ruth, Marshall, Velásquez, & Bachman, 2015). Concerns included the potential tensions of dual professionalism, the absence of proof for the added value of an additional degree, and the fear that dual-degree graduates do not develop or sustain strong identification with the social work profession (McClelland, 1985; Miller et al., 2008; Ruth et al., 2015).

Due to the minimal research literature on dual-degree programs, it is impossible to draw definitive conclusions about any of these concerns or to firmly determine whether social workers trained in dual programs experience a conflict of values or drift from the profession (Miller et al., 2008). In recent years, as additional programs have been developed, these topics have begun to garner more attention. A study conducted at the University of Maryland (Miller et al., 2008) suggests that satisfaction with dual-degree programs is high and remuneration appears higher than for MSW-only graduates; notably, this study did not include their then-new MSW/MPH program. Another study from Boston University compared 30 MSW-only and 30 MSW/MPH alumni and, consistent with Miller et al. (2008), found no significant differences in career or program satisfaction (Ruth, Wyatt, Chiasson, Geron, & Bachman, 2006). When asked about their identification with the profession--as measured by whether they called themselves a “social worker,” held membership in social work organizations, or had obtained social work licensure--the MSW/MPH and MSW alumni respondents were similar (Ruth et al., 2006). A third study (Ruth et al., 2015) attempted to better understand the self-reported outcomes associated with a large cohort of MSW/MPH alumni (n=294). Again, the findings did not support the assertion that dual-degree graduates were less identified with the profession of social work.

In fact, a large majority called themselves “social workers” or “public health social workers,” were licensed to practice social work, and belonged to the National Association for Social Workers (NASW)—signals of connection to the profession.

Generally, little is known about best practices in dual-degree education. There are multiple topics crucial to dual-degree program administration that remain largely unstudied, including the coordination and integration of knowledge and skills from both fields, the role of advising and faculty involvement, how best to organize coursework, and the need for dedicated financial aid (Miller et al., 2008; Ruth et al., 2015). One small qualitative study of MSW/MPH alumni from four established programs identified key areas for MSW/MPH program improvement, including: 1) the need for greater university investment, 2) coordination of dual degree programs, and 3) the strengthening of integration opportunities (Ruth et al., 2008).

Clearly, there is much more to know about the profession’s dual-degree programs, particularly MSW/MPH programs. Some have suggested that a return to the profession’s public health roots is a key response to the changing national health landscape (Reisch, 2012). A better understanding of MSW/MPH programs is an important step in determining their relevance to the profession’s changing educational needs and to the revitalization of public health approaches in the profession.

### **The Purpose of the National MSW/MPH Programs Study**

The purpose of *The National MSW/MPH Programs Study* is to examine the prevalence, content, models, and challenges of current MSW/MPH programs by surveying current MSW/MPH program directors and associated faculty members. A team of four MSW/MPH professionals at Boston University undertook this study with the following goals. First, we wanted to identify the total number and location of all MSW/MPH programs. Second, we wanted to assess various program facets: mission and structure, faculty and university motivations, institutional support for programs, the number of students enrolled and number of alumni, and any program outcomes associated with each program. Third, we wanted to understand the strengths, successes, challenges, and trends in MSW/MPH programs, as identified by program directors, associated faculty members, or other key informants. Finally, the research team sought to understand whether individual programs identified their goals as related to the education of public health social workers.

### **Methods**

Because there is no one source of information on MSW/MPH programs, multiple sources for identifying MSW/MPH programs were consulted, including the Council on Social Work Education’s (CSWE) list of dual-degree programs and the American Public Health Association’s Public Health Social Work section list of MSW/MPH programs. Additionally, all MSW programs on the CSWE membership list were compared with all MPH-granting schools and programs listed by the Association of Schools and Programs in Public Health (ASPPH). All schools with both a school of social work and a program in or school of public health were identified and their websites examined for evidence of an MSW/MPH program. Finally, key informants from several well-established MSW/MPH

programs were consulted and shared suggestions for identifying programs under development. A comprehensive list of MSW/MPH programs was developed by spring 2013.

All schools that hosted MSW/MPH programs were eligible to participate in the study; a total of 42 programs were identified. Schools' websites were reviewed, and the contact persons or offices listed were contacted by email for the names of each MSW/MPH program's key informants, including directors and faculty members involved with the MSW/MPH program. If there was no response to email, then phone calls to admissions offices were made and email addresses of each program's key informants obtained. Researchers reached out to all administrators and faculty members who were involved with MSW/MPH programs at each school. For some programs, there was more than one key informant; data from all key informant responders was included in the analysis.

The team created an electronic survey consisting of 27 questions; 24 were quantitative and 3 were open-ended. The scope of questions included logistics (location, number of students, number of graduates, when the program began, and number of credits); program details (support for students, career services available); student funding (scholarships, financial aid packages, loan information); students' motivation for enrollment; and specific questions about alumni. The open-ended questions focused on key informants' views of trends and directions. To enable all key informants from any one school to participate, we provided each MSW/MPH program with its own individual survey, and all key informants involved with each program were invited to participate. Surveys were distributed from fall 2013 through summer 2014. Three follow-up reminder emails were sent to all key informants. After data collection was complete, all schools' responses were aggregated in order to be able to report findings on all programs. The surveys were compiled and analyzed using Microsoft Excel 2010 to calculate frequencies. Narrative comments were analyzed using thematic content analysis (Neuendorf, 2002).

## **Findings**

### **Sample**

Respondents from a total of 41 out of 42 identified programs participated in the study, for a response rate of 97.6%. One school, unable to answer any survey questions because its newly launched program had no curriculum or enrolled students, was eliminated from the sample. We report below on a total sample of 41 schools. In some cases, respondents declined to answer items due to lack of information or skipped them altogether. We report on those who answered to give as clear a picture as possible of available information.

Respondents included directors of programs, faculty associated with the programs, and graduate assistants who helped with program administration. Of the 48 total respondents, 27 of 48 (56.2%) were based in schools of social work, 14 of 48 were based in public health (29.2%), 2 of the 48 respondents had dual appointments in social work and public health (4.2%), and 5 of 48 programs did not answer this question (10.4%).

### Program Demographics

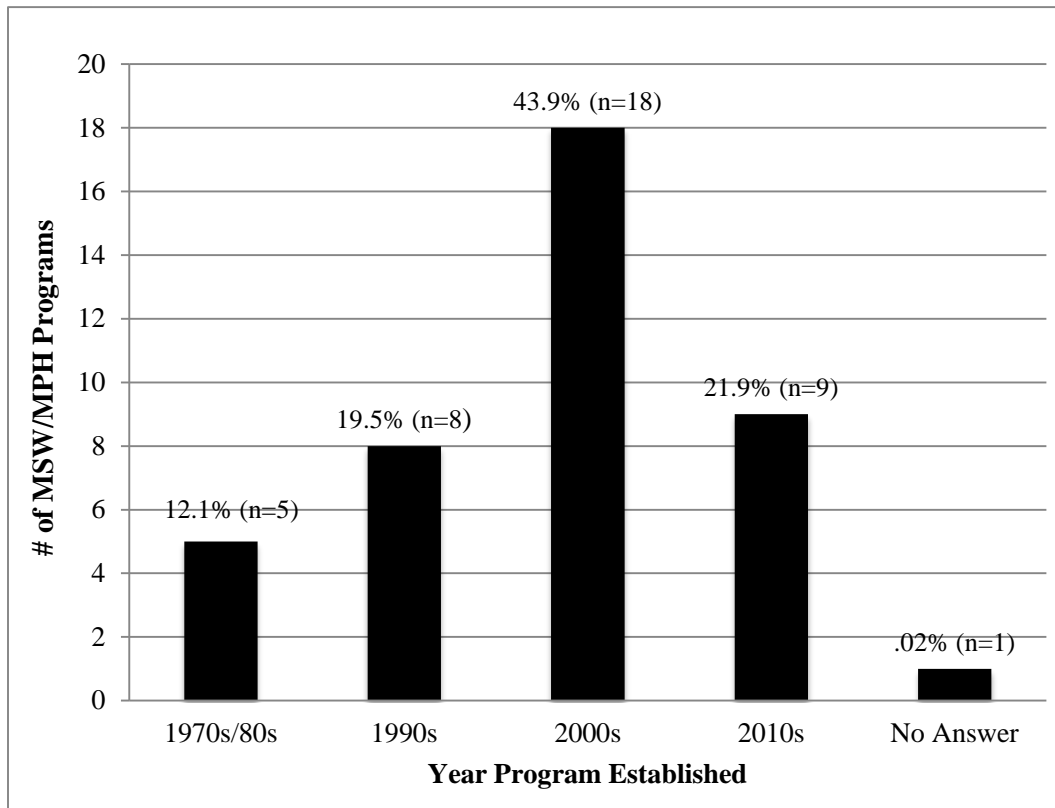
The majority of responding programs (n=29, 70.7%) were housed in public universities; 10 were in private universities (24.4%). Two programs were hybrids, or public-private university collaborations. Overall, programs were almost equally distributed around the regions of the United States with eight programs located in the West, 10 in the Midwest, 11 in the South, and 12 in the North. (See Table 1 below).

Table 1. *List of MSW/MPH Programs and Geographic Location*

<b>West (8 Programs)</b>	<b>Midwest (10 Programs)</b>
<ol style="list-style-type: none"> <li>1. New Mexico State University</li> <li>2. Portland State University</li> <li>3. San Diego State University</li> <li>4. University of California – Berkeley</li> <li>5. University of California – Los Angeles</li> <li>6. University of Southern California</li> <li>7. University of Utah</li> <li>8. University of Washington</li> </ol>	<ol style="list-style-type: none"> <li>1. Indiana University</li> <li>2. Michigan State University</li> <li>3. Ohio State University</li> <li>4. University of Illinois – Chicago</li> <li>5. University of Missouri</li> <li>6. University of Minnesota</li> <li>7. University of Nebraska</li> <li>8. Saint Louis University</li> <li>9. University of Michigan</li> <li>10. Washington University</li> </ol>
<b>South (11 Programs)</b>	<b>North (12 Programs)</b>
<ol style="list-style-type: none"> <li>1. Tulane University</li> <li>2. University of Alabama</li> <li>3. University of Georgia</li> <li>4. University of Houston</li> <li>5. University of Maryland (Johns Hopkins University)</li> <li>6. Virginia Commonwealth University</li> <li>7. University of Oklahoma</li> <li>8. University of North Carolina - Chapel Hill</li> <li>9. University of Texas</li> <li>10. University of South Carolina</li> <li>11. University of South Florida</li> </ol>	<ol style="list-style-type: none"> <li>1. Boston University</li> <li>2. Bryn Mawr College</li> <li>3. Columbia University</li> <li>4. Fordham University</li> <li>5. New York University</li> <li>6. Simmons College (Harvard University)</li> <li>7. Temple University</li> <li>8. University at Albany</li> <li>9. University at Buffalo</li> <li>10. University of Connecticut</li> <li>11. University of Pennsylvania</li> <li>12. University of Pittsburgh</li> </ol>

### Program Development and Enrollment

The oldest responding program began in 1979, and the newest responding program was added in 2014, creating a range of 35 years in the sample. The median year of program establishment was 2005 (See Figure 1 below).

Figure 1. *Year MSW/MPH Programs Established*

Most programs (75.6%, n=31) reported steady or increasing enrollment. MSW/MPH programs graduate an average of seven individuals per year, with a range of 0 to 25 graduates per year. Almost ten percent of all MSW/MPH programs estimated that there were no graduates from the program at all in the past year (9.7%; n=4); another 7.3% (n=3) did not know if anyone had graduated in the past year. Another 9.7% (n=4) had graduated only one MSW/MPH graduate in the past year. Together, this amounts to almost one-fifth of programs with one or fewer graduates per year (19.5%, n=8). When asked about the total number of graduates from the program, a little over 12% (n=5) programs reported never having anyone graduate from their MSW/MPH program. Another 19.5% did not know if anyone had ever graduated from the program (n=8), suggesting a lack of program history in a substantive minority of programs. Almost half of respondents agreed/strongly agreed that the MSW/MPH program was their most popular dual-degree program at their school (46.3%; n=19). Almost all agreed that the program brought in high quality students (90.2%; n=37).

### **Program Structure and Requirements**

The average length of time to complete an MSW/MPH program was three years, although a few schools (14.6%; n=6) reported that students could complete all the



requirements for both degrees in less than three years and six schools reported that it took longer than three years (14.6%). Nearly half (48.8%;  $n=20$ ) of MSW/MPH programs required their students to major or concentrate in a particular area of practice. Examples of required majors include macro practice within the school of social work and maternal and child health or health policy within public health. Most schools (73.2%;  $n=30$ ) had specialized field internships that emphasized public health and social work, and about 15% ( $n=6$ ) hosted a required integrative seminar in public health and social work.

### Perceptions of Students' Motivation for MSW/MPH Programs

When asked why students enroll in the MSW/MPH program, 82.9% ( $n=34$ ) of respondents strongly agreed/agreed with the statement that “students believe it will make them more marketable” as the primary reason for enrollment. Other motivations were also endorsed; 78.0% of respondents ( $n=32$ ) agreed/strongly agreed that students were motivated by the desire to combine the skills and competencies of both fields, while the wish to “become a public health social worker” was considered a motivating factor for nearly half (48.8%,  $n=20$ ) respondents. Similarly, 61% ( $n=25$ ) agreed/strongly agreed that students drawn to this program were interested in “tackling big trans-disciplinary issues.”

### Institutional Support for Programs

Institutional support for programs varied widely, and some schools lacked even the most basic support such as coordinators and advisors (See Table 2). About 81% of schools ( $n=33$ ) stated that there were faculty coordinators for the MSW/MPH program, two schools (4.9%) did not know if there were faculty coordinators, and still others reported that there were no faculty coordinators or directors for the MSW/MPH program (14.6%;  $n=6$ ). Roughly 61.0% of programs had faculty coordinators with specific interest or expertise in public health and social work ( $n=25$ ). Only one school (2.4%) reported that the faculty coordinators received course release for coordinating the program. Only three schools had any budgets to support their MSW/MPH programs, and these budgets were modest ( $n=7.3\%$ ).

Table 2. *MSW/MPH Program Faculty Support (n=41)*

	Yes	No	Unsure/Did Not Respond
Faculty coordinator at both schools	33 (80.5%)	6 (14.6%)	2 (4.9%)
Faculty advisors at both schools	38 (92.7%)	2 (4.9%)	1 (2.4%)
Faculty course relief for MSW/MPH program leadership	1 (2.4%)	35 (87.5%)	5 (12.5%)

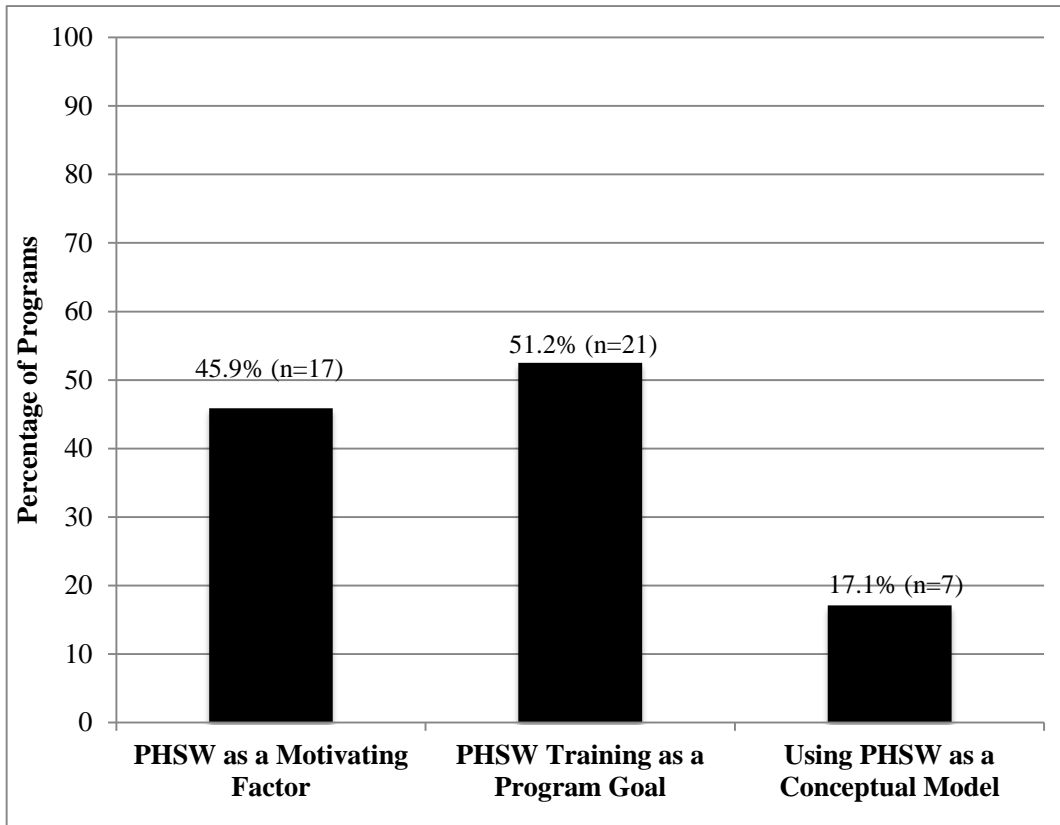
Despite these findings, most respondents agreed that MSW/MPH programs were important to both their schools. A little over 73% ( $n=30$ ) agreed/strongly agreed that MSW/MPH programs were important to schools of social work, while 82.9% ( $n=34$ ) agreed/strongly agreed that they were important to schools of public health. A total of 25 responding schools agreed/strongly agreed that there was “strong support” for the program

at their school of social work (61.0%), while 65.9% (n=27) agreed/strongly agreed that schools of public health were in strong support of the program. Still, nearly a third of respondents reported that, despite support, collaborative problem-solving between the two schools was difficult (29.3%; n=12).

**Public Health Social Work**

As noted above, “becoming a public health social worker” was not viewed as a particularly robust motive for student enrollment in most programs. This may relate to the finding that the “public health social work” model was not being widely used; less than a quarter (17.1%; n=7) reportedly used this as an organizing concept for their programs. Only half (51.2%; n=21) strongly endorsed the statement that the goal of their program was to “train public health social workers” (See Figure 2).

Figure 2. MSW/MPH Program Use of PHSW as an Organizing Concept (n=41)

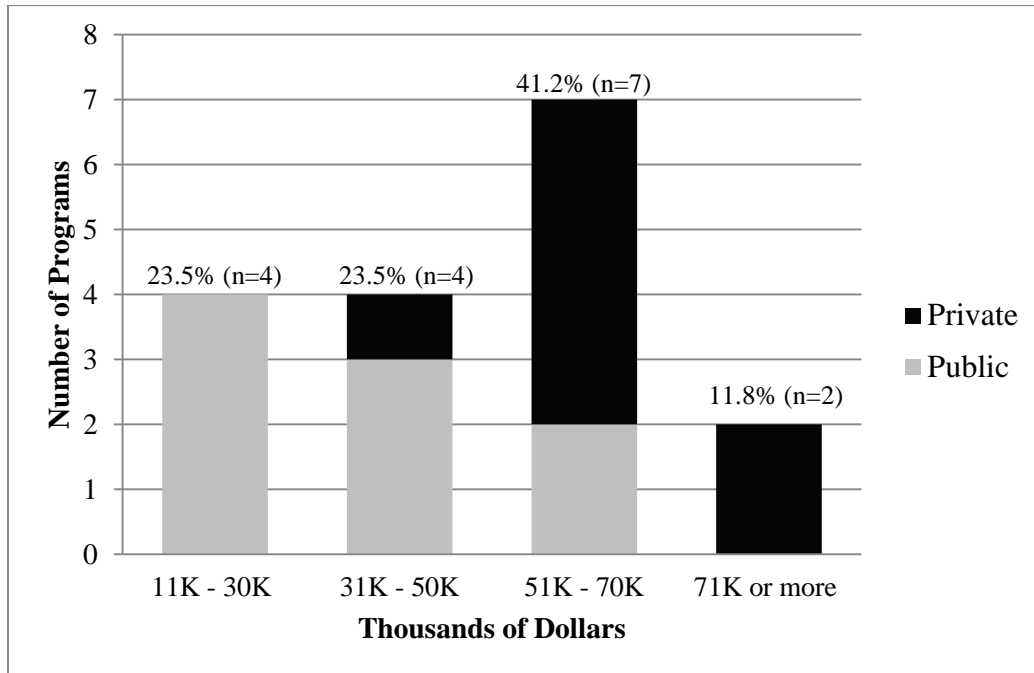


**Student Support**

Almost all schools (90.2%; n=37) had established program guidelines which specified the program requirements for students, and 92.7% (n=38) provided advisors for students at both schools. Though dual degree programs are likely to be significantly more expensive, only 12.2% of schools (n=5) provided targeted financial aid for MSW/MPH students. Most

respondents (58.5%; n=24) did not appear to know how much student loan debt MSW/MPH students acquired in the course of their programs. Of those who responded to these questions (n=17), the estimated student loan debt ranged broadly from 11,000 to more than 70,000. Of the 17 schools responding, more than half were private, the majority estimated student loan debt upon graduation to be greater than 51,000 (52.9%, n=9) (See Figure 3).

Figure 3. *Estimated MSW/MPH Student Debt (n=17)*



**After Graduation**

For alumni, only a handful of programs (12.2%; n=5) reported providing specific career services to MSW/MPH graduates, and only three programs (7.3%) reported offering continuing education tailored to MSW/MPH graduates. Less than a third of schools described systematic efforts to stay in contact with alumni (29.3%; n=12), and only 29.3% (n=12) reported engaging in any form of program evaluation. Almost half of respondents did not know whether graduates pursued social work licensure (51.2%, n=21). Similarly, more than half (58.5%, n=24) did not know whether graduates pursued public health certification.

**Narrative Findings**

The respondents were asked to describe program successes, challenges, and future trends, and many themes emerged. Several schools reported their greatest success was that successful MSW/MPH alumni tended to find leadership roles in the field after graduation. Similarly, another common response to the success question was the report of a continuous

stream of strong applicants applying to the program. One responder noted: "Graduation rate for completion of both degrees is high... Our alumni have gone on to great positions (in) which (they) combine the two fields well." Other responders noted that collaboration between the two schools was successful. Since the sample included some newer programs, multiple responders noted that thus far, their biggest success was simply the establishment of the program.

When asked to describe challenges, the most common theme reported was the inflexibility within programs, especially lack of electives. One responder reported "Neither program has very much flexibility nor elective credits ...so the combination does not save a student very much time or course work." Another frequently noted challenge was the need to build good working relationships across schools, particularly with admissions departments. Another responder stressed the need "To improve coordination between both schools, make faculty more responsive to needs of dual-degree students, and improve tracking systems for dual-degree students/logistics." Multiple responders reported a lack of program support, including lack of general funding and financial aid for students. Other concerns included the absence of an integrated seminar for MSW/MPH students, a shortage of MSW/MPH knowledgeable faculty, and insufficient support for students while they navigate complex programs.

Responders provided valuable insight into the future of their specific programs. Most observed that the future would include continued program maintenance and growth. Multiple participants reported they were hoping to refine their marketing and increase visibility as a program. Most wanted to increase enrollment in their MSW/MPH programs. Many reporters mentioned the ongoing need for mutual collaboration between schools of social work and public health, and finally, the perennial need for funding and financial support.

## Discussion

Our data helps to answer questions related to one aspect of social work education in health: the growth and prevalence of MSW/MPH programs. The data indicate that MSW/MPH programs have increased steeply since 2000. Geographically well-dispersed throughout the country, the majority of MSW/MPH programs are housed in public universities. While programs vary in size, the total number of annual MSW/MPH graduates is modest.

There are some consistencies across programs: It was widely agreed that these programs are valuable to their institutions, and attract high-quality, mission-driven students interested in trans-disciplinary health practice. Respondents also agreed that these programs promote collaboration across schools of social work and public health at a time when inter-professional activities are ever more critical. Most MSW/MPH programs have established program guidelines, program coordinators, and faculty advising at both schools. In addition, the length of time to MSW/MPH program completion is generally three years.

Programs differ widely in a number of areas. Half of programs limit students' choice of majors at one or both schools. Only a quarter of schools use "public health social work"

as an organizing concept for their programs, even though most respondents agree that students are drawn to the public health social work model. Programs also differ in how much institutional support they receive. Some enjoy budgets (small though they may be), course release for faculty coordinators who are encouraged to provide leadership, and institutional cooperation regarding marketing and administrative infrastructure. The vast majority, however, do not.

Financial support for students is uniformly identified as a key challenge facing MSW/MPH programs and students, especially in light of the increased costs associated with two degrees. Despite this concern, most program coordinators knew little about student loan indebtedness of MSW/MPH students in their programs, perhaps because so few programs track alumni. The lack of systematic program evaluation also makes it difficult for program coordinators to speak to the employment, career trajectories, licensure, or continuing professional development needs of MSW/MPH alumni.

### **Limitations**

The purpose of the *National MSW/MPH Programs Study* was to examine the prevalence, content, models, and challenges of current MSW/MPH programs by surveying current MSW/MPH program directors, coordinators, and associated faculty members. As with all research, there were limitations. The lack of an accurate compilation of MSW/MPH programs created sampling challenges, and while every effort was made to identify all MSW/MPH programs, it is possible that some were omitted. In addition, many programs lacked identifiable contacts in either school, and although efforts were made to identify and survey all involved faculty and administrators, in some cases the most knowledgeable people may not have been the ones who responded to the survey. Additionally, while all administrators or faculty associated with MSW/MPH programs were invited to participate, most surveys were completed by respondents from the social work side, which may have biased the findings toward a more social-work-centric view of MSW/MPH programs. Despite these limitations, the overall response rate was high (97.6%), and the findings provide a needed initial overview of existing MSW/MPH programs.

### **Implications**

This study represents an initial effort to better understand one facet of social work education in health during the ACA era. Clearly, interest in MSW/MPH programs is high, and programs are being developed with increasing frequency, reflecting the continuing interest in health social work. The benefits of these programs can be substantial to all involved if opportunities are recognized and developed.

Many prospective students believe they will be more marketable in a competitive job environment with additional degrees and are prepared to make the investment in a dual-degree program (Miller et al., 2008). But this is likely not the only motivation for those drawn to MSW/MPH programs. Most current MSW/MPH students came of age at a time when global health, health equity, and health reform were subjects of popular heated debate and discussion. Many are frustrated by the medical model emphasis on diagnosis and

treatment and seek to integrate prevention and population health into their skill sets. Finally, perhaps more than at any other time, a large subset of students appear to recognize the limitations of any one profession in addressing major issues such as obesity and health inequities. To be more effective, these students seek new ways to combine the skills of trans-disciplinary practice in prevention, population health, and other wide-lens approaches with social work. For this group, programs that combine public health and social work have a particular appeal. To strengthen MSW/MPH graduates and to help maximize their contribution to the social work profession during this time of accelerated change, the intentional and focused integration of skills, values, concepts, and practices across the fields is needed. The use of the public health social work model is one method for organizing this integration and retaining the social work focus. Given its historic and contemporary relevance, MSW/MPH programs should consider anchoring their programs in this model.

The benefits to sponsoring schools and their faculty members can be substantial. The Affordable Care Act has put a high premium on trans-disciplinary and inter-professional collaborations. MSW/MPH programs offer a natural mechanism for building alliances and promoting the visibility of both fields and can provide faculty with initial opportunities to work across academic boundaries.

Finally, at a professional level, powerful forces are calling on social work to increase its impact in the wider arena of health justice. The growing cadre of MSW/MPH practitioners, skilled in both social work and public health, can play important leadership roles in our profession's response to the major health issues of our day. Because MSW/MPH practitioners emerge prepared to practice at the population health level, strengthening MSW/MPH programs is an already-existing mechanism for building the profession's capacity for action and impact in all aspects of population health.

Popular and plentiful, it is likely that MSW/MPH programs are here to stay. The attention and focus of social work educators is needed to better understand both potential and actual challenges and contributions. To that end, directions for additional research emerged from this project. First, schools would be wise to systematically track and evaluate their MSW/MPH programs to better understand the career trajectories, opportunities, workplace challenges, and benefits of MSW/MPH programs. Second, a national study of MSW/MPH alumni would yield important information on the challenges and obstacles of the integrated practice of public health and social work. Because a true understanding of the financial costs and benefits of MSW/MPH programs does not yet exist, an important goal of a national study would be to better understand the financial experiences of graduates who may be emerging from these programs with significant debt, along with their experiences of repayment on MSW/MPH salaries. This issue needs urgent attention. If we, as a profession, value the growing importance of the integrated practice of public health and social work, it is important to financially support students who commit to MSW/MPH education.

Finally, the conceptual model of public health social work, used by some MSW/MPH programs, can be studied for its particular relevance to social work goals such as inter-professional education, health equity, health reform, and addressing the social determinants

of health. The concepts, skills, and practices of public health social work, which integrate prevention and other wide-lens approaches into social work, may be a particularly powerful organizing framework for MSW/MPH programs. Centering MSW/MPH programs on the historic and current practice of public health social work can help to ensure that dual practitioners emerge committed to the social work profession. To reach these goals, MSW/MPH program directors and faculty may benefit from increased affiliation at conferences or other forms of cross-institutional support. With evaluation and enhancement, it is likely that MSW/MPH programs will be one of the profession's best efforts for developing leaders for a new era of social work in health.

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**Author note**

Address correspondence to: Betty J. Ruth, MSW, MPH, Boston University School of Social Work, 264 Bay State Road, Boston, MA 02215. E-mail: [bjruth@bu.edu](mailto:bjruth@bu.edu)

## United They're Cited: Impact of a Social Work Coauthor Network

Ralph Edward Woehle

**Abstract:** *Social work has emphasized the importance of the social environment, and social networks are an important means of understanding the social environment. The scholarship of a journal coauthor network provided important findings and an example. Prior theory and research suggested there are more citations from the center of coauthor networks than at the periphery. Using abductive logic, complexity theory, social network analysis, and tabular analysis of a social work coauthor network, the center of the network was found to produce more citations than the periphery. Both the prestige of coauthors' setting and position were modestly associated with network centrality and citations. The functionality of citations, which includes the contribution to good scholarship, is questioned. Areas of further research and issues of evaluating coauthored scholarship are discussed. Placing greater value on coauthoring and publishing with less prominent coauthors for tenure and similar decisions is recommended.*

**Keywords:** *Network analysis, coauthored articles, citation achievement, complexity theory, abductive logic, social work scholarship*

Social work scholarship has become increasingly collaborative. Computer models of social interaction have produced theory and logic of social networks, and a common area of study of such networks has been that of academic coauthors. Research has found that coauthor network centrality has been associated with citations, though there have been contending interpretations of citations. From such work and with publically available data, the present study examined the development of a social work coauthor network and the impact of that network on scholarship. Using exploratory abductive research, this study examined whether network centrality measures were associated with authors' citation advantages and if those measures and citations were related to academic prestige.

### Importance for Social Work

Long-standing critiques of social work and social science might be addressed with the study of social networks as complex systems. Though social work is a profession that is social by name, Specht and Courtney (1995) claimed social workers abandoned their social mission with a trend toward clinical work. Further, Barton (1968) likened research methods such as random sampling to understanding the biology of cells by studying ground meat because randomization stripped out social relationships. Finally, and to the point of the present research, scholarship has become an increasingly social endeavor, and the implications of that development for our knowledge base must be understood. More specifically the present research has begun to address Shuai's (2014) assertion that quantitative study of scholarly communication can help improve effectiveness and assess the quality of scholarship. Before that promise can be fulfilled, the emerging patterns of scholarly communication in social work must be identified; such identification was the central purpose of the present inquiry.

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Ralph Woehle is a Professor Emeritus at the University of North Dakota.

### **Complexity Theory, Research Methods, and Coauthor Networks**

Considerable theory of social networks has been developed, much of it from computerized simulations called agent-based modeling (Macy & Willer, 2002) (See Table 1 for definitions of key terms). Macy and Willer (2002) point out that on-going network relationships have had future impact, and that agents' partners tended to interact with each other, which in turn has diffused reputations, created bandwagons, and promoted monitoring and enforcement of conformity to norms. Drawing on complexity theory that evaluated social work literature, Hudson (2000, 2005) defined self-organization as spontaneous development of new, unique larger phenomena from the interaction of parts, similar to coauthor interaction in the present research. Hudson asserted that self-organized structures could be functional. Likewise, Börner, Dall'Asta, Ke, and Vespignani (2005) indicated coauthor networks functioned as a social brain, greater than the sum of individual authors and able to dynamically respond to increasing demands.

Other assertions of functional coauthor networks included Zaccala's (2004) sharing and developing new ideas, or sharing expertise (Gelman & Gibelman, 1999; Moody, 2004). Uzzi and Spiro (2005) theorized that coauthor networks enabled the material to develop and become credible, and Burt (2004) argued that structural holes, the gaps between cliques filled by one person, provided unique vision and brokerage. Rivera, Soderstrom, and Uzzi's (2010) review pointed to homophily, or similarity, as well as complementary or differing abilities as a basis for coauthoring and to clustered cliques that favored norm development.

Coauthor networks might be functional if they produce citations that advance scholarship, and coauthor networks and network properties have been shown to be related to the volume of citations. Rivera et al. (2010) noted that people with more ties were likely to be more successful in general, and Baldi (1998) and Beaver (2004) indicated coauthors produced more citations than single authors. Börner, Maru, and Goldstone (2004) claimed citation and coauthoring networks have coevolved. Further, Börner et al. (2005) as well as Yang, Jaramillo, and Chonko (2010) found that authors' central location in the network produced a large numbers of citations. Uddin, Hossain, and Rasmussen (2013) examined the network centrality measure called degree, or the number of coauthors. They found these measures were correlated with the number of citations. Such findings guided the present research.

Literature also provided guidance for the methods of the present research. Power-law distributions have a few extreme values at one end and many common values at the other end (Clauset, Shalizi, & Newman, 2007). Barabási et al. (2002) claimed network growth patterns approximated power-law distributions, meaning that a normal distribution of variables cannot be assumed. Tol (2009) found this to be true for citations of economists, as did Ho (2013) for social workers. Further, the complex adaptive nature of networks (Aydinoglu, 2013) has made networks unsuitable for linear analysis. Thus, visual and tabular analyses were used in the present investigation. As Aydinoglu indicated, complex adaptive systems have had limited predictability, and social network variables have also had uncertain time-order (Kadushin, 2012). Abductive reasoning is the logic of agent-based modelling (Halas, 2011), and can be used to interpret findings (Kaag, 2014). Traditionally, theory-hypothesis-finding was the order of deduction and finding-generalization-theory

was the order of induction. However, abductive logic has begun with theory and generalization, developed from computerized simulations in the present instance, as one possible explanation of a particular finding. For example, abductive logic is the logic used in mental health diagnosis. Thus, abductive logic, limited causal interpretation, and approximate power-law distributions were methodological considerations in the present investigation.

Table 1. *General Definitions of Key Terms*

Term	Definition Used in this Study
Abductive logic	Logic that proceeds from modeling-derived generalizations to a possible explanation of a finding.
Agent-based modeling	Computer modeling that simulates the actors (authors) and interaction (coauthoring) to develop theoretical generalizations.
Betweenness	The number of paths (chains of coauthorships) between nodes (authors) on which a particular node (author) lies.
Clustering	The proportion of actualized relationships (coauthorships) among a node's (author's) possible ties (coauthorships).
Complementarity	Differences of attracting value between actors (authors).
Degree	The number of direct ties (coauthorships) of a node (author) to other nodes.
Homophily	Similarity of attracting value between actors (authors).
Network centrality	The central placement of a node (author) in a network indicted by measures such as degree or betweenness.
Node	Network locations (authors) connected by ties (coauthorships).
Power-law distributions	Skewed distributions characterized by a few extreme values at one end and many common values at the other end.
Self-organization	Development of new phenomena (coauthor network) from interaction (coauthoring) of parts (authors).
Social network analysis or SNA	Analysis of networked nodes (authors) and the ties (coauthoring) with maps and statistics describing the attributes of the nodes, ties, and the network.
Tie	A line (coauthoring) that connect nodes (authors) in a network.

Coauthor networks have been studied widely, but not in social work. Coauthoring has been increasing in many disciplines for some time (Bozdogan & Akbilgic, 2013), including sociology (Moody, 2004), physics (Martin, Ball, Karrer, & Newman, 2013), and high-impact Finnish medical research (Riikonen & Vihinen, 2008). In economics, the average number of coauthors almost doubled between the 1970s and 1990s as the coauthor network grew by a factor of six (Goyal, Van Der Leij, & Moraga-González, 2006). Increased coauthoring in social work was noted by Gelman and Gibelman (1999), and resulting networking was studied by the present author (Woehle, 2012). Some attention to other kinds of networks included Baker's (1992) documentation of a social work network based on citations; Martínez, Cobo, Herrera, and Herrera-Viedma's (2014) map of social work literature themes; Blakeslee and Keller's (2012) study of coauthors in the social work related area of youth mentoring; and Williams et al.'s (2008) mention of, "A Network for

Social Work Education and Research.” However, the social work network literature is less extensive than other studies of networks.

In brief, complexity theory and research in various fields have suggested that coauthor networks can be functional systems that can have impact on and improve scholarship via citations. Complexity theory, abductive logic, and attention to power-law distributions, as well as variables associated with the coauthoring-citation relationship, have been identified as research issues. However, coauthor networks have been mostly ignored in social work and are thus ripe for study.

### Methods

Three major analyses for the present investigation included: (1) mapping a social work coauthor network for a set of articles and their associated citations, (2) description of the association of networked authors’ network centrality with citations, and (3) description of the association of authors’ university, school, and academic rank with network centrality and the citations they achieved. Across these tasks, the variables studied were located in a time order that limits the ways that influence might have operated, as indicated in Table 2. University and school characteristics were first in time. Coauthors came together prior to publication, and citations followed publication. Therefore, while claims of linear causality are not made here, questions explored in the present research assumed that time order.

Table 2. *Time Frame and Source of Variables in the Analyses*

<u>Variable</u>	<u>Source</u>	<u>Origination Time</u>
University Rank	Shanghai Jiao Tong University (2003)	Prior to 2003
School Rank	Feldman (2006)	1990-2003
Academic Rank	Article or online source	Prior to publication
Network Variables	Articles studied	Prior to publication
Publication Time	Dates from Google Scholar	2006-2008
Citations of Articles	Google Scholar	Article publication through 2013

### Discovering and Describing the Network

The identification of networked authors and articles involved social network analysis (SNA), developed as a method for analyzing objects (nodes) connected by lines representing relationships (ties). SNA has designated actors as nodes and relationships as ties (Kadushin, 2012; Knoke & Yang, 2007), or authors and their coauthoring respectively in the present investigation. The nodes or authors were used in a manner similar to units of analysis in traditional research, but SNA has conceptualized ties as though they were another kind of unit of analysis with variable attributes. For example, in the network diagrams in this article, the width of the ties represented the amount of coauthoring. Börner et al. (2005) applied SNA in a somewhat similar manner to the present analysis.

While conducting an earlier study (Woehle, 2012), a particularly well-connected group of coauthors was documented, and the association of those authors with citations was described generally. In that earlier study, a centrality measure called eigenvector centrality was used to identify a central network skeleton. That skeleton was the initial basis of the

network in the present research, and it suggested that the network in the present endeavor was one of the most highly connected social work coauthor networks at the time. For the present study, those authors' coauthor relationships were followed to reveal the full network of coauthors who had addressed social work. The coauthor ties were followed from one coauthor to another, until the trail expired as far as 10 consecutive relationships from an initial author. Google Scholar was utilized to search for coauthors in the social science area covering the years 2006-2008. The search required inclusion of the term "social work," or a term that translated literally to social work by GoogleTranslate, in the journal title or statement of purpose. To be included, both authors in a pair had to be listed as a seventh author or higher. Authors' names were checked manually for spelling variations and secondary characteristics like work settings to assure identity.

NodeXL (Smith et al., 2009), an SNA template for Microsoft Excel, was used to diagram the coauthor network. The primary data were the authors' names, entered by listing each pair of coauthors in NodeXL in horizontally adjacent cells. NodeXL allowed coding of node and tie attributes and calculation of network-derived attributes. Nodes or coauthors were attributed weights for being variously cited. Coauthor ties were given weights according to year of first use and total amount of use. Coauthors were weighted equally in a given article and summed for multiple uses of the tie in all included articles to establish the total use of a coauthor tie. Age of network ties was used to diagram shades of gray, with lighter shades indicating greater age, that is, longer publication tenure in the network. NodeXL then created a diagram, arranged for visualization, using an algorithm in the program. The drag-and-drop capabilities of the program were used to further separate authors. The diagrammed network was based on 134 articles and 258 coauthors representing 584 coauthor relationships.

The journals, and the number of articles included from each journal, are listed in Table 3. The authors of the articles form a network, but the articles do not form a thematic whole beyond the social-work-related limitations described above. Research was a possible theme, with 42 articles from the research journals *Social Work Research* and *Research on Social Work Practice*. In addition, eight more article titles mentioned research topics. However, the articles varied from methodological discussions to reports of research projects and applications of research findings. While 14 articles mentioned evidence-based practice in the titles, that topic was variously approached, including discussion of problems, as well as attempts to implement evidence-based practice. With 21 articles, child welfare was another popular topic. Many of these articles were research-based, and 12 were published in child welfare journals. Twelve other articles addressed health, five of which addressed mental health. Articles in other areas included seven on spirituality, six on gerontology, and four on Latino issues.

Table 3. *Journals and Number of Articles in the Analysis*

<u>Journal</u>	<u># Networked Authored Articles</u>
Administration in Social Work	2
Advances in Social Work	3
Affilia	1
American Journal of Community Psychology	1
Child & Adolescent Social Work Journal	3
Child & Youth Care Forum	2
Child Abuse and Neglect	3
Clinical Social Work Journal	1
Families in Society	1
Health and Social Work	4
International Journal of Social Welfare	2
International Social Work	6
Journal of Community Practice	4
Journal of Community Psychology	3
Journal of Comparative Social Welfare	1
Journal of Evidence-Based Social Work	2
Journal of Family Issues	1
Journal of Gerontological Social Work	5
Journal of HIV /AIDS and Social Services	1
Journal of Human Behavior in the Social Environment	3
Journal of Public Child Welfare	1
Journal of Religion & Spirituality in Social Work	4
Journal of Social Work Education	12
Journal of Social Work in Disability & Rehabilitation	1
Journal of Social Work Practice in the Addictions	1
Portularia	1
Qualitative Social Work	1
Research on Social Work Practice	21
Residential Treatment For Children & Youth	3
Social Work	9
Social Work & Society	1
Social Work in Health Care	2
Social Work in Public Health	6
Social Work Research	21
Women in Social Work	1
<b>Total Articles</b>	<b>134</b>

Citations were allocated to authors with self-citations removed. Self-citations were calculated in two ways--a conservative method which subtracted every instance of self-citation from an article's total, and a fractional method, in which a self-citation reduction was calculated as the product of the fractions of shared authors in the cited and citing articles. An author's coauthoring share for each article was multiplied by an article's citations and summed for all of an author's articles, with self-citations subtracted, to allocate an author's citations. Citation counts with both self-citation measures are reported in Tables 4 and 5, but an average of the two citation measures was used to allocate node

size in the diagrams. Citations of articles were counted using Google Scholar. As with the articles above, citations were limited to citations in journals with the term social work, or a literal Google Translate translation to that term, in their title or statement of purpose. Citations accumulated by an article by the end of 2013 were counted, a period of five through seven years. That was longer than Baldi's (1998) generally expected period but shorter than Hodge and Lacasse's (2011) expected period for social work, resulting in continuing growth of citations as the present study progressed. There were 626 citations by the whole self-citation removal measure and 710 citations by the fractional removal method.

### **Analysis of Authors**

NodeXL was used to develop network variables and then to explore how the network might produce citations. SNA provided the author attributes of degree, clustering, and betweenness. Degree was the count of a given author's coauthors, clustering was a measure of the extent to which an author's coauthors form a clique using the possible relationships, and betweenness was the extent to which an author lies on paths of ties between other networked authors. These variables, as well as the citation variable, approximated power-law distributions, non-normal highly skewed distributions characterized by numerous similar values at one end of the distribution, and infrequent but extreme values at the other end. Clustering had the highest values at the low ends of the degree and betweenness distributions. For an analysis of these variables in relation to status variables, and for network diagrams, an index was created which divided each centrality variable by its largest value, thus standardizing each to values of 0 to 1, then summing the degree and betweenness standardized variables, subtracting the clustering variable, and dividing that result by 3. The resulting index approximated a power-law distribution in which a few very central authors approached a maximum value of 0.50 and a large number of clustered and peripheral authors approached a minimum value of -0.29. Though the raw network centrality variables were also used in some analyses, the index provided a more continuous variable to analyze the relationships between networking and status variables on one hand and citations on the other. The authors, or nodes, were depicted in network diagrams as rectangles labeled with the author's name for more central authors by the indexed measure, and Xs for the less central. Greater size of the rectangle and font represented larger numbers of citations, measured by an average of the two measures. For example, in Figure 1 below, Bledsoe and Hodge were among the more central and cited authors and thus are named with large font size in large rectangles of the diagram.

Measures of authors' setting and professional status were also examined. Most of the authors were at universities. University rankings based on accumulated citations developed by Shanghai Jiao Tong University Institute of Higher Education (2003) were used. A highly ranked group spanned by Harvard to Emory was designated as the top rank here, as opposed to all other settings which were designated as the lower rank. Feldman's (2006) analysis of doctoral programs in social work provided the basis for school rank. His list ranged from 1 to 69 and allowed a dichotomous measure of the top 30 as opposed to all other settings. That dichotomy, based on Feldman's survey-based scale, may have resulted in measurement problems from a combination of respondent unfamiliarity with social work



schools and author location outside of a doctoral school of social work. It should also be noted that both the university and school measures were ecological and perhaps were weak measures of the coauthors' actual situation. Finally, author rank at first publication was used to create a dichotomous variable. Deans, chairs, and professors at or above the associate professor level were considered high rank, and less prestigious positions were considered low rank. Author rank information was either reported in the first network article published or gleaned from curriculum vitae or similar on-line postings for each coauthor. Ten of the 258 networked coauthors could not be so identified and were assumed to be in low-status positions.

In brief, the methods included identification of an article-based social work coauthor network, and the authors of the network were compared by citation production to network centrality, prestige of research setting, and author's academic position.

## **Findings**

The questions described in the introduction were tentatively answered by the present research: Power-law distributions of degree, betweenness and clustering were associated with similarly distributed authors' achievement of citations, and, high university, school or academic rank of an author slightly favored greater network centrality and citations.

### **The Network, Citations, Centrality, and Author Status**

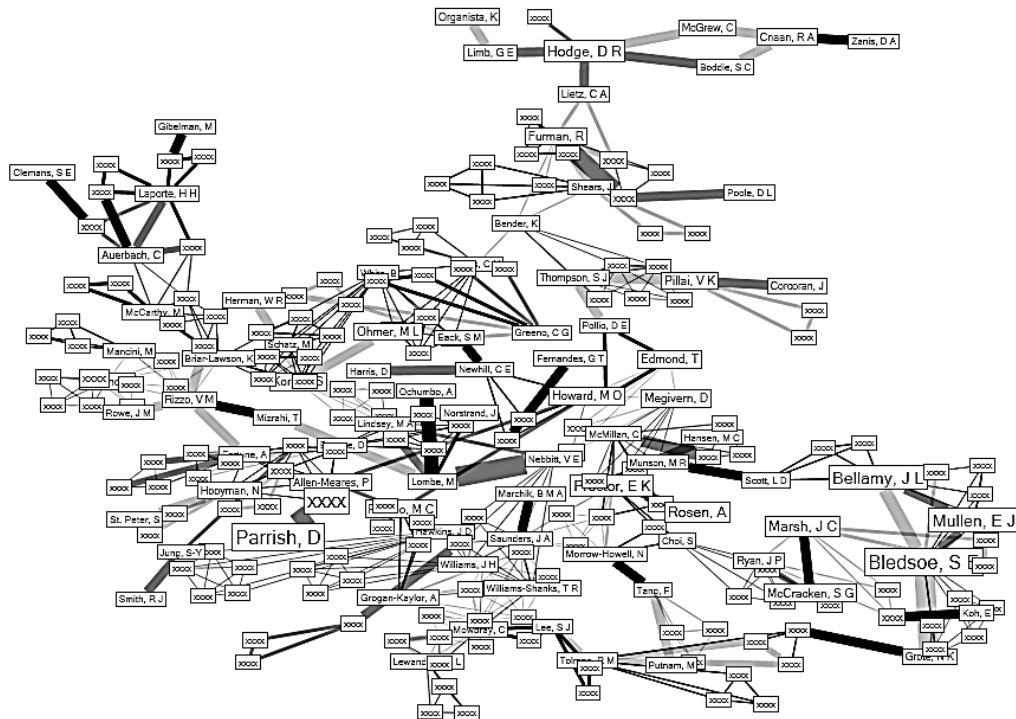
Figure 1 depicts the network constructed of the coauthors studied. The network diameter, or the number of consecutive ties between the most distant authors, was 18, with an average distance between coauthors of more than seven degrees. Figure 1 revealed the full network as a central structure and attached cliques. Clustered cliques were apparent throughout the structure, but large nodes that represent highly cited authors were frequently notable between two or more cliques, indicating comparatively more centrality but less clustering of those authors.

Table 4 presents relationships between the citations of authors and the network variables. The 258 authors were sorted into roughly equal quintiles, from those allocated the most citations to those with the least. As Table 4 shows, authors' median degree and betweenness were skewed similarly to citations, and median clustering was inversely skewed compared to citations. In particular, having had a high degree, or many coauthors, and greater betweenness, or lying on paths between other authors, resulted in greatly enhanced citations. The first quintile had more than four times the citations of the second quintile. Alternatively, authors in a cluster at the periphery approached zero citations. The broad ranges of the variables suggested exceptions to these generalizations. A notable exception is Parrish, who was much cited despite only coauthoring with Rubin (See Figure1).

Table 4. Association of Network Variables with Citations among Authors (n= 258)

# of AUs	Degree Median (Range)	Betweenness Median (Range)	Clustering Median (Range)	Citations/AU Minus Whole Self-Citations	Citations/AU Minus Weighted Self-Citations
52	6.0 (1-16)	634 (0-7,290)	0.3 (0-1)	8.7	9.6
57	4.0 (1-12)	0 (0-7,063)	0.7 (0-1)	2.0	2.2
49	4.0 (1-17)	0 (0-7,383)	0.9 (0-1)	0.8	1.0
52	3.0 (1-12)	0 (0-5,170)	1 (0-1)	0.3	0.4
48	3.0 (1-10)	0 (0-4,895)	1 (0-1)	0.0	0.1

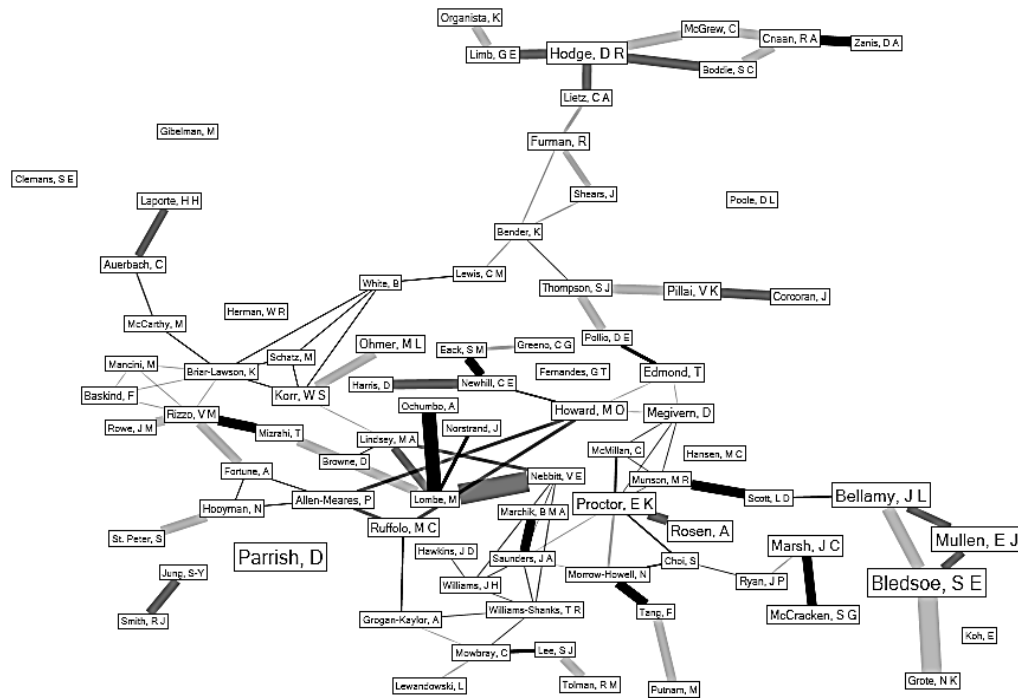
AU=Author



**Figure 1. The complete coauthor network.** Font and node size represent the author’s share of citations. The gray ties were older, and the wider ties were more heavily used. Named authors were most central.

Figures 2 and 3 further show the relationship of network variables and citations. The authors in the top 34% of scores on the networking index are shown with their coauthoring relationships in Figure 2, with the less connected of the coauthors and their ties removed. By either citation measure, the authors in Figure 2 accounted for about 66% of the citations, or almost twice the share that would have been expected from a random distribution. A few

individuals or small cliques were disconnected in Figure 2, either because they were not central or not cliquish, and some specialized groups were connected by one important tie, such as the spirituality-oriented group around Hodge at the top, or the research-oriented group around Bledsoe at the bottom right. However, a large interconnected component at the center of the diagram pulled most of these authors together. Figure 3 depicted the 66% of authors that together accounted for 34% of the citations, about half of the expected amount. Small numbers of citations were indicated by the many small rectangles, and that is clearly associated with the absence of central ties shown by the fragmentation of Figure 3. While there were some networked segments, more obvious were the triads, dyads, and single authors scattered throughout Figure 3. Together, Figures 2 and 3 illustrate that authors who eventually would be most cited often were initially likely to be in the central and large connecting structures of the coauthor network.



**Figure 2. Network Analysis showing the 34% most highly connected and most cited coauthors.** The font and node size represents the author's share of citations. The gray ties were older, and the wider ties were more heavily used.



**Figure 3. Network analysis showing the 66% least connected and least cited coauthors.**  
 The font and node size represent the author’s share of citations. The gray ties were older, and the wider ties were more heavily used.

Table 5 presents the relationship between network centrality, citations, university rank, school rank, and academic rank of authors. As shown, the emergence of networking was more probable under high status conditions. However, the network index was more strongly related to citations which suggested that citations emerged primarily out of network centrality compared to the status measures, though limitations of status measurement raised questions regarding that assertion.

Table 5. *Network Index by Citations, University Rank, School Rank, and Faculty Rank (n= 258)*

<b>n</b>	<b>Network Index</b> <b>Median, Range</b>	<b>Citation/ AU*, Whole</b> <b>Measure</b>	<b>Citation/ AU, Fractional</b> <b>Measure</b>	<b>% in <math>\uparrow^x</math></b> <b>Ranked</b> <b>Univ.</b>	<b>% in <math>\uparrow</math></b> <b>Ranked</b> <b>Schools</b>	<b>% <math>\uparrow</math></b> <b>Ranked</b> <b>Faculty</b>
89	.07 (.02 to .50)	4.6	5.1	33%	65%	46%
87	-.24 (.00 to -.25)	1.6	1.9	32%	55%	38%
82	-.27 (-.27 to -.29)	0.8	0.9	20%	48%	20%

\*AU= Author,  $\uparrow^x$ =Highly

## Discussion

The findings of the present research appear to be consistent with complexity theory when they are interpreted abductively in light of that theory. The network appears to be self-organized by authors. University settings which are known to favor such self-organization are likely to encourage and sanction rules for scholarship. The impact of the network on citations suggests diffused reputations of authors from structural holes, resulting in citation bandwagons. The approximate power-law distributions of the network variables and citations resemble those found in complex systems. However, the research presented here should be regarded as tentative; more research is needed.

There are shortcomings of the present research which should be addressed. The public data used here limited which variables could be considered and may have resulted in poor measurement of variables, especially school and university prestige. Given that, more research is needed with improved measurement of authors' situations. Power-law distributions generate questions regarding statistical analysis, and research should move beyond the tabular approach used here with improved statistical analysis. Further, the present research should be validated in other social work coauthor networks because the network displayed here may be an aberration. Some future research might be done with public data. For example, the content of articles, or the journals in which they were published might be studied for their impact on citations. Other questions might be answered by a survey of authors. Did the authors have pressure to publish or research support that encouraged collaboration? In addition, the connection of coauthor and citation networks to teaching and practice networks is an important area of future research. Because evidence-based practice is being advocated, it has become important to understand how evidence flows to practice. Another very important unanswered question is that of the function of citations.

Hudson (2000, 2005) noted that emergent structures can be dysfunctional as well as functional. Network bandwagon effects (Macy & Willer, 2002), as shown by Greenberg (2009), could be the source of distortions and lead to cascades of false information. The functional interpretation would have been what Bornmann and Daniel's (2008) literature review called normative, where citations were correlated with awards and honors, but they wrote that was questioned by constructionists who suggested a community whose claims might be based on social agreements among authors, not empirical science. Bornmann and Daniel report that constructionists pointed to the relationship of citations to prior connections as found here. In a profession moving toward evidence-based practice, such construction could be dysfunctional if it departs from the evidence. That makes the study of possible distortion of evidence via networks and citations an area that needs attention.

Given the need for more research, the rush to collaborative scholarship might seem premature. However, the rush is on, it appears to have been underway for some time, and it seems to lead to self-organized complex systems that will not wait for direction from network researchers. Meanwhile, it appears that first and single authoring have been valued most in universities (Seipel, 2003), apparently assuming less prominent coauthors play an unimportant role. As a result, some speculation about such evaluation of coauthors' scholarship is in order.

First, scholars are judged when they might be hired, tenured or promoted, and increasingly their scholarship will be coauthored. If collaboration has contributed to high quality scholarship, then the scholar should be valued for finding a way to produce work of high quality. Second, scholarship should be judged fairly in the process of publication. Perhaps blind review processes should limit reviewers' knowledge of the coauthoring with techniques such as limiting the use of singular versus plural pronouns. Additionally, scholarship is sometimes judged when it is cited. If citations are made for reasons other than improving scholarship or are in error, the citer may contribute to poor quality literature. Thus, citers and reviewers should be attentive to the use of citations.

Scholars at the beginning of a publishing career might want to note the choices that networks present. One choice might be to associate themselves with a well-connected scholar to immediately become a part of a recognized and cited network. However, if such scholars find themselves at the periphery of a network, the choice may be to either unite their cluster by coauthoring with another cluster on a mutually interesting and creative topic or to work in one of the many valued academic positions at the periphery or even outside of coauthor networks.

There may be reasons for coauthoring beyond the accumulation of citations. Uncited coauthors located in practice settings or in less prestigious colleges or universities may help to communicate scholarship to the teaching-oriented community and the practice community. In any case, scholars should be cautious about the pursuit of citations. Martin et al. (2013) found that publication success was more unequal than wealth, or in other words, highly unequal. As a result, a scholar's achievement of highly cited publications is unlikely. Because most authors will have few if any citations, other measures will be necessary for evaluating scholarship in some settings. If the coauthor community is of value for the social work profession, coauthoring itself might be valued as Takeda, Truex, and Cuellar (2010) suggest.

Should social work scholars use coauthoring? Social work values seem to favor such collaboration. However, the inequality of network centrality and citations may not rest as well with social work values. If coauthoring can improve our scholarship, these conflicts will be worth our engagement and our careful consideration of their costs and benefits. In any case, the growth of coauthoring gives us no choice but to confront the issues it brings.

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**Author note**

Address correspondence: Ralph Woehle, MS, MSW, PhD, Professor Emeritus,  
University of North Dakota, 18619 Park Lane, Glenwood, MN 56334.  
Email: [ralphwoehle@charter.net](mailto:ralphwoehle@charter.net)