

**EDITORIAL:**  
**Journal News, Issue Preview, and Acknowledgments**

**William H. Barton**

Welcome to the Fall 2009 (Volume 10, No. 2) issue of *Advances in Social Work*. If you are reading this during the holiday season, I hope this finds you well and enjoying a brief respite from your busy professional lives. Before previewing the contents of this issue, I'd like to bring a few things to your attention.

First, *Advances* will be publishing a special issue on "Social Work and Service Learning in the Age of Competency-based Education." The issue will be co-edited by Virginia Majewski and Lisa McGuire. Participants at the conference "Assessing Professional Competencies through Service Learning," to be held in Indianapolis from June 16 to 18, 2010, are invited to submit papers for inclusion in this peer-reviewed issue, although others not attending the conference are also encouraged to submit papers as well. Papers may be either theoretical or research-focused. The submission deadline is September 1, 2010, with anticipated publication as the Spring 2011 issue. To view the complete call for papers, see the announcement on the journal's home page.

Second, *Advances* is getting increased exposure, both nationally and globally. We have had requests for permission to publish the Special Issue on "The Futures of Social Work" (Vol. 6, No. 1) as a book in Poland. We are now indexed in China via SOCOLAR. We are also seeing an increase in submissions from authors and registrations as reviewers from scholars outside of the United States. We welcome this development, and encourage more attention to international issues relevant for social work around the globe. We may well develop a Special Issue with an international focus at some point in the near future. Feel free to let us know of your interest in this arena.

Third, the editorial board has approved the adoption of a more formal review format, adapted with permission from one developed by another online journal, *The Journal of the Scholarship of Teaching and Learning* (<http://www.iupui.edu/%7Ejosotl/>). Reviewers will now be directed to download a rubric and an evaluation form to be completed and uploaded. We hope this will enhance the review process further.

Now, on to the contents of this issue. We begin with "A Social Work Model of Empathy," in which Karen E. Gerdes and Elizabeth A. Segal drawing from both social science and neuroscience sources, arrive at a model of empathy that seems particularly suited for social work. It is a model that invites further development and testing. Next comes "The Effect of Statutory Regulations on Social Workers' Decisions to Report Child Maltreatment," a report of a study by Vicki Ashton on social workers' perceptions of state law regarding the reporting of child maltreatment and the relationship of those perceptions with the likelihood that workers would report such incidents. The results indicate that workers do not share a common understanding of the law, and that their perceptions of the law are related to their likelihood of reporting maltreatment. The third article represents an international perspective, as Christopher Chitereka discusses "Social

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William H. Barton, Ph.D., is a professor in the Indiana University School of Social Work on the Indiana University-Purdue University Indianapolis campus.

Work Practice in a Developing Continent: The Case of Africa.” Chitereka traces the colonial origins of social work in Africa, and highlights the tension between the remedial and social development approaches of the profession.

The remaining four articles focus on educational settings. First, in “Modern Social Support Structures: Online Social Networks and their Implications for Social Workers,” Kala Chakradhar, Victor Raj and Arabella Raj present the results of a study on college students’ use of Online Social Networks (OSN), such as Facebook. Their study examined the profiles of OSN users, the reasons for their use, and their experiences with OSNs. Continuing the discussion of technology and education is the next article, “Virtual Worlds and Social Work Education: Potentials for ‘Second Life’.” Here Robert Vernon, Lisa Lewis and Darlene Lynch report upon their use of “Second Life,” a virtual world, in classroom and online education. They present the ways in which Second Life can be used to address selected competencies specified by the Council on Social Work Education’s Educational Policy and Accreditation Standards, and conclude with a discussion of the potential and challenges posed by excursions into virtual worlds. Mark Thomas Lynch, Lening Zhang and Wynne S. Corr examine the relationship between social work research education and subsequent research activity in their article, “Research Training, Institutional Support, and Self-Efficacy: Their Impact on Research Activity of Social Workers.” Reporting on data collected from a random sample of social workers, they test a model in which Research Training and Institutional Support for Research within agencies each affect the Research Activity of practitioners directly and indirectly through their effects on the practitioners’ research self-efficacy. Their results provide partial support for their model. In the concluding article, “Toward Building a Culture of Strengths in U.S. MSW Programs,” Linda Plitt Donaldson, Barbara P. Early and Min-Ling Wang present the results of an exploratory study in which they surveyed MSW programs regarding how and to what extent the strengths-based paradigm is integrated into their practice curricula. Their findings suggest that most programs are aware of and include strengths-based content, but that few seem to be moving beyond curriculum content to a more comprehensive culture of strengths.

I would like to take this opportunity to acknowledge the valuable contributions made by the many scholars who have completed one or more peer reviews of manuscripts since I began my term as editor with the Fall 2008 issue. The following have provided detailed, constructive reviews in a timely manner, and authors have frequently expressed their appreciation for the reviewers’ guidance (apologies if our system has omitted anyone who has reviewed for us lately):

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<i>Robert Vernon</i>	<i>David Westhuis</i>	<i>Scott Wilks</i>
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If you happen to be reading this and have not yet registered with the journal, it's free and easy to do. Benefits include email notification whenever a new issue is published, the opportunity to serve as a peer reviewer for manuscripts received by the journal, and easy access to manuscript submission. If you do register, please consider also enrolling as a reviewer. To do so, when you are filling out the requested profile information, just check the box next to "Reviewer" near the bottom of the page and then indicate the topics you are interested in reviewing in the textbox provided. It is my intent not to overburden individual reviewers, and the more reviewers we have, the easier that is to do.

Finally, please consider submitting your work to *Advances in Social Work*. We do offer an exceptionally quick turnaround – authors can usually expect to receive the peer reviews and initial editorial decision within two to three months of submission. The online format means that we are not constrained by an issue's page length, and so backlogs of accepted manuscripts rarely occur. To submit a manuscript, you must first register with the journal and select "Author" as one of your roles in your profile. Then, when you wish to submit a manuscript, log in, select "Author" and follow the detailed instructions.

Thanks are due to the Editorial Board for their conscientious oversight of the journal, to the Indiana University School of Social Work and its Dean, Michael Patchner, for supporting the work of the Editor, to the University Library at IUPUI for providing the open access online platform, to Kristi Palmer for invaluable technical assistance with the journal's website, and to Julia Carter for administrative support.

May the year 2010 bestow opportunities and support upon our profession, the world, and each of its inhabitants.

William H. Barton, Ph. D., Professor  
 Editor, *Advances in Social Work*  
 Indiana University School of Social Work  
 902 West New York Street  
 Indianapolis, IN 46201  
 (317) 274-6711  
[wbarton@iupui.edu](mailto:wbarton@iupui.edu)

## **A Social Work Model of Empathy**

**Karen E. Gerdes  
Elizabeth A. Segal**

**Abstract:** *This article presents a social work model of empathy that reflects the latest interdisciplinary research findings on empathy. The model reflects the social work commitment to social justice. The three model components are: 1) the affective response to another's emotions and actions; 2) the cognitive processing of one's affective response and the other person's perspective; and 3) the conscious decision-making to take empathic action. Mirrored affective responses are involuntary, while cognitive processing and conscious decision-making are voluntary. The affective component requires healthy, neural pathways to function appropriately and accurately. The cognitive aspects of perspective-taking, self-awareness, and emotion regulation can be practiced and cultivated, particularly through the use of mindfulness techniques. Empathic action requires that we move beyond affective responses and cognitive processing toward utilizing social work values and knowledge to inform our actions. By introducing the proposed model of empathy, we hope it will serve as a catalyst for discussion and future research and development of the model.*

**Key Words:** *Empathy, social empathy, social cognitive neuroscience*

### **INTRODUCTION**

Ask a social worker if empathy is important to practice, and the response is likely to be “yes.” Ask for a social work definition or social work conceptual model of empathy, and the response is likely to be “is there one?” Other disciplines have attempted to define empathy and construct models to explain what it is. Today, even politicians are weighing in on the importance of empathy. President Obama used “empathy” as one of his criteria for selecting a nominee to the Supreme Court (Hook & Parsons, 2009). An examination of the emerging interdisciplinary research and literature on empathy, together with the strength of empathy as a tool for our professional work, make it imperative that social work embrace a model of empathy that not only fits but enhances our discipline. While other disciplines have their unique perspectives, their conceptualizations of empathy are not always a perfect fit for social work. In this article, we propose a social work model of empathy that reflects the latest interdisciplinary findings, particularly those of social cognitive neuroscience, and places them within the context of social work values and perspectives.

#### **Empathy is Critical to Social Work Practice – However it is Defined**

The list of studies in social work mentioning the importance of empathy is significant. Recent studies on the importance of practitioner-to-client empathy would fill several volumes. [Examples include Berg, Raminani, Greer, Harwood & Safren (2008);

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Karen E. Gerdes, Ph.D., is an associate professor and Elizabeth A. Segal, Ph.D., is a professor, both in the School of Social Work at Arizona State University.

Forrester, Kershaw, Moss & Hughes (2007); Green & Christensen (2006); Mishara et al. (2007); and Sale, Bellamy, Springer & Wang (2008)]. While empathy is essential to an effective client-worker relationship, it is also crucial that we help populations such as at-risk parents, partners, and sex offenders to develop and cultivate empathy (Curtner-Smith et al., 2006, Busby & Gardner, 2008; Hunter, Figueredo, Becker & Malamuth, 2007; Waldinger, Schultz, Hauser, Allen & Crowell 2004). Parental empathy has been cited as crucial for raising healthy children (Curtner-Smith et al., 2006). Partner empathy is a key element in satisfying relationships (Busby & Gardner, 2008; Waldinger et al., 2004). Empathy is one of the core elements of healthy relationships at every level, and is therefore a pivotal theme in social work theory and practice.

Interestingly though, empathy is never mentioned in the NASW Code of Ethics nor does it have an entry in the *Encyclopedia of Social Work*. Empathy is listed once in the CSWE Educational Policy and Accreditation Standards [Section 2.1.10(a)] (Council on Social Work Education, 2008) as one of several general components of practice. The *Social Work Dictionary* (Barker, 2003) does provide an entry and defines empathy broadly as “The act of perceiving, understanding, experiencing, and responding to the emotional state and ideas of another person” (p. 141). The ubiquitous nature of empathy in social work practice and the lack of a concrete conceptualization of empathy, rather than a lack of regard for the importance of empathy may explain its limited presence in important social work documents.

The very familiarity of the word “empathy” renders it somewhat vague. Common usage often creates false assumptions and misunderstandings, and this process is definitely at work in current social work literature on empathy. Morgan and Morgan (2005) noted that most social work researchers and educators seem to assume simply telling practitioners “Empathy is very important” is enough to convey a precise message and make the listeners proficient in practice - an assumption which, however well-intentioned, is incorrect. Pithers (1999) noted that “operational definitions [of empathy] are not consistent across studies” (p. 258) and there has been considerable confusion over whether empathy is a multidimensional or unidimensional construct. As a result of this semantic fuzziness, conceptualizations and measurement techniques for empathy vary so much that it has been difficult to engage in meaningful comparisons or make significant conclusions about how we define empathy, measure it, and effectively cultivate it in social workers and clients (Cliffordson, 2001). Lest we are overly critical of social work, these problems of definition, measurement and conceptualizations are shared across disciplines, and likely have contributed to social work’s lack of depth in both how we define and how we teach empathy.

There is a general agreement across disciplines that empathy is the ability to imagine what another person is feeling and thinking. In this context, empathy has been presented as a dispositional trait, a cognitive skill, a physiological reaction or some combination of these components. Is it an innate trait? A cognitive skill? Is it a feeling, a thought, or an action? Can it be taught? Can it be learned? If we have it, can we develop more? To develop, cultivate, and use empathy effectively in practice, it would be beneficial to have a model that answers these questions, and we propose such a model.

## WHAT DO WE KNOW (ALMOST) FOR SURE ABOUT EMPATHY?

### Empathy and Developmental Psychology

German and American psychologists, Theodor Lipps (1903) and Edward Titchener (1909) first used the word “*emfühlung*” or “*empathy*” to describe a psychological phenomenon or the inner imitation an observer experiences when observing another person or object (Davis, 1996; Iacoboni, 2008). Empathy was conceived as both a passive reflection of another, and as an active effort to get inside another. The dual nature of empathy, while not initially embraced by every researcher across disciplines, is now widely acknowledged. Hoffman (1984) and other developmental psychologists placed empathy and its dual nature in the context of the continuum of human development.

Developmental psychologists recognized that as infants we rely on mimicry to develop our ability to automatically recognize what our parents and others are feeling. As we age, we develop the ability to take on other roles and imagine the feelings of others (i.e., the cognitive processing part of empathy). More recently, Hoffman (2000) put forth five modes of empathic arousal. The first three are automatic, involuntary and hence primitive: mimicry, conditioning, and direct association. The other two, which are culturally influenced and involve cognition, are mediated association and role-taking. Hoffman’s focus was on “*empathic distress*” because he regarded the discomfort of seeing someone in distress as what motivates people to prosocial moral action.

Alleviation of distress was part of the motivation behind psychological research on empathy during the early 1990s. Batson (1991) viewed empathy as a means to altruistic behavior. He and his co-researchers argued that empathy is related to other personal motives, such as reducing the pain of watching and feeling others suffer or for the sense of rewards in helping others (Batson et al., 1991). His link to altruism is persuasive, but not conclusive. The research used stories of personal distress, and asked participants whether they would help. Such experiments were all hypothetical and did not measure mirroring or physiological affective responses. Thus, “*empathy*” may lead to altruistic outcomes, but it also may not. People may “*do good deeds*” for all sorts of reasons, including personal reward or satisfaction, sympathy, guilt, or due to other egoistic motivations. The contributions of Batson’s research to analyzing the link between empathy and positive social outcomes is an important part of our understanding of empathy. But the confirmation of the physiological imperative of empathy had yet to be discovered.

Davis (1996) developed a model that includes most of the empathy constructs that have been developed prior to the recent neurobiological discoveries related to empathy. His model starts with what he calls antecedents, goes through multiple processes, and results in outcomes. The antecedents include biological capacities as well as learned socializations. The processes include the action of motor mimicry as well as active cognitive processing. The outcomes are divided into two categories, intrapersonal and interpersonal, including affective response (physiologically feeling something), and cognitive processing of attribution (figuring out how the other person feels and why based on the observed behaviors). His model, while comprehensive and inclusive of all

major concepts, is very complicated and mixes the physiological and cognitive aspects of empathy throughout the model. He does include the outcomes of empathic feelings, but limited to the individual level.

### **Empathy and Mirror Neurons**

In recent years, a great deal of research in the field of social cognitive neuroscience has emerged identifying the biophysical components that mediate empathy in the brain (Decety & Jackson, 2004; Decety & Lamm, 2006; Decety & Moriguchi, 2007). This new neuroscience uses sophisticated brain imaging equipment to confirm what many have suspected for years: that when we see another person's actions (for example pain, laughing or crying), our bodies respond as if we feel a degree of that action too. This phenomenon is called mirroring, and the circuitry of the brain responsible for this are called mirror neurons (Iacoboni, 2008). These cells that transmit nerve impulses are defined as "neurons that fire when an action is performed or when the same action is observed" (Kaplan & Iacoboni, 2006, p. 175). This may seem simple, but the confirmation is significant.

We now know through the work of neuroscientists that the human brain is wired to mimic other people, and this mimicry involves actual involuntary, physiological experience in the observer. Human beings tend to imitate actions that they see. Physiologically, our brains include mirror neurons, which react to actions that are seen as if we are doing the action ourselves. It is largely an unconscious and automatic experience. When we hear people speak, observe their vocal nuances, watch their posture, gestures, and facial expressions, etc., neural networks in our brains are stimulated by the "shared representations," generating feelings within us that reflect the experience of those we are observing. "Our drive to imitate seems to be powerfully present at birth and never declines" (Iacoboni, 2008, p. 47). Imitation helps us to learn to interact with our surroundings and socialize. It may be a key component for learning to speak. Research suggests that the more imitation a toddler engages in, the better the child's later facility at speaking and language acquisition (Nadel, 2002; Eckerman & Didow, 1996). The lack of physiological mirroring seems to relate to a lack of empathy. Neurologists have discovered some evidence that affective sharing is physically diminished in people with autism (Dapretto et al., 2006; Decety & Moriguchi, 2007). Earlier research found that brain injury diminished empathy (Eslinger, 1998). These findings suggest that genetics or biological composition may play a role in human capacity to experience affective sharing. Iacoboni (2008) explains the entire neurological process as follows:

Mirror neuron areas help us understand the emotions of other people by some form of inner imitation. According to this mirror neuron hypothesis of empathy, our mirror neurons fire when we see others expressing their emotions, as if we were making those facial expressions ourselves. By means of this firing, the neurons also send signals to emotional brain centers in the limbic system to make us feel what other people feel (p. 119).

While the response is automatic and hence involuntary, there is a conditioning element as well. From a young age children are often reinforced for their imitative behavior, particularly if those behaviors are socially desirable. For example, adults often smile at babies and try to get them to smile back. As the infant is hard-wired to imitate, it does smile back, delighting the adult, which gives the infant positive reinforcement for the mirroring.

### **A SOCIAL COGNITIVE NEUROSCIENCE CONCEPTUALIZATION OF EMPATHY**

Decety and colleagues (Decety & Jackson, 2004; Decety & Lamm, 2006; Decety & Moriguchi, 2007) combined cumulative, qualitative descriptions of empathy from the social sciences with the new findings in social cognitive neuroscience, which led to a conceptualization of empathy as the dynamic interaction of four “neural networks.” All four networks are empirically observable brain phenomena, and all four components must come into play for a human to experience the full extent of empathy. If any of the components is missing or inhibited, the subjective experience of empathy fails to emerge. The components identified by Decety and colleagues are listed below (Decety & Moriguchi, 2007, p. 4).

1. **Affective sharing.** The experience of similar emotions between the self and an other, “based on automatic perception-action coupling and shared representations.” (See the previous discussion on mirror neurons).
2. **Self awareness.** “Even when there is some temporary identification between the observer and its target, there is no confusion between self and other.”
3. **Mental flexibility.** The cognitive capacity to imagine another’s situation “from the inside,” “to adopt the subjective perspective of the other.”
4. **Emotion regulation.** “The regulatory processes that modulate the subjective feelings associated with emotion.”

#### **Self-Awareness**

Self-awareness refers to recognizing and understanding one’s own emotions, strengths, limitations, and motives (Goleman, Boyatzis & McKee, 2002). London (2002) describes it as “self-insight” or the ability to be self-understanding, self-monitoring, and self-evaluating. Both these authors agree that healthy, high-functioning individuals are consistently aware of their own emotional condition, but are also conscious of how they impact others. In other words, high-functioning social beings are aware of both their private and public selves: what they perceive, and how they are perceived by others.

#### **Mental Flexibility/Perspective-taking**

Mental flexibility, also called perspective-taking, is mediated in a part of the brain that deals with executive function—a task-based way of getting things done. It is the ability to toggle between what you are feeling and what the other person is feeling, while maintaining the self-awareness to know there is a boundary between the two. Simply put,



the brain treats mental flexibility as a job, not a feeling. It requires a logistical, rational understanding of other people's experience. For example, a parent may have to logically take the perspective of an infant to imagine what it would be like to be weak, small, helpless, preverbal, and so on. At the same time, the parent must be aware of his or her own perspective as the strong adult who can care for this weak, helpless infant. Mental flexibility is the understanding that the other person is like me, but is not me. Role taking is another component often considered part of empathy. While others have described it in terms of child development, Davis (1996) includes it in his discussion of empathy, citing it as a "cognitive process in which the individual suppresses his or her usual egocentric outlook and imagines how the world appears to others" (p. 6).

### **Emotion Regulation**

Emotion regulation refers to an internal ability to change or control one's own emotional experience. Sometimes, feeling what others are feeling can be overwhelming, and one can lose sight of whose feelings are whose. We might see this as over-identification with another person, or from a clinical perspective see it as lack of boundaries. Most people use a variety of cognitive and affective strategies to achieve emotion regulation; soothing self-talk, motivational visualizations, seeking affirmation from others, listening to music, and so on. Psychotherapists and, of course, social workers are often responsible for teaching clients emotion regulation techniques (Linehan, 1993). One way that we may regulate our emotions is through judgment. To what extent we believe people "deserve" to feel the way they do can impact our empathy towards them (Davis, 1996). In fact, we may have a bias towards those we deem worthy of our concern. There is a tremendous amount of literature on group or kin selection, which is far beyond the scope of this article (see Hamilton, 1964; Hoffman, 1981). However, the tendency to favor survival and reproduction of those who share our genetic make-up in order to ensure the continuation of our species can affect our processing of empathic feelings. If we are taught that we are different from another tribe, or race, for example, then we can pass judgment that cognitively overrides empathic affective responses we may have. Such cognitive processing may be the reason people have been able to witness atrocities against other human beings and stifle, ignore or process away sharing of feelings. If the slave being whipped before your eyes is regarded as different from you or inhuman, then feelings of empathy can be cognitively dismissed. We conclude that the voluntary aspects of cognitive processing are part of our socialization and therefore can be taught.

While part of this interdisciplinary model is known territory for social work researchers, the neurological evidence supporting the model has powerful new implications. In recent years, neuroimaging studies have allowed scientists to locate the neural networks in specific parts of the brain that mediate each of the four components of empathy. Detailing all of the brain studies is beyond the scope of this article, but the work of Decety and colleagues (Decety & Jackson, 2004; Decety & Lamm, 2006; Decety and Moriguchi, 2007) provides evidence of this link.

These four components go far in linking earlier psychological research with recent neuroscience findings to conceptualize empathy. However, what is missing is a broader environmental component and the place of social justice. We propose building on this

model and adding aspects that take into consideration environmental contexts and social justice.

### A SOCIAL WORK MODEL OF EMPATHY

Based on the aforementioned theorists and numerous studies on empathy as an intellectual foundation, coupled with years of social work experience, we have developed a model that incorporates the findings of other disciplines, particularly social cognitive neuroscience, but is uniquely placed within social work. This model reflects the person-in-environment approach of social work and the commitment to social justice, which is a core value of the profession (NASW, 2008). The model we propose consists of three components, all of which build upon the prior part: 1) the *affective response* to another's emotions and actions; 2) the *cognitive processing* of one's affective response as well as the other person's perspective; and 3) the *conscious decision-making* to take empathic action. Table 1 outlines the model.

**Table 1: Social Work Model of Empathy**

Component	Definition	Key Aspects	Ways to Develop
<b>Affective Response</b>	Involuntary, physiological reaction to another's emotions and actions.	Mirroring <sup>1,2,3,4</sup> Mimicry <sup>5</sup> Conditioning <sup>6</sup>	Promote healthy neurological pathways
<b>Cognitive Processing</b>	Voluntary mental thought processes used to interpret one's affective response; enables one to take the other person's perspective.	Self-awareness <sup>6</sup> Mental flexibility <sup>7</sup> Role taking <sup>6</sup> Emotion regulation <sup>7,8</sup> Labelling <sup>6</sup> Judgment <sup>6</sup> Perspective taking <sup>7,8</sup> Self-agency <sup>8</sup>	Set boundaries Practice mindfulness Use role plays
<b>Conscious Decision-making</b>	Voluntary choices for action made in response to cognitive processing.	Empathic action <sup>9</sup> Social empathy <sup>10,11,12,13</sup> Morality <sup>5</sup> Altruism <sup>14,15,16</sup>	Helping Advocacy Organizing Social Action

<sup>1</sup> Iacoboni (2008)  
<sup>2</sup> Kaplan & Iacoboni (2006)  
<sup>3</sup> Gallese & Goldman (1998)  
<sup>4</sup> Rizzolatti & Craighero (2004)  
<sup>5</sup> Hoffman (2000)  
<sup>6</sup> Davis (1996)  
<sup>7</sup> Decety & Moriguchi (2007)  
<sup>8</sup> Decety & Jackson (2006)  
<sup>9</sup> Gerdes & Segal (In press)  
<sup>10</sup> Segal (2008)  
<sup>11</sup> Segal (2007a)  
<sup>12</sup> Segal (2007b)  
<sup>13</sup> Segal (2006)  
<sup>14</sup> Batson (1991)  
<sup>15</sup> Batson et al. (1991)  
<sup>16</sup> Batson et al. (2003)

The first component, affective response, encompasses the involuntary physical reactions we have that are triggered by our exposure to external events. The second component of empathy is the cognitive processing of mirrored emotions and actions. This

process is voluntary mental thought that strives to interpret the physiological sensations as well as the thoughts that mirroring triggers. It includes the components of self-awareness, mental flexibility and emotion regulation. This process results in an understanding of the lived experiences of others. The third component, conscious decision-making is the piece that draws from social work, the need to take action. The imperative of social justice, which is clearly outlined as a value of social work (see the NASW Code of Ethics and the CSWE Educational Policy and Accreditation Standards, 2008) (Council on Social Work Education, 2008; National Association of Social Workers, 1999), requires that social workers engage in practices that advance social justice. To empathically understand people means to enter into their situations in ways that reveal inequalities and disparities. Such awareness must be followed by action to promote fairness, which is the advancement of social justice.

Our proposed model requires that all three components of empathy be present in order to experience empathy that is rooted in social justice as well as social cognitive neuroscience. It is currently not possible to weigh each component. However, the extent of mirroring, processing, and action-taking may vary in different circumstances. What neuroscience has proven through the use of brain imaging (fMRI) is that affective response must be followed by cognitive processing to experience empathy (Decety & Moriguchi, 2007).

### **Is Empathic Action a Necessary Component of Empathy?**

The first two components, affective response and cognitive processing, are widely accepted as the necessary components of empathy and typically discussions of empathy end after describing these components. As Decety & Moriguchi (2007) identify in their list of components, empathy exists when there is affective sharing, self-awareness, mental flexibility and emotion regulation. In their model, taking action based on the affective response and cognitive processing is not required for one to experience the full extent of empathy. Davis' (1996) model is multi-dimensional and includes outcomes, but is limited to the individual. The author himself notes this as a limitation (p. 220). For Hoffman (2000) empathy "might transform the task of choosing among abstract principles into an empathy-relevant task that leads one to imagine the consequences of different systems for society's least advantaged people or for people who work hard (p. 230)." He hopes that empathy can be linked to caring and justice principles (p. 298). Iacoboni (2008) accepts that although we have neuroscientific evidence of empathy, it does not guarantee action. He hopes that "a more explicit level of understanding of our empathetic nature will at some point be a factor in the deliberate, reflective discourse that shapes society" (p. 271).

We argue that empathy is not simply a condition, a nature, or a domain, rather it is an induction process that culminates in empathic action. Empathic action is the result of the third component of the model, conscious decision-making. In our view, and more specifically from a social work perspective, having empathic feelings and participating in perspective-taking is not the full extent of empathy. Having empathy includes voluntarily taking action in response to the cognitive processing that is in response to the initial affective response. This is where social work's value of social justice and full integration of person-in-the-environment comes into play. As social workers, to be empathic is to

experience the affect, process it, and then take appropriate, effective, empathy-driven action. The empathic actions we take can impact individuals, groups, communities and even society. Segal (2007a; 2007b; 2008) describes *social empathy*, which is the action of using our empathic experiences and understanding to shape public policy. This is a form of empathic action. Without action in response to the empathic induction process, we believe a person is not truly empathic. A social work model of empathy includes action. Being empathic means understanding the situation of others and taking action in response to the interpretation of the situation. Two examples illustrate the point.

### **The Empathy Model in Action**

New social workers often find themselves overwhelmed the first time they visit a family in a socially and economically isolated neighborhood. The deprivation and desperation is often visible everywhere. For example: A family preservation worker visits a single mother living in a poor, rural area. The mother has been referred by her children's teacher who is afraid the children are being neglected. The mother appears depressed; she has no food to put on the table for dinner. If the worker does not have an advanced degree of self-awareness, and has not been trained to cognitively process his or her affective responses in this situation, it is easy to be overcome with feelings of pity and sympathy. There is an overwhelming urge to jump in and try to solve an immediate problem – for instance, to give the mother money to buy food for dinner or to go to the store and buy food for the family. An empathic action or response is to help the mother assess her situation, identify resources she can rely on in an emergency (e.g., family, neighbors, local food bank) and then help her to plan ways to avoid being in this situation again. Consideration of the larger environment as part of the worker's cognitive processing may also require action on a macro level, such as helping to create employment opportunities. Pity and sympathy often inspire actions that are enabling or disempowering, whereas empathic action is driven by knowledge of the person-in-environment framework and the strengths perspective and result in empowerment.

There are several examples of social policies that have been, at least in part, the result of empathic action. For example, when Robert Kennedy visited Jackson, Mississippi in 1967, he introduced the country to a level of hunger and malnutrition that few were even aware existed in the United States. Kennedy's description of his visits with families were not only inspiring, they were filled with empathy. As a result, he was able to push Congress to open the Food Stamps Program and provide stamps for the needy (Mills, 2006). When decision-makers like Kennedy are able to toggle back and forth between what it would be like to live in a poor Mississippi community, and their own life experience, they are more readily able to identify social and economic inequities. On the other hand, staying away from personal visits and labeling people living in poverty as "undeserving" or "lazy" allows decision-makers to separate themselves from the people in need and thereby avoid issues of social justice. Empathy requires moving beyond feeling sympathy or pity and being overwhelmed by the seeming hopelessness of the situation. It is imperative that social workers be taught and trained to practice self-awareness, mental flexibility, emotion regulation, and perspective taking. Mental flexibility encourages us to ask what is fair and right; self-other awareness and emotion

regulation can help prevent compassion fatigue and burnout. An empathic perspective is more likely to result in actions that utilize strengths, empower clients, and promote social and economic justice.

### **Is Empathy All or Nothing?**

Our model includes both unconscious or automatic affective responses and cognitive processing as well as consciously choosing to take empathy-driven action. However, the extent to which we can experience all three components, or the full extent of empathy, when confronted by any given situation varies greatly. This suggests that there is a dynamic nature to empathy. Some aspects are experienced more than others, and in varying degrees by different people. This is due in part to varying skill levels required for effective cognitive processing as well as variation in the strength of healthy neural pathways.

The experience of empathy is not perfectly linear, although the model is described in a progressive, linear fashion. However, if we try to define empathy without including all three components, then we dilute the meaning and power of the concept. Empathy from a holistic social work perspective needs to include all three components. Empathy is not only a condition, it is an action motivated by affect and cognition.

One important caveat is in order. The involuntary act of mirroring is not discerning. Human beings are hard-wired to mimic, thus they can be as likely to mirror positive actions as well as negative actions. Iacoboni (2008) warns us that empathy in action is not always positive. He hypothesizes that we have atrocities because we have imitative violence, we can dissociate our mental processes from our reflexive behavior, and that cross-cultural opportunities for mirroring can be countered by the influence of massive religious and political belief systems that keep us apart and deny the neurobiology that links us together. So part of the social work challenge of our model is to not only link action to affect and cognition, but to nurture action that is positive, that promotes well-being, that is socially just. By building a framework of empathy on the principles of social justice, we can promote imitation of socially constructive behaviors and cognitive processing that stress our similarities rather than beliefs that are created to divide us.

## **CONCLUSION**

Our mirrored affective responses are involuntary; cognitive processing and conscious decision-making are voluntary. The affective component requires healthy, lesion-free neural pathways to function appropriately and accurately. Empathy deficits have been linked to damaged and/or underdeveloped neural circuitry (Dapretto et al., 2005; Decety & Moriguchi, 2007). However, we can help people create new neural pathways to improve their ability to effectively mirror another person's actions and emotions. The cognitive aspects of perspective-taking, self-awareness, and emotion regulation can be practiced and cultivated, particularly through the use of mindfulness techniques.

Empathic action requires that we move beyond affective responses and cognitive processing toward utilizing social work values and knowledge to inform our action choices. All three components of the model can be taught, practiced, and cultivated. By

introducing the proposed model of empathy, we hope social work researchers will engage in a critical discussion of the model and begin research that can help validate the model. For example, what are the benchmarks for social workers in terms of empathy levels required to be an effective practitioner? We are currently field testing a scale that incorporates the three components of empathy. It is our hope that in the near future, by utilizing this model social work practitioners can better cultivate client-worker empathy, and teach clients how to develop greater empathy. Finally, we believe that the importance the social work profession has placed on empathy must be matched with a conceptualization of empathy that is sophisticated and rich with implications for becoming more effective practitioners.

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**Author's note:**

Address correspondence to: Karen E. Gerdes, Ph.D., School of Social Work, Arizona State University, 411 North Central Ave, Suite 800, Phoenix, AZ 85004-0689. Email: [kegerdes@asu.edu](mailto:kegerdes@asu.edu).

# The Effect of Statutory Regulations on Social Workers' Decisions to Report Child Maltreatment

Vicki Ashton

**Abstract.** *This study examined social workers' perceptions of the New York State law requiring the reporting of child maltreatment and the relationship of those perceptions with the likelihood that workers would report incidents of maltreatment to child protective services. Data were collected by a mailed questionnaire from a sample of 710 social workers belonging to the New York City chapter of NASW. Findings show that social workers differ in their understanding of the law and that the worker's understanding is related to reporting behavior. The worker's understanding of the law had a small but significant effect on the likelihood of reporting, accounting for 6% of the variance. The binomial effect size of the relationship ( $r = .24$ ) is such that a worker's understanding of the law is sufficient to increase the likelihood of reporting a case of maltreatment from 38% to 62%. Implications for practice are discussed.*

**Keywords:** *Law and reporting, mandated reporters and social work, maltreatment and reporting*

## INTRODUCTION

The United States' child protection system is based on Federal and State statutes. Federal law requires States to have reporting laws. State laws require designated individuals to identify and report suspected child abuse and neglect to a local office or central registry of child protective services. The mandated reporting system has been in effect for more than thirty years, yet despite its long-term existence there is empirical evidence that many incidents of child maltreatment are not reported to child protective services (Delaronde, King, Bendel & Reece, 2000; Hansen et al., 1997; Kalichman, 1999; Kalichman, Craig & Follingstad, 1990; Sedlak & Schultz, 1997; Zellman & Bell, 1990). Previous research has provided many reasons for not reporting including concern that reporting does more harm than good (Hansen et al., 1997; Melton, 2005; Zellman & Bell, 1990) and that reporting would damage the worker/client relationship (Alvarez, Kenny, Donohue & Carpin, 2004; Hansen et al., 1997; Kalichman, 1999). However, failure to report a suspicion of maltreatment is also a legal issue and the question arises as to whether mandated reporters know their State's law. This study examines the understanding that professional social workers have of the New York State reporting law and the relationship of that understanding to differences in reporting child maltreatment.

### Background

The Federal Child Abuse Prevention and Treatment Act, enacted in 1974, provided money for child protection, established definitions for child abuse and neglect, and established requirements for the reporting of child abuse and neglect at the State level

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Vicki Ashton, D.S.W., is a professor of Social Work at York College of The City University of New York, Department of Social Sciences. This research was supported by National Institutes of Health grant #41385. The author wishes to thank Beth S. Rosenthal and W. Cody Wilson for reading earlier drafts of this work and for their invaluable insight and suggestions.

(Nelson, 1984). Consequently, while each State is responsible for drafting its own reporting laws, the reporting laws of all jurisdictions share several core components, including: 1) identification of those individuals mandated to report suspected child maltreatment (Child Welfare, 2008, pp. 1-2); 2) a definition of reportable circumstances (Kalichman, 1999); 3) provision of penalties for failure to report (Child Welfare, 2007, para. 3 & 4); and 4) provision of immunity from civil and criminal liability for reporting in "good faith" (Child Welfare, 2008, para. 3 & 4).

Reporting laws in all jurisdictions, however, also share a language that is open to the interpretation of the reader (Carleton, 2006; Davidson, 1995; Foreman & Bernet, 2000). Both opponents and supporters of mandatory reporting laws agree that the language of the State laws is overly vague (Davidson, 1995; Kalichman, 1999; Kalichman, Craig & Follingstad, 1990). Supporters maintain that the broad language of the reporting statutes provides the needed flexibility to include rather than exclude possible cases of abuse (Davidson, 1995). Critics of the language point out that the vaguely worded reporting procedures fail to provide an enforceable standard (Davidson, 1995; Foreman & Bernet, 2000; Kalichman, 1999). Ambiguity of the statute's language leads to confusion regarding what constitutes abuse in a given situation and may result in both reporting circumstances that should not be reported (Leon, 2007) and failing to report circumstances that should be reported (Kalichman, 1999). Whether because of the language of a State's law or ignorance of the law, mandated reporters frequently disregard the law (Melton, 2004; 2005). Indeed, many professionals appear to view reporting as an *option* based on evidence of abuse rather than a *mandate* based on suspicion of abuse (Kalichman & Craig, 1991; VanBergeijk, 2007).

In the State of New York, those persons designated as mandated reporters include medical professionals, teachers, social workers, and police officers, among others. These professionals are required to immediately report any circumstance in which they have "reasonable cause to suspect" that a child has been abused or maltreated (*State Statute Results*, 2008). Professionals practicing in the State of New York who willingly fail to report a case of suspected child maltreatment are guilty of a Class A misdemeanor and are "...civilly liable for the damages proximately caused by such failure" (*State Statute Results*, 2008). Professionals who report suspected maltreatment in the execution of their job responsibilities are presumed to be acting in good faith and are immune "from any civil or criminal liability that might otherwise result..." (*State Statute Results*, 2008).

A number of studies have identified characteristics of the worker that influence reporting behavior such as the age of the reporter (Zellman & Bell, 1990), gender (Al-Moosa, Al-Shaiji, Al-Fadhli, Al-Bayed & Adib, 2003; Hansen et al., 1997; Kenny, 2001; Tilden et al., 1994; Webster, O'Toole, O'Toole & Lucal, 2005), ethnicity (Ashton, 2004; Kenny, 2001; Levi, Brown & Erb, 2006; O'Toole, Webster, O'Toole & Lucal, 1999; Webster et al., 2005), years of experience (Kenny, 2001; Lane & Dubowitz, 2009; O'Toole et al., 1999), training (Feng & Levine, 2005; Hansen et al., 1997; Sedlak & Schultz, 1997; Tilden et al., 1994; Webster et al., 2005); reporting history (Delaronde et al., 2000; O'Toole et al., 1999; Webster et al., 2005; Zellman & Bell, 1990) and agency setting (O'Toole et al., 1999; Webster et al., 2005; Zellman & Bell, 1990). Moreover, there is some empirical evidence indicating that understanding of the law and attitude

toward the law is related to the reporting of child maltreatment. Several studies have found that workers' perception about the mandate to report is strongly related to actual reporting; workers who believe that they have a legal obligation to report are more likely to be consistent reporters of maltreatment than workers who do not believe they have an obligation (Brosig & Kalichman, 1992; Zellman & Bell, 1990). Other studies have found that workers who believe the law is effective are more likely to report maltreatment than workers who do not perceive the law as effective (Delaronde et al., 2000; Tilden et al., 1994).

A limitation of previous research is that these studies did not examine the provisions of the law directly; rather they asked whether the respondent thought that a particular situation fell under the general provision of the law. Previous research is limited also in providing information about social workers who are a major group working with families and children. Social work is the predominant provider of mental health services (Mechanic, 1999) and services to children (Kadushin, 1999).

### **The Present Study**

This research is a cross-sectional study of professional social workers. Its purpose is to investigate the relationship between the failure of social workers to report suspected child maltreatment and their interpretation of three key aspects of the New York State law: 1) situations that must be reported, 2) sanctions for failing to report, and 3) protection from liability. The study tests the hypothesis that workers who misunderstand the law are less likely to report maltreatment than workers who correctly interpret the law. The protocol for this research was examined and approved by the Institutional Review Board for the protection of human subjects at the author's institution.

## **METHODS**

### **Sample**

The population of interest in this study is professional social workers working with families and children in the New York City metropolitan area. The sample for this study was systematically selected from a general list of members of the local chapter of the National Association of Social Workers (NASW). The membership list included workers who worked with families and children as well as workers who did not. In order to obtain a sufficient sample of workers serving families and children for the required statistical analysis, 4,194 undifferentiated members, approximately half of the total membership, were systematically randomly selected into the study sample (systematic random sampling was conducted by selecting an initial name from the membership list by using a number from a table of random numbers and then by selecting every other name for inclusion in the mailing). Each name selected into the sample was mailed a letter explaining the study and requesting the individual's participation, a self-report questionnaire, and a stamped addressed envelope for returning the questionnaire. The first mailing was followed by three reminders sent at three-week intervals; the third reminder included a "non participant" postcard requesting selected demographic information to determine if non participants differed from participants. A completed questionnaire was accepted as subject consent.

Of the questionnaires that were distributed, responses were received from 2,112 individuals, a response rate of 50%. This number includes 257 “non participants” who differed from respondents in that they were slightly older and less likely to work with families or children. The respondents were sorted into the population of interest, those working with families and children. Seven hundred ten (710) individuals who worked with families and children and who completed the questions of interest comprise the sample for this study.

### **Sample Characteristics**

The sample of 710 was predominately White (67.6%) and female (78%). Three percent (3%) were Asian; close to 14% were Black (9.7% Black American and 4.1% Black Caribbean); 11% were Latin; 4% identified themselves as “other.” Ninety-two percent had at least a Master’s in Social Work (MSW). The sample had a mean of 13 years experience as a professional social worker (post MSW). This sample comprised higher proportions of minorities, a higher percentage with a Master’s degree, and had slightly more years of experience than the most recently reported national sample of social workers (Gibelman & Schervish, 1997).

### **Measurement**

The study focused on the relationship between the likelihood of reporting suspected child maltreatment and social workers’ understanding of three aspects of the reporting law: 1) situations that must be reported; 2) sanctions for failing to report; 3) protection from liability.

Data on the “likelihood of reporting maltreatment” were collected using eight vignettes of probable maltreatment, two adapted from Hong and Hong (1991) and six taken from incidents known to local child protective agencies (See Figure 1, next page). The vignettes were used in a previous study (Ashton, 2004) and rated for seriousness by a sample of social service workers. On a scale of 1, “not serious” to 7, “very serious”, the vignettes in this study ranged in seriousness from 5.3 to 6.8; thus, all of the vignettes represented reportable situations. Other studies have indicated that the use of vignettes is a valid measure for the likelihood of reporting child maltreatment (Feng & Levine, 2005; Hansen et al., 1997; Zellman & Bell, 1990).

**Dependent Variable:** To measure the “likelihood of reporting” respondents were asked to read each of the eight vignettes and rate the likelihood that they would report the incident depicted in the vignette to child protective services using a scale from 1, “almost certain not to report” to 5, “almost certain to report.” Responses for all eight vignettes were added together for an overall score of “likelihood of reporting” (Cronbach  $\alpha = .77$ ). The scale has a theoretical range of 8 to 40; the higher the score, the more likely the individual will report incidents of probable child maltreatment.

**Figure 1. Case Vignettes**

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1. *Both parents work long hours; they leave very early in the morning and come home late at night. Their nine-year-old son is left on his own. The boy gets himself ready for school in the morning and lets himself in after school. The parents tell their son to eat food prepared and left in the refrigerator, warming it up if he wants. He usually eats it cold. He goes to bed by himself because his parents are usually not back by his bedtime.*
  2. *A sixteen-year-old yells and curses at his parents during a recent argument. His parent punches him in the mouth.*
  3. *The classroom teacher notices that a nine-year-old boy has red marks on his palms and legs. When asked about the marks, the boy tells the teacher that yesterday he went to a friend's house to play instead of going home to do his homework. When his father found out, he hit him on the palms and legs repeatedly with a stick. The child says that his father does this whenever he does not do his homework.*
  4. *A six-year-old wets the bed. Parents punish the child by immersing his lower body in a tub of very hot water.*
  5. *Recently when asked a question, a 10-year old child mumbled a rude answer under his breath. His parent banged the child against the wall, bruising his shoulders.*
  6. *A 12-year-old is caught stealing candy from the corner store. When his parents found out what the child did, they beat him with a stick and burned a mark on his arm to remind him not to steal again.*
  7. *The parents discipline their eight-year-old child by hitting him with a strap whenever he misbehaves.*
  8. *A family recently arrived in the metropolitan area from a rural location. Last week after school, their 10-year-old son went off with a group of new friends instead of coming straight home. His parents disciplined him in their usual way, which is to make him kneel in the closet for several hours.*
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**Independent Variables:** Independent variables included seven personal and professional characteristics of mandated reporters identified in previous research as being related to reporting behavior. They are: 1) age, 2) gender, 3) ethnicity, 4) years of professional experience, 5) hours of training within the last two years, regarding child development, maltreatment, parenting, and reporting procedures, 6) reporting history (i.e. the number of times the respondent made a report to child protective services within the last five years), and 7) agency auspice, i.e. public or private. In addition, there were three independent variables pertaining to the mandated reporting law: “situations that must be reported”; “sanctions for failing to report”; and “protection from liability”.

**“Situations that must be reported”** was operationalized by asking respondents: “In your opinion, which of the following statements *best* reflects New York State’s reporting

requirements? a) Take no chances; report any situation for which you have a reasonable cause to suspect maltreatment; b) Use your discretion; report only those situations where you can substantiate abuse or neglect; c) Report only situations involving serious harm to a child; d) Avoid reporting, if you can do so safely; use agency and community resources to work with victims and perpetrators; e) Unable to answer. I am not aware of the State's reporting requirements." Responses were dichotomized into response , "a" which reflects the language and intent of the statute, versus all other responses.

**"Sanctions for failing to report"** was operationalized by asking respondents the following: "What is the likelihood that you would be criminally prosecuted (that is, arrested and/or incarcerated) if you failed to report a case of suspected child abuse or neglect? a) not at all likely; b) hardly likely; c) somewhat likely; d) very likely." Responses were scored 1 to 4, with higher scores reflecting a stronger belief in the likelihood that sanctions would be carried out for not reporting, as stated in the law.

**"Protection from liability"** was operationalized by asking respondents, "What is the likelihood that New York State law would protect you from being sued by a parent you report for maltreatment? a) not at all likely; b) hardly likely; c) somewhat likely; d) very likely." Responses were scored 1 to 4, with higher scores reflecting a stronger belief that the worker would be protected, as stated in the law.

### **Analysis**

Frequency distributions were obtained for independent and dependent variables. Correlation analysis was used to identify relationships between the "law" variables, demographic variables (age, gender, ethnicity), professional variables (years of experience, hours of on-the-job training, reporting history, agency auspice – public or private) and likelihood of reporting. In order to test the study hypothesis, hierarchical multiple regression analysis was used. In Model 1, personal variables (age, gender, ethnicity) were entered as a block to determine their effect on the likelihood of reporting. In Model 2, professional variables (years of experience, hours of training, reporting history, and agency auspice) were entered in a block to determine what influence they added to the likelihood of reporting, over and above personal characteristics. Lastly, in Model 3, the law variables, dummy coded into "1" for the "correct" response and "0" for all others, were entered as a block to determine their added effect on likelihood of reporting.

The Bonferroni t-statistic for multiple computations was used to adjust the probability of falsely rejecting the null hypothesis when multiple statistical tests are made (Pedhazur, 1997). The criterion of an alpha of .05 based on the Bonferroni correction was used to reject the null hypothesis. The sample of 710 individuals had the power to detect a small effect size of  $r = .10$  within the population 84% of the time using the .05 level of significance (Cohen, 1988).

## **RESULTS**

The sample varied on the likelihood that they would report the incidents depicted in the eight vignettes to child protective services. The actual range of scores for "likelihood

of reporting” was the same as the theoretical range, 8-40; some respondents would not report any of the cases while some respondents would report all eight cases. The median score for “likelihood of reporting” was 35; over half the respondents were “almost certain” to report at least four of the incidents depicted in the vignettes. The distribution was negatively skewed, meaning that as a sample, respondents were more likely to report the incidents depicted in the vignettes than to not report them (Table 1, next page).

The vast majority of this sample of social workers working with families and children, 82%, knew that the law requires them to report *any suspicion* of maltreatment to child protective services; however, there was a small percentage of the sample (approximately 15%) that had a different interpretation of the law and another 2.7% of the sample admitted that they did not know the law (Table 1).

The sample varied considerably in their perception of sanctions being enforced for failing to report maltreatment. Only 21.7% believed that they would likely be prosecuted for failing to report, as written in the State law. Over 40% believed that being sanctioned was hardly likely or not at all likely (Table 1).

There was considerable variation, also, in the workers’ perception that the law would protect them from liability. Most of the sample indicated, rightly, that the law provides protection from liability; 45% believed it was “very likely” they would be protected; 27.7% believed it was “somewhat likely” they would be protected. Close to a third did not believe they would be protected (Table 1).

Correlation analysis found that the law variables were associated with each other and that each was related to the likelihood of reporting. Of the personal and professional variables, reporting history was correlated with likelihood of reporting and ethnicity was related to one of the law variables; White respondents were more likely than respondents of other ethnic groups to understand that they could be criminally prosecuted for failing to report maltreatment. None of the other professional or demographic variables were related to either the law variables or likelihood of reporting (Table 2).

Hierarchical multiple regression analysis (Table 3) confirmed the hypothesis that workers who misunderstand the law are less likely to report maltreatment than workers who correctly understand it. In Model 1, the personal variables combined explained less than 2% of the variance in reporting and most of the effect was contributed by ethnicity; Asian respondents were less likely to report maltreatment than were respondents of other ethnic groups (Table 3). In Model 2, the addition of the professional variables produced an  $R^2$  of .032 and added .017 ( $p < .05$ ) to the variance in the likelihood of reporting, most of it contributed by “reporting history;” respondents with a higher number of previous reports were more likely to report current incidents of maltreatment (see Table 3). Hierarchical regression Model 3 shows the effect of the worker’s perception of the law on the likelihood of reporting. The addition of the law variables produced an  $R^2$  of .094 and added .062 to the variance in the likelihood of reporting ( $p < .0001$ ). Most of the variance contributed by the law variables came from “situations to be reported” and “sanctions for failing to report.”



**Table 1. Frequency Distributions for Personal, Professional, Law and Likelihood of Reporting (n = 710)**

<i>Personal Variables</i>						
Age	Mean	44.3	Median	45	SD	12.4
		<i>n</i>				%
Male		158				22.3
Female		552				77.7
<i>Ethnicity</i>						
Asian		21				3.0
Blk American		69				9.7
Blk Caribbean		29				4.1
Latin		82				11.5
White		480				67.6
Other		29				4.1
<i>Professional Variables</i>						
Yrs experience	Mean	13.1	Median	10	SD	10.7
Hrs of training		<i>n</i>				%
None		164				23.1
1 to 4 hours		255				35.9
5 to 10 hours		126				17.7
Over 10 hours		165				23.2
Reporting History	Mean	5.7	Median	2.0	SD	15.4
Agency auspice		<i>n</i>				%
Public		346				48.7
Private		364				51.3
<i>Law Variables</i>						
Situations to Report		<i>n</i>				%
*Take no chances		586				82.5
Use discretion		83				11.7
Report serious harm only		15				2.1
Avoid reporting		7				1.0
Unaware of law		19				2.7
<i>Sanctions for failing to report</i>						
*Very likely		154				21.7
Somewhat likely		252				35.5
Hardly likely		238				33.5
Not at all likely		66				9.3
<i>Protection from liability</i>						
*Very likely		320				45.1
Somewhat likely		197				27.7
Hardly likely		113				15.9
Not at all likely		80				11.3
<b>Likelihood of Reporting</b>	Mean	34.0	Median	35.0	SD	4.5
					Skewness	-1.2

\*The correct response according to the State statute.

**Table 2. Correlations between Personal, Professional, Law, and Likelihood of Reporting Variables (n = 710)<sup>a</sup>**

	Situations to report	Sanctions for failing to report	Protection from liability	Likelihood of reporting
Situations to report		.11	.16*	.22*
Sanctions for failing to report			.13*	.11*
Protection from liability				.10*
Age	.08	-.03	.04	-.01
Gender	.07	.00	.08	.03
Ethnicity:				
Asian	.05	.01	.04	.10
Blk American	.00	.06	.05	.05
Blk Caribbean	.00	.08	.01	.01
Latin	.04	.04	.02	.01
White	.03	.12*	.01	.06
Other	.04	.05	.01	.01
Yrs experience	.07	-.04	.05	.03
Hrs of training	.09	.05	.00	.02
Reporting history	.02	.02	.05	.18* <sup>b</sup>
Agency auspice: public/private	.08	.03	.00	.02

\*p < .05 (Bonferroni correction for multiple computations, C = 16).

<sup>a</sup> Pearson correlations except where noted.

<sup>b</sup> Spearman's rank-order correlation

**Table 3. Summary of Regression Analysis for Likelihood of Reporting by Personal, Professional and Law variables (n = 710)**

Variable	Model #1		Model #2		Model #3	
	B	$\beta$	B	$\beta$	B	$\beta$
<b>Personal</b>						
Age	-.007	.020	-.023	-.063	-.028	-.077
Gender	.367	.034	.429	.040	.605	.056
Ethnicity						
Asian	2.839	.107*	2.796	.105*	2.559	.096*
Blk Am.	.946	.062	.917	.060	1.014	.067
Blk Carib.	.066	.003	.288	.017	.521	.023
Latin	.123	.009	.132	.009	.083	.006
Other	.472	.021	.527	.023	.795	.035
<b>Professional</b>						
Yrs experience			.026	.061	.022	.051
Hrs of Training			.051	.024	.003	.001
Report history			.034	.116*	.033	.113*
Agency auspice			.231	.026	.396	.044
<b>Law</b>						
Situations to Report					2.474	.209**
Sanctions for failing to report					.974	.089*
Protection from liability					.514	.057
R <sup>2</sup> for the Model	.015		.032		.094	
Sig R <sup>2</sup>	NS		.017		.000	
R <sup>2</sup> change	.015		.017		.062	
Sig R <sup>2</sup> change	NS		.015		.000	

\*p &lt; .05

\*\*p &lt; .01

The findings reveal that respondents who believed that *any* suspicion of maltreatment should be reported, that they would be prosecuted for failing to report, and that the law protects them from being sued by a parent or caretaker, were more likely to report child maltreatment than respondents who interpreted the law to permit flexibility in reporting, believed that they would not be prosecuted for failing to report, and believed that they could be sued for reporting.

## DISCUSSION

This study examined social workers' perceptions of the law requiring the reporting of child maltreatment and the relationship of those perceptions with the likelihood that workers would report incidents of maltreatment to child protective services. The study also looked at the effect of several personal and professional characteristics that have been found in previous research to be related to reporting behavior. The findings of this

study support previous research that shows that ethnicity is related to reporting behavior (Ashton, 2004; Kenny, 2001; Levi, Brown & Erb, 2006; O'Toole et al., 1999; Webster et al., 2005). In the present study, Asian respondents were less likely to report child maltreatment than were respondents of other ethnic groups. The findings of this study also support previous research which indicates that past reporting behavior influences the likelihood of future reporting (Delaronde et al., 2000; O'Toole et al., 1999; Webster et al., 2005; Zellman & Bell, 1990). The present study found that respondents who had reported a higher number of incidents of maltreatment in the past were more likely to report a current incident of maltreatment than respondents who had fewer past reports.

The primary focus of this study was the relationship between the worker's understanding of the law and the worker's reporting behavior. The findings reveal that social workers differ in their understanding of the reporting law and that the likelihood of reporting maltreatment is related to that understanding. In order to protect children from maltreatment it is critical that mandated reporters know what to report. It is reassuring to see that most, 82%, of the social workers in this study understood that they are to report any suspicion of maltreatment. Close to three percent (3%) were not knowledgeable about what to report; the other 15% of this sample had an interpretation of the law that permitted professionals working with families and children more flexibility in reporting, namely: reporting only situations that can be substantiated; reporting only situations involving serious harm to a child; or avoiding reporting and using agency and community resources to work with victims and perpetrators. Indeed, there may be some workers in this group who essentially oppose the idea of reporting altogether as there is evidence from earlier studies that some professionals see the system of mandated reporting as an ill-conceived policy that fails to prevent the recurrence of maltreatment and which diverts resources from actual service delivery to investigation (Melton, 2004; 2005).

Social workers differed in their interpretation of the other two aspects of the law – whether they would be sanctioned for failing to report and whether they would be protected from liability when reporting. And in fact, these two aspects are ambiguous. The law states that failure to report is a crime, yet enforcement is very unlikely because prosecution becomes complicated when specific cases are under examination. Similarly, protection from liability is not absolute (McLeod & Polowy, 2000). The differences in worker response to these two aspects of the law reflect the uncertainty of their application in real life.

The study has some limitations which must be noted. First, generalizations from this sample are limited to the geographical region (New York City area) from which this sample was drawn; nonetheless, the finding that perception of the law is related to reporting behavior among social workers is consistent with findings from studies concerning other mandated reporters in other geographical locations (Brosig & Kalichman, 1992; Delaronde et al., 2000; Zellman & Bell, 1990). Second, the current study focused on intended behavior using vignettes. Although vignettes have been verified as valid measures for likelihood of reporting maltreatment, the vignettes in this study could be strengthened by: having fewer incidents of physical maltreatment and more incidents of neglect; being consistent in the amount of detail; and specifying how the reporter would learn about the incident. Ideal vignettes would also match intake

information of a typical service agency. Moreover, in an agency setting, incidents coming to the worker's attention might be checked for prior reports or other data. It should also be noted that the vignettes omitted other types of maltreatment including sexual, emotional and medical abuse. These types of abuse are quite different from physical abuse in that they are more subtle and more complicated, and may result in reporter responses that are very different from the response to either neglect or physical maltreatment.

Despite its limitations, this study provides information about an important group of mandated reporters, who previously have not been studied regarding the relationship of their knowledge of the law and their reporting behavior. The addition of the law variables added 6% to the variance in reporting and, although the strength of the relationship between knowledge of the law and the likelihood of reporting child maltreatment represents only a medium effect size (Cohen, 1988), it is large enough to have practical implications. The binomial effect size display (BESD) illustrates the practical implications. Rosenthal (1991) and Rosenthal and Rosnow (2008) propose using the BESD as an appropriate tool in demonstrating that small correlations can reflect an important social effect in a way that is easy to understand, requiring no particular statistical expertise. In the present case, the BESD shows that the size of this relationship where  $R^2 = .06$ ,  $r = .24$ , is such that a worker's understanding of the law is sufficient to increase the likelihood of reporting a case of maltreatment from 38% to 62%. It is true that the BESD provides an estimated prediction but it is a prediction of improvement and indicates that knowledge of the reporting law affects practice. An increase of 24% in the likelihood of reporting maltreatment is a considerable impact on practice and calls for agencies to periodically review State law requirements. The finding in this study that on-the-job training was not related to knowledge of the law suggests that agency supervisors should review their in-service training to assess what is effective and what is not. Using agency listservs and e-communication, as well as face-to-face meetings and workshops, supervisors can incorporate various techniques, including case presentations, clinically based vignettes, surveys, and policy updates, to help workers learn and stay abreast of State reporting requirements. Agency supervisors must also help workers recognize and agree on values underlying the mandate to report so that all workers regardless of racial or ethnic background are knowledgeable and effective providers of services to children and families.

Future research is needed to understand the complex psychosocial processes involved in decisions to not report - the combined and interactive effects of worker characteristics, case specifics, the agency environment in which the worker practices, and innovations in practice interventions. In addition, this study raises the question about the steps workers should take to protect children and help families in situations where the worker identifies a reportable incident but decides, for whatever reason, not to report the incident to child protective services. It may be that the dichotomy of report/not report is no longer valid and that research is needed to understand what it is that workers do in addition to (or instead of) reporting suspicions of child maltreatment.

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**Author's note:**

Address correspondence to: Vicki Ashton, D.S.W., York College of The City University of New York, Department of Social Sciences, Rm 3A11, Jamaica, NY 11451. Email: [ashton@york.cuny.edu](mailto:ashton@york.cuny.edu).

# **Social Work Practice in a Developing Continent: The Case of Africa**

**Christopher Chitereka**

***Abstract:** Social work is a professional approach to ameliorating social problems. It is generally understood as a helping profession that utilizes professionally qualified personnel who use its knowledge base to help people tackle their social problems (Mupedziswa, 2005). Nevertheless, in developing countries, social work is a relatively young profession which was influenced by colonialism in its formation. The type of social work practiced in these countries largely mirrors the one that is being practiced in Britain, France and Portugal among others. Utilizing the continent of Africa as a case study, this article argues that social work practice in Africa tends to be curative or remedial in nature and is not adequately addressing people's problems. It therefore proposes a paradigm shift from remedial to a social development paradigm if it is to make an impact in the 21<sup>st</sup> century.*

***Keywords:** Social work; social development; Africa*

## **INTRODUCTION**

Social work is a profession which seeks to help and empower vulnerable groups in society such as women, persons with disabilities, children and the elderly as well as people living with HIV/AIDS. In 2000, the two professional representative bodies, the International Federation of Social Workers and the International Association of Schools of Social Work adopted the following definition of social work:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (International Federation of Social Workers, 2000, para. 1).

That definition of social work will also be adopted for purposes of this article. The article seeks to discuss social work practice in Africa. The basic argument advanced by the article is that the curative or remedial approach which is currently used in many African countries is not adequately addressing the needs of the majority of the population which resides largely in rural areas of the continent. It therefore advocates for the adoption of the social development paradigm. It first highlights the genesis of the profession of social work in Africa. It then goes on to mention some of the problems faced by the African continent. The article then discusses social work in Africa and the social development paradigm. It finally provides the conclusion and way forward.

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Christopher Chitereka, MSW, is a Senior Lecturer in Social Work in the Department of Social Anthropology/Sociology and Social Work at The National University of Lesotho.

## **GENESIS OF THE SOCIAL WORK PROFESSION IN AFRICA**

Over the past few years, social work has expanded to virtually every corner of the world (Darkwa, 2007). Factors such as the fall of communism in the Soviet Union (Hokenstad & Kendall, 1995), the emergence of democratic institutions in Africa, and the impact of the technological revolution have all contributed to the globalization of social work. In Africa, a number of factors played an influential role in facilitating the emergence of social work. The activities of missionaries from Europe and other parts of the world, African mutual aid societies, and the colonization of the continent by external powers all contributed to social work development on the continent. The missionaries preceded the colonizers. Even though their primary role focused on addressing the religious and spiritual needs of Africans, by establishing schools, vocational training, and engaging in almsgiving and community work, the missionaries functioned as informal social workers (Darkwa, 2007). Tribal and mutual aid societies have always existed in Africa. Prior to the development of statutory welfare systems, different types of mutual aid societies across the continent provided assistance to family members. Some were family or kin-based (the largest category); others were cultural- and/or religious-based (such as rotating credit societies, and informal service societies) (Midgley, 1997). The African extended family, for example, has always operated as a social welfare system (Apte & Grieco, 1994), and they continue to address the social welfare needs of a sizeable number of Africans who lack any form of social protection.

However, on a more professional note, social work in Africa is a relatively young profession introduced in the 1960s. Although the first school of social work—the Cairo School of Social Work in Egypt—was established way back in 1937 (Yiman, 1990), the profession did not take root until the 1960s. Most African countries were once colonized and they attained independence in rapid succession in the 1960s. Asamoah (1995) notes that although there are many regional differences with regards to social problems, economic growth, social development and political arrangements, newly independent countries south of the Sahara had inadequate political and social infrastructures to support rapid social change and industrial development. Social work in Africa was generally influenced by and molded after activities in the colonizing powers, including Britain, France and Portugal, among others (Mupedziswa, 2005). Today, one can safely conclude that social work now exists as a profession in most African countries with some countries like Zimbabwe, South Africa, Zambia, Ethiopia, Swaziland, Nigeria, Uganda, Ghana, Kenya, Tanzania, Rwanda and Egypt training their own social workers. The training normally takes place in Universities. Basically, however, the approach of social work practice which was introduced and which remains in force in many African countries is the curative or remedial approach. This approach is really reactive and dealing with the symptoms and not the real causes of problems. A section below will highlight this issue in greater detail.

## **PROBLEMS FACED BY THE AFRICAN CONTINENT**

The continent of Africa, home to more than 50 nations, is often dismissed as a continent of vast natural resources and primitive societies, governed by military dictators

who change regularly. In fact, getting past the sensationalist headlines, one finds democratic governments struggling to get a foothold on this continent as well. Many nations in Africa have severe social problems which are threatening the moral fiber of societies. Research has shown that one of the main triggers of social problems in Africa is the scourge of poverty (Muzaale, 1987). Despite the fact that Africa is potentially the richest continent on the planet, it is actually the poorest. For instance, studying poverty figures in Africa produces a daunting picture. 315 million people: one in two people in Sub Saharan Africa survive on less than one dollar per day. 184 million people: 33% of the African population suffers from malnutrition (United Nations Development Programme, 2007). With regard to poverty of income, it is estimated that “just under three million households in South Africa live on less than R1000 a month, approximately 105 Euro” (Monama, 2006, p. 3). Poverty, manifesting itself in the form of the majority spending less than a dollar a day on their livelihood, degraded environment, and homelessness, is increasing at an alarming rate in Africa and is mainly caused by corrupt regimes which do not care for the welfare of their citizens. It has been reported that the late Presidents Sani Abacha of Nigeria and Mobutu Sese Seko of the former Zaire looted their countries’ resources and had off-shore accounts. Some current African leaders are still plundering their countries’ resources leading to the majority of their citizens wallowing in poverty.

Food insecurity is also a critical underlying factor that interfaces directly with extreme poverty particularly among the vulnerable groups. Many African countries experience continued starvation year in and year out despite the rich and unexploited potential for increased food production. Unreliable weather conditions, poor food security policies, high costs of fertilizers and other farm inputs, prohibitive transportation costs, lack of credit facilities for farmers and competition for markets created by global forces are contributory factors to food insecurity in Africa.

Another serious problem facing most African countries is that of rampant unemployment. In South Africa for instance, current unemployment rates range around 40% of the economically active population. The correlation between unemployment and poverty is significant in that 55% of people from poor households are unemployed, compared with 14% of those from non-poor households (May, 1998). Many people are out of employment including university graduates. The rate of unemployment is likely to increase in the next few years considering the current global economic crisis. It can be argued that the problem of unemployment has led to other social ills such as prostitution, human trafficking, teenage pregnancies and high crime rates in Africa.

African countries also face unending civil wars and conflict among and within countries. Conflicts in Darfur-Sudan, Uganda and Chad are some of the long-running ones on the continent and they have caused untold suffering among the ordinary people. This has led to a high number of people becoming refugees. Refugees greatly strain the host countries’ resources and violent confrontations often occur between the refugees and the local population, like what happened in May, 2008 in South Africa when South African citizens attacked people from other African countries. These conflicts and civil wars also lead to the abuse of women and children. Child soldiers are now a rampant phenomenon in most conflict zones in Africa. For instance, Ariyo (2005) notes that out of

300,000 child soldiers around the world, it is estimated that 120,000 of these are African children who have been forced and recruited to take part in wars and fighting in some African countries. The Lord's Resistance Army, a rebel group in Uganda, is known to have a lot of child soldiers among its ranks. Girl children are also being used as sex slaves by the rebels. So, in a nutshell, wars and conflicts in Africa violate basic human rights, destabilize families and communities, and impact negatively on food production.

Africa has been affected most severely by the HIV/AIDS pandemic on the planet. The sub-Saharan Africa region has the highest infection rates in the world. The pandemic escalated in the region mainly due to the denial of the existence of the disease by most African leaders. By the time they acknowledged its existence, many people had been infected. An estimated 22 million adults and children were living with HIV in sub-Saharan Africa at the end of 2007. During that year, an estimated 1.5 million Africans died from AIDS. The epidemic has left behind some 11.6 million orphaned African children (Avert, 2009). The estimated number of adults and children living with HIV/AIDS, the number of deaths from AIDS, and the number of living orphans in individual countries in sub-Saharan Africa at the end of 2007 are shown below.

<b>Country</b>	<b>People living with HIV/AIDS</b>	<b>Adult (15-49) rate %</b>	<b>Women with HIV/AIDS</b>	<b>Children with HIV/AIDS</b>	<b>AIDS deaths</b>	<b>Orphans due to AIDS</b>
Angola	190,000	2.1	110,000	17,000	11,000	50,000
Benin	64,000	1.2	37,000	5,400	3,300	29,000
Botswana	300,000	23.9	170,000	15,000	11,000	95,000
Burkina Faso	130,000	1.6	61,000	10,000	9,200	100,000
Burundi	110,000	2.0	53,000	15,000	11,000	120,000
Cameroon	540,000	5.1	300,000	45,000	39,000	300,000
Central African Republic	160,000	6.3	91,000	14,000	11,000	72,000
Chad	200,000	3.5	110,000	19,000	14,000	85,000
Comoros	<200	<0.1	<100	<100	<100	<100
Congo	120,000	3.5	43,000	6,600	6,400	69,000
Côte d'Ivoire	480,000	3.9	250,000	52,000	38,000	420,000
Dem. Republic of Congo	400,000-500,000	1.2-1.5	210,000-270,000	37,000-52,000	24,000-34,000	270,000-380,000
Djibouti	16,000	3.1	8,700	1,100	1,100	5,200
Equatorial Guinea	11,000	3.4	5,900	<1,000	<1,000	4,800
Eritrea	38,000	1.3	21,000	3,100	2,600	18,000
Ethiopia	980,000	2.1	530,000	92,000	67,000	650,000
Gabon	49,000	5.9	27,000	2,300	2,300	18,000
Gambia	8,200	0.9	4,500	<1,000	<1,000	2,700
Ghana	260,000	1.9	150,000	17,000	21,000	160,000

*table continued on next page*

Country	People living with HIV/AIDS	Adult (15-49) rate %	Women with HIV/AIDS	Children with HIV/AIDS	AIDS deaths	Orphans due to AIDS
Guinea	87,000	1.6	48,000	6,300	4,500	25,000
Guinea-Bissau	16,000	1.8	8,700	1,500	1,100	6,200
Kenya	1,500,000-2,000,000	7.1-8.5	800,000-1,100,000	130,000-180,000	85,000-130,000	990,000-1,400,000
Lesotho	270,000	23.2	150,000	12,000	18,000	110,000
Liberia	35,000	1.7	19,000	3,100	2,300	15,000
Madagascar	14,000	0.1	3,400	<500	<1,000	3,400
Malawi	930,000	11.9	490,000	91,000	68,000	560,000
Mali	100,000	1.5	56,000	9,400	5,800	44,000
Mauritania	14,000	0.8	3,900	<500	<1,000	3,000
Mauritius	13,000	1.7	3,800	<100	<1,000	<500
Mozambique	1,500,000	12.5	810,000	100,000	81,000	400,000
Namibia	200,000	15.3	110,000	14,000	5,100	66,000
Niger	60,000	0.8	17,000	3,200	4,000	25,000
Nigeria	2,600,000	3.1	1,400,000	220,000	170,000	1,200,000
Rwanda	150,000	2.8	78,000	19,000	7,800	220,000
Senegal	67,000	1.0	38,000	3,100	1,800	8,400
Sierra Leone	55,000	1.7	30,000	4,000	3,300	16,000
Somalia	24,000	0.5	6,700	<1,000	1,600	8,800
South Africa	5,700,000	18.1	3,200,000	280,000	350,000	1,400,000
Swaziland	190,000	26.1	100,000	15,000	10,000	56,000
Togo	130,000	3.3	69,000	10,000	9,100	68,000
Uganda	1,000,000	6.7	520,000	110,000	91,000	1,000,000
United Rep. Of Tanzania	940,000	5.4	480,000	130,000	77,000	1,200,000
Zambia	1,100,000	15.2	560,000	95,000	56,000	600,000
Zimbabwe	1,300,000	15.3	680,000	120,000	140,000	1,000,000
Total sub-Saharan Africa	22,000,000	5.0	12,000,000	1,800,000	1,500,000	11,600,000

SOURCE: UNAIDS/WHO (2008.).

The above statistics paint a grim picture for Africa's long-term development. HIV and AIDS have had a great impact in all spheres of life. Avert (2009) observes that taking care of a person sick with AIDS is not only an emotional strain for household members, but also a strain on household resources. Loss of income, additional care-related expenses, the reduced ability of care-givers to work, and mounting medical fees push affected households deeper into poverty. The financial burden of death can also be considerable, with some families in South Africa easily spending seven times their total

household monthly income on a funeral. The AIDS epidemic adds to food insecurity in many areas, as agricultural work is neglected or abandoned due to household illness. In Malawi, where food shortages have had a devastating effect, it has been recognized that by 2020, Malawi's agricultural workforce will be 14% smaller than it would have been without HIV and AIDS. In other countries, such as Mozambique, Botswana, Namibia and Zimbabwe, the reduction is likely to be over 20% (Avert, 2009). Children have also been greatly affected by the pandemic. The epidemic not only causes children to lose their parents or guardians, but sometimes their childhood as well. As parents and family members become ill, children take on more responsibility to earn income, produce food and care for family members. It is harder for these children to access adequate nutrition, basic health care, housing and clothing. Many children are now raised by their grandparents or left on their own in child-headed households (Avert, 2009).

Finally, most African countries face the problem of homelessness especially in urban areas. The majority of the people lack shelter and they stay in squatter camps and slums. For instance, Kenya is home to one of the world's largest squatter settlement known as Kibera which is located in the capital city of Nairobi. Other countries like South Africa also have large informal settlements where poor people stay in shacks without access to basic social welfare services. According to Chitereka (2005) the "ABC" (abstinence, be faithful and condomise) model for managing HIV/AIDS is hampered in the slums and other informal settlements by overcrowding, a lack of essential facilities and poor communication among other factors. Slums have serious implications for the prevention, treatment and care strategies for HIV/AIDS. Improper housing to a greater extent contributes to the spread of HIV/AIDS among the vulnerable women and categories such as widows and women with disabilities, domestic workers, girls and elderly women. Young girls are often exposed to early sexual intercourse, higher frequencies of unwanted pregnancies and exposure to rape (Chitereka, 2005).

The world cannot afford to overlook the problems faced by Africa. It is a continent in great need and social workers, being helping professionals who seek to liberate and empower people, should be in the forefront of finding solutions to these problems. The next section highlights the need for the adoption of the social development paradigm by social workers in Africa to tackle the above-named problems.

### **SOCIAL WORK IN AFRICA AND THE SOCIAL DEVELOPMENT PARADIGM**

Social work in most African countries embraced the curative or remedial approach to solving social problems during its inception. For instance, Kaseke (1991) notes that the development of social work in Zimbabwe is closely tied to the country's colonial history, its orientation reflecting a wholesale transfer from the British experience. He goes on to say that social work in Zimbabwe also developed as a response to urban social ills such as crime, prostitution and destitution. The philosophy of the colonial policy makers was that such ills, if unattended, would undermine order and stability. Social work was, therefore, seen primarily as an instrument of social control, and never seriously addressed itself to the root of social problems. Even after independence, the Department of Social

Welfare, the largest employer of social workers, continues to be basically curative in orientation.

Nyanguru (2003) also notes that that in Lesotho, social work practice was introduced during the colonial era by the British. It was mainly introduced to deal with social problems in the country. Social welfare services were offered in such specialized areas as psychiatry and health sectors. They were basically remedial in nature and did not really address the causes of the problems. Darkwa (2007) gives the example of Ghana which was strongly influenced by the British welfare system during the 108 years of British colonization. He observes that the evolution of social work education and practice in Ghana was based on British principles and values. The British were mainly interested in supporting the welfare of those who were of crucial importance to the goals of furthering the colonization of the country, i.e. the civil service. As a result, social work education and practice was oriented towards addressing the needs of those working in the formal sector and it was curative in orientation.

To date, the colonial influence still shapes social work training and practice in Ghana. However, of late, the country is experiencing a trend toward the localization of social work education and more specifically, the programs are evolving to become more relevant to the needs of the Ghanaian people (Darkwa, 2007). Francophone African countries such as Senegal and Ivory Coast also inherited the French social welfare system which was largely remedial in nature and did not serve the needs of the vast majority of the people in these countries. Services were mostly concentrated in urban areas where a few people stayed at the expense of rural areas where the majority of the people stayed. This situation continues to this day.

The development of social welfare systems, social work practice and social work education must be understood within the historical context of each country's pre-colonial and post-colonial experience. The basic institutions (political, legal, social, economic and educational) of all African countries both influenced and were influenced by the formal response to the meeting of human need (Asamoah, 1995). Britain exported a remedial model which was based on the principles underlying remedial services in the United Kingdom. Therefore, services in former British colonies focused on rehabilitation and, not surprisingly, selected as the unit of attention vulnerable individuals including women, migrants, homeless children, the disabled, juvenile delinquents, the unemployed, and the physically and mentally ill (Asamoah, 1995) social policies and systems in former French colonies and territories reflected the more comprehensive approach embodied in the French Overseas Labor Code. Neither the British nor the French approach placed much emphasis on prevention. Prevailing social problems were targeted for cure, and a developmental focus was virtually non-existent. Asamoah (1995) also argues that, perhaps even more important, many of the approaches and practices labeled social work were not compatible with the cultural traditions of the countries in which they were carried out but they continued for many years.

It is clear that even after attaining their independence most African countries are still using the remedial or curative approach in dealing with social problems in their countries. The majority of social workers are employed in departments of social welfare whilst



others are employed in correctional services and hospitals, police and defense forces and industries where the remedial approach is usually used. A few are employed by Non-Governmental Organizations (NGOs). The social workers employed by NGOs normally use the community work method and they are contributing a lot to most African countries' development. For instance Fikre Mariam Worku the founder of the NGO Misericordia Ethiopia in an interview by Alain Leterrier (2000) says that if there is no development, social work is not important. If you have to solve the problems of people, you have to work for development as well as for social work. She goes on to say, "What I mean is that social work to be effective has to be sustainable. People have to be self autonomous, they have to help themselves, and that is development. So for me, social work is another side of development" (Worku quoted in an interview by Leterrier 2000, p. 1). Midgley (1981) coined the term "professional imperialism" to highlight the continued use by developing countries of western oriented social work practice. He also laments the use of remedial social work especially in African countries where problems are vast. The casework method which is normally utilized by social workers in the departments of social welfare in most African countries is clearly inadequate to meet the challenges and immense problems faced by the continent. Mupedziswa (2005) also argues that this strategy takes insufficient cognizance of the social and economic reality of the situation in Africa, for instance, the culture, poverty levels and squalid conditions. The remedial approach has been accused of lacking in terms of sensitivity to the demands of African culture. It tends to ignore traditional, informal forms of welfare and the role of the extended family network in particular, in social welfare provision. Public assistance, which thrived on the granting of means-tested handouts, for instance, has routinely not taken cognizance of the reciprocity that is synonymous with traditional African communities, rendering its interventions and programs virtually ineffective.

Mupedziswa (2005) further notes that a major concern has also been that the remedial approach in social work in Africa has tended to ignore concerns of a more developmental nature, such as unemployment, inadequate shelter, homelessness, illiteracy, disease and ignorance, while concentrating on individual pathologies. As a result of this, many critics (Gray, Coates & Bird 2008; Ose-Hwedie & Rankhopo, 2008) argue that social work practice in its present form is virtually ineffective. Worku in the interview by Leterrier (2000) says that she perceives that social work in Africa is different from social work in Europe. In Europe she argues, you might have to work with people with psychological problems but in Africa social work has to focus on the poverty, the problem of people. If you work on poverty, you work for development so there is a strong link. There is, therefore, need for a paradigm shift if social work in Africa is to make a difference in the lives of the majority of the population in the 21<sup>st</sup> century. For social work to be effective in the African context, the author proposes the adoption of the social development paradigm by social workers.

It is widely accepted that a social development paradigm is both appropriate and necessary for the African context, and social development has significantly influenced social work theory, policy and practice on the continent (Cox & Pawal, 2005; Gray & Fook, 2004, Patel, 2005). Indeed, this approach seeks to liberate and empower people instead of having them rely on the State for assistance. There are so many problems in

Africa which can be ameliorated by the social development approach. Healy (2008) notes that among the many development concepts, social development is particularly important to social work. Social development acknowledges the importance of social factors in ensuring that development improves human well-being, arguing that development should be a holistic process. It aims to integrate social with economic factors. As Midgley (1995) explains: social development “is a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development” (p.25).

Social development also gives emphasis to outcomes of improving well-being of the poor and processes that emphasize participation. Paiva’s (1977) early definition of social development is a very vital one: “The goal and substance of social development is the welfare of the people, as determined by the people themselves, and the consequent creation or alteration of institutions so as to create a capacity for meeting human needs at all levels (especially those at the lower levels) and for improving the quality of human relationships and relationships between people and social institutions” (p. 329).

It includes the ideas of participation, institution building, and distributive justice, key concepts in social development. Omer (1979) defined social development as “a goal and a process that aims to achieve an integrated, balanced and unified (social and economic) development of society” (p. 15). Healy (2008) observes that these elements of early social work definitions of social development are repeated in more current United Nations definitions. The International Forum for Social Development, an initiative of the UN Secretariat, characterizes social development as a set of objectives, a process, and a perspective. Advances in social development mean advances in the well-being of the person and the harmonious functioning of society. It includes improvements in individual and family well-being through the enjoyment of human rights, the provision of economic opportunities, the reduction of poverty, and access to social security, social protection and social services. It includes also the building or maintenance of social relations, structures and institutions through which individuals and groups constitute a viable society (United Nations, 2002).

Healy (2008) notes that in some parts of the world, social work redefined itself as social development to align the profession more closely with national objectives. This was particularly true in parts of Asia. Midgley (1999) also recommends human capital development, social capital development, and productive employment projects as social development intervention strategies relevant for social work.

Indeed, African countries should embrace the social development paradigm because, unlike curative or remedial social work, it makes people self-reliant. Many people in these countries usually depend on their governments especially during times of crises. If a social development paradigm is adopted by social workers in African countries, more people will be more self-conscious and aware of their rights. Issues of corruption and poor governance will be minimized as the majority of the people will participate in issues affecting their welfare. A strong correlation exists between good governance and positive social development outcomes. Although good governance on its own does not necessarily lead to improved quality of life, it is perhaps the single most important determinant factor

in eradicating poverty, reducing development disparities, and minimizing the occurrence of several other human-generated tensions, conflicts and social problems in Africa, and often calls for social workers' interventions. Corruption, unethical practices and all other associated vices are principal manifestations of poor governance.

### **CONCLUSION AND THE WAY FORWARD**

Although social work is a relatively young profession in Africa, it has over the years developed into a viable profession. It is now integrated in most government departments of social welfare, hospitals, correctional services, police and defense forces where the casework method is mainly dominant. Social workers employed in NGOs can be commended because by and large they utilize the community work method of social work in the course of their work, which is consistent with the social development paradigm. The profession of social work in Africa nevertheless faces a number of problems which need to be addressed urgently if it is to effectively deliver social services to the majority of people who are mainly poverty stricken. Some of the problems include lack of resources- both material and financial, low wages and salaries for social work professionals coupled with poor conditions of service as well as lack of proper professional recognition of social workers in Africa. These will be briefly explained below.

Firstly, most social workers in Africa lack both material and financial resources to carry out their duties. This is a result of insufficient allocations of budget funds for the social services. There has been a general decline in social welfare budgets throughout Africa in the last few years, yet there are more social problems which need to be tackled. Social workers often lack basic items like offices, telephones and computers as well as transport to carry out home visits. This completely compromises their effectiveness to deliver services.

Secondly, there remains a considerable lag in wages and salaries between social workers and those employed in other sectors in Africa. Furthermore, their working conditions are not very attractive. They work long hours and carry heavy caseloads. Because of these reasons, highly qualified social workers in Africa have left the profession altogether whilst some have left the continent to work in countries like Britain, USA, New Zealand, Canada and Australia where salaries and conditions are comparatively better.

Finally, there is a general lack of professional recognition of social workers in Africa. This is due to the fact that most people do not understand what social work is, even among some government officials. That is the reason why in countries like Lesotho and Zimbabwe people with no training sociologists and political scientists are employed as "social workers".

Social workers in Africa have to raise awareness on the HIV/AIDS pandemic which is threatening to decimate the people on the African continent. They must lobby governments to provide anti-retroviral drugs to HIV positive people. Social workers should also help in the destigmatization of the disease so that more people get tested and get treatment early.

If social workers are to be taken seriously as a profession in Africa, they should form strong professional associations in their respective countries which in turn lobby for their rights with governments. These professional associations will also highlight the need for increased budget allocations for the social welfare sectors by governments as well as improve wages, salaries and conditions of service for social workers.

In conclusion, Africa is a continent with great developmental potential but it is still mired by a myriad of social problems which require social work intervention. Social workers in Africa need to be proactive rather than reactive when dealing with these problems. Although the curative or remedial approach which hitherto has been the major form of intervention is still needed, social workers need to adopt the social development paradigm if they are to effectively confront the various problems currently facing the continent. Social development leads to an improvement to people's quality of life. Once people see real changes in their lives because of social work intervention, they will ultimately respect the profession and value social work services.

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**Author's note:**

Address correspondence to: Christopher Chitereka, The National University of Lesotho, Department of Social Anthropology/Sociology and Social Work, P.O. Roma 180, Roma, Lesotho. Email: [chitereka@yahoo.co.uk](mailto:chitereka@yahoo.co.uk).

## Modern Social Support Structures: Online Social Networks and their Implications for Social Workers

**Kala Chakradhar**  
**Victor Raj**  
**Arabella Raj**

***Abstract:** Mapping and assessing social networks and the quality of their social support is a valuable intervention strategy for social workers. These networks have now spread onto the digital realm in the form of Online Social Networks (OSNs). This study investigated the nature of social support provided by such networks to their users in a rural mid-South University (USA) and explored parallels with the current understanding of social support in conventional social networks. A web-based survey administered to college students revealed that users of these online networks were predominantly undergraduate first year students, female, single, unemployed and from a variety of academic disciplines. The examination of the components of OSNs appears to mirror those of offline networks. They also seem to complement the effects of each other while contributing to an individual's support system. The paper concludes with critical implications of such online social networking for University students and social workers in practice and education.*

***Keywords:** Online social networks; Facebook; social support dimensions; social work practice; PIE perspective*

### INTRODUCTION

Social support has been described as “information leading the subject to believe that he is cared for and loved, esteemed and valued, and a member of a network of communication and mutual obligations” including elements like esteem support, emotional support and network support (Cobb, 1976, p. 300). Social support includes the kind of support provided by ties or links—“social networks”—that individuals have to friends/family and such other contacts. Today these forms of support have been consolidated into functional social support and structural support (Hittner & Swickert, 2001).

The positive role of social support as a moderator of stress and a predictor of good health (physical/mental) has been investigated with diverse populations and repeatedly affirmed in the literature (Brown & Riley, 2006; Clara, Cox, Enns, Murray & Torgrud, 2003; Davidson & Demaray, 2007). Students transitioning to college life are influenced by the nature and quality of their social support. The entry into, and adjustment to, the university context is a stressful transition, requiring encounters with multiple challenges (Clara et al., 2003; Phinney & Haas, 2003). Students adapt using various coping

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Kala Chakradhar, Ph.D., is an assistant professor in the Department of Social Work, Criminal Justice and Gerontology; Victor Raj, Ph.D., is a professor and department chair of Computer Science and Information Systems; and Arabella Raj, M.S., is a research associate; all at Murray State University, Murray, KY. An earlier version of this paper was presented at the 32<sup>nd</sup> Annual National Institute on Social Work and Human Services in Rural Areas, July 25-28, 2007, Montgomery, AL.

mechanisms that could involve social support—both positive and negative. Technology in the form of telecommunications and the internet has brought in several new factors that impact their support networks.

A whole generation of people, especially adolescents and young adults, is now comfortable socializing, learning, and staying current in this virtual world (Subrahmanyam & Lin, 2007). This technology has taken people's need to connect with others and propelled them into a world where, with just a few clicks of the computer mouse, they can invite someone to be a "friend" in an online social network (OSN). Friendships are initiated easily without the benefit/drawback of a face-to-face introduction.

The purpose of this exploratory research initiative was three-fold: (1) to investigate the online social networking phenomenon in a rural mid-south university and explore the characteristics of OSN users in order to arrive at a profile specific to such populations; (2) to explore the nature of the social support provided by these networks in terms of its functional, structural and perceptual dimensions; and (3) to examine the expanded scope for social work practitioners with OSNs, given the key role that social workers play in understanding and working with offline social networks.

## LITERATURE REVIEW

Studying and understanding social networks of individuals and families by social workers has set the stage for assessing available social supports and planning appropriate intervention for enhancing individual and family functioning (MacNeil, Stewart & Kaufman, 2000). Chronister, Johnson and Berven (2006) conceptualize social support through five theoretical models: stress-buffering, main-effect, support mobilization, perceived support, and support deterioration. They further characterize 'social support' as a multidimensional concept consisting of structural, functional, and perceptual dimensions. Structural support represents the quantitative aspects of social support like network size, frequency of contacts, density and composition, while functional support characterizes the degree to which an individual believes that help is available and therefore is seen as a qualitative measure. While structural support also includes social network resources and affiliations, functional support includes emotional, instrumental and informational forms of support. The perceptual dimension includes a more subjective measure relating to the satisfaction experienced by individuals in and through their support networks. They also note that not all social support can be assumed to be positive and beneficial.

Social support is an important predictor of health (mental and physical well-being) with low social support being associated with higher rates of loneliness among college students. Perceived social support serves as a protective factor against mental health problems (Clara et al., 2003). Larose and Boivin's (1998) review infers that first-year students experienced increased stress during their adjustment into college. This is evidenced by low social and emotional adjustment measures compared to junior or senior students, increased feelings of loneliness, report of negative life events and poor academic adjustment. Borsari and Carey (2006) consider formation of friendships to be



crucial for college students in acquiring and establishing a psychological identity in this period of 'major developmental transition.' These friendships with contemporaries facilitate social interactions and opportunities to emulate through role models (p. 361). These connections are sought through associations that support their social identity like ethnicity, social roles (athletes), membership in organizations (sorority) (Weisz & Wood, 2000), 'social smoking' (Waters, Harris, Hall, Nazir & Waigandt, 2006), or alcohol use (Borsari & Carey, 2006). According to Liu (2007) in today's text-heavy online world, identity expression and establishing social links is through creating a social network profile of oneself on online networks. Favorable social networks contribute to successful completion of academic careers (Borsari & Carey, 2006; Weckwerth & Flynn, 2006; Wilcox, Winn & Fyvie-Gauld, 2005).

Highlighting how computer technology and internet use are impacting social relationships in different age groups, Gonchar and Adams (2000) demonstrate a need to explore this aspect of an individual's social system. They recommend inclusion of the online environment in the assessment of client support systems when using the person-in-environment (PIE) approach. Of particular concern for this study are network services like MySpace and Facebook which have been reported to be catering to the academic community, primarily undergraduate populations (Golder, Wilkinson & Huberman, 2006). According to Golder et al. (2006, para 8) a "social network website describes a class of web services that invites users to create an online profile of themselves, most commonly...a photograph, a listing of vital statistics (name, location ... occupation) and interests. Most crucially, these services are focused on allowing users to list other users as 'friends,' thereby linking their pages to one another and publicly demonstrating their connection...." A substantial number of these "friendship" sites are structured to "delineate and build on relationships that members have with each other by virtue of their being part of that (geographic) community" (Barsky & Purdon, 2006, p. 65).

In just two to three years of operation (at the time of this survey), these OSNs had amassed between 10 million (facebook) and 80 million (mySpace) users in the United States. These networks provide opportunities for individuals to create online content, post photographs and video clips, share music, and create and maintain friendships (Barsky & Purdon, 2006; Lorenzo & Dziuben, 2006; Oblinger & Hawkins, 2006). These OSNs have opened outlets for "adolescent expression," information sharing, and skill building, both social and technical (Bradley, 2005). Campbell, Cumming and Hughes' (2006) combined online/offline survey of undergraduate students who were regular internet users, showed that for the "socially fearful" the internet offers a low risk approach to socializing and a preliminary form of rehearsing for future face-to-face encounters. However, the risk of social isolation and loneliness is also present (Campbell et al., 2006).

A nationwide telephone survey in the U.S. in Oct/Nov. 2006 of 935, 12-17 year olds (Lenhart & Madden, 2007) yielded data revealing a predominance of girls among members of social networking sites. Fifty percent of the sample reported using these sites with membership in MySpace, exceeding that of Facebook significantly (12:1). The motivating factors included making new friends and dating opportunities (Lenhart & Madden, 2007). In addition De Gagne and Wolk (2006) found in their survey of a liberal arts college in Massachusetts (n=565) that Facebook/MySpace helps students retain

friends (alumni) and seek academic help. These “virtual communities” hold potential for boosting psychological health through substituting for face-to-face communities and even relief giving outlets like “e-mourning” (Andreatos, 2006). Strong connections have also been drawn to the social capital gains that Facebook users stand to acquire, apart from a boost to individual self-esteem (Ellison, Steinfield & Lampe, 2006; 2007).

The flip side of OSNs has been privacy concerns, risks of defamation, intellectual property ownership (with indiscriminate downloading and information transfer) and deceptive identities. Faculty, administrators, and university presidents sharing Facebook membership has led to some online behavior monitoring (Mitrano, 2006). Prospective employers have been known to use this online medium as a resource for background checks (Oblinger & Hawkins, 2006). The realization of this dubious outcome of empowerment and vulnerability has led to educational institutions creating and implementing policies to help in monitoring such online activity on campuses nationwide.

As cited by De Gagne and Wolk (2006), the effects of this technology may not be uniform across university campuses and may depend on “institutional affluence, student ability, socioeconomic status, and accessibility” (p. 2), to name a few. An investigation of the effects of this form of OSN in a diverse university campus (rural, non-traditional, and international students) (Factbook, 2005-2006) hopes to lead to knowledge of this phenomenon and its possible social support dimensions.

Though there have been reports on use of online therapy in cyberspace as a form of social work intervention (Menon & Miller-Cribbs, 2003) there are no known studies from the social work profession on such online networks and their role. The available literature includes a large number of in-house reports, student papers and limited scholarly work from University populations in the Eastern United States, primarily urban campuses (De Gagne & Wolk, 2006; Govani & Pashley, 2005; Ellison et al., 2006; Liu, 2007)—populations that differ from this rural campus. The reported research is from disciplines like telecommunications (Ellison et al., 2007), media studies (Liu, 2007), communication studies and sociology (Hargittai, 2007). From the social work perspective, can this form of networking be a potential adjunct or even a substitute for conventional offline social supports? Does this form of networking have the potential to create a favorable and socially positive experience and does it carry the risk of ill effects?

For professions like social work, OSNs raise questions about the quality of support they provide. Although strong connections have been drawn to the social capital gains that Facebook users stand to acquire at the macro level (Ellison et al., 2006; 2007), this research focuses on the social support gains at the micro level. The answers that surface from this research could point to the inclusion of OSNs in PIE (Person-In-Environment) assessments using the ecological perspective for social workers and use in campus wellness programs (Myers & Mobley, 2004; Wells, Mitchell, Finkelhor & Blease, 2006). Furman, Collins and Swanson (2003), through the use of illustrative case examples, have demonstrated the importance of helping clients develop friendships as a form of intervention in social work practice.

Towards this end, an exploratory study was designed to identify characteristics of the typical online network user in a rural university and the nature of the social support provided by these networks. The results were used to derive implications for the social work practitioner in rural settings.

## METHODS

After approval from the Institutional Review Board (IRB), a list of all the students enrolled in a rural university of about 10,000 students for spring 2007 was obtained from the Registrar's office. An e-mail (with a link to the web survey) was sent to a proportionate stratified random sample (based on academic classification—First year, Sophomore, Junior, Senior, Graduate and Irregular that matched their distribution in the university population: N=9044. Spring 2007 semester) of 400 students inviting them to participate in the web-based survey. The survey ensured voluntary participation and anonymity. Responses from 82 (a 20.5% response rate) were returned. Earlier web-based surveys at this university had a response rate of 18-20% in spite of incentives and larger sample size (personal communication, Judy Lyle, March 21, 2008). This experience was consistent with online response rate limitations reported in the literature, ranging from 20% to 70% with an average response rate of 36% (Kaplowitz, Hadlock & Levine, 2004).

The distribution of participants closely reflected the population of interest with respect to academic classification ( $\chi^2 = 8.25, p = 0.15$ ) and gender ( $\chi^2 = 0.02, p = 0.89$ ) thereby reinforcing the representative nature of the sample. Though a sampling frame was available and sample representativeness ensured and established, issues of "churn," namely holding multiple email addresses, changing providers, or equipment malfunction (Sheehan, 2001), could have contributed to this response rate.

### Survey Measures

The survey gathered data on functional and structural support as captured in usage habits, preferred features/services, benefits experienced, and technical competence, as well as awareness of issues relating to privacy and security. Though standardized social support measures are available for offline social support assessment, they have been found to have limitations in addressing all support dimensions in one tool (Chronister et al., 2006). Given the unique nature of the OSN and insufficient knowledge of its characteristics, it was necessary to develop a set of questions specific to the nature of this phenomenon using the available literature (Campbell et al., 2006; De Gagne & Wolk, 2006; Ellison et al., 2006; Golder et al., 2006; Govani & Pashley, 2005).

Demographics: This included independent variables like gender, marital status, age, employment status, class load, academic classification, distance from campus, dependents at home, and academic major.

Functional: Functional dimension of social support measures included questions on personal data (profile) posted (birthday, contact information, pictures, etc.), reasons for membership and non-membership, and preferred features of the OSN. Likert-type scales were also used to elicit responses on use and benefits of OSNs (instrumental, informational and emotional support).

**Structural:** To address this dimension, the survey gathered data on the preferred OSNs, duration of membership, frequency of signing in, length of time spent at each login, day of week logged in, and number of friends in their network

**Perceptual:** Likert scales were used to elicit responses as evidence of their perception of positive and negative effects of OSNs: hurt grades, prevented normal social interaction, raised objections from friends or family, unpleasant experience, wasting time, felt less anxious, gave comfort with transitions, helped cope with stress, etc.

The online survey tool allowed the researchers to automatically direct respondents according to their membership in OSNs. Non-users were taken directly to questions about their perception of OSNs and demographics. Users were probed further about their participation and experience in OSNs. The data were analyzed using descriptive statistical measures and contingency tables.

**Sample Profile:** The sample included 59% females and 38% males with 3% not indicating gender (n=82). The respondents identified themselves as first year (15), second year (14), third year (12), fourth year (23) and others (6). The average age of the respondents was 26 (SD = 8.84). Unlike other reported studies with university populations (Govani & Pashley, 2005; Ellison et al., 2006), this sample exhibited higher dispersion with respect to age due to the presence of non-traditional and graduate students. Of the 82 respondents, about 60% were single, 25% were married and 20% had children less than 18 years of age living with them. About 63% were employed, with about 30% working 10-20 hours a week. These variables (marital status, employment status, dependents) have not been included in earlier research nor has their relationship to the use of OSNs been examined. With about 70% residing within 3 hours' driving time from campus, a sizable number of students were not too far from their existing offline networks.

To investigate whether the availability of free time encouraged the use of online social networks, data were collected on group affiliation, academic load and choice of academic major. Of the 82 respondents, about 37% reported being affiliated with religious groups, 22% with athletics, 13% with fraternities or sororities, and another 11% with art societies or other groups. About 26% had no such affiliations. The number of credit hours taken ranged from 1-19 with an average of 13 (SD=4). The students represented diverse areas of study with no clear dominance of any single academic major.

## FINDINGS AND DISCUSSION

The survey pointed to several distinct characteristics of participants of online social networks. The following discussion addresses demographic characteristics and social support dimensions (functional, structural and perceptual) of OSNs. Differences between the genders and academic classification were also observed and are discussed.

### User Characteristics

In keeping with the study's core objective, a substantial section of the survey focused on the students' use of OSNs (such as MySpace and Facebook), reasons for use, and

experiences as a result of this use. Ninety-nine percent of the respondents were aware of such networks while seventy percent (58 of 82) were using such networks. About 47% of the users were using more than one OSN including Facebook, MySpace, Xanga, Hi5, Wayn, Bebo, Live journal, Orkut and Inner circle. Facebook and MySpace appeared to be the most popular (47% and 43% respectively) with 35% using Facebook most of the time. For this survey, the participants were asked to respond using a preferred OSN as their frame of reference.

Female users constituted a higher proportion (55%) than males (41%), with the average age of users being 23. All first-year students in the sample and a majority of second year (86%) and third year (67%) students were users. A sizable number were single (71%), worked less than 20 hours a week (51%) and were affiliated with various non-academic groups (79%).

Structural Support: The typical user had to “login” to access such networks. Once logged in, the user can interact with other “friends,” invite others to become friends, and join or start groups with the click of a button. These may be construed as quantitative social support elements for the online community.

Almost 60% logged on to these sites several times a day. Fifty-five percent spent less than 10 minutes during each login. Most (65.5%) accessed these sites throughout the week while about 30% did so only on weekdays, possibly indicating that their usual weekend activities were not affected. Almost 75% of the participants had their accounts for more than a year and reported having links to more than a hundred friends. About 90% sought and added close friends from college and high school to the OSN while 45% accepted friendship from those not known through such contexts. Sixty-five percent of the respondents accepted people as friends only after meeting them face-to-face while 71% seemed comfortable accepting acquaintances as friends.

It therefore appears that through frequent visits, spending time at each logged-in session and the building of networks of friends, users of OSNs do seem to experience a form of structural support similar to offline networks.

Functional Support: Functional support elements address the purpose served by the networks for the individual. In OSNs, most used them for posting of pictures (95%), birthdays (91%), and interests (88%). About 55% posted information about their religion. A large portion of the users did not post their contact information and cell phone numbers (74%). It could be inferred that students in this rural population are cautious about seeking support in an OSN. The most compelling reasons for creating an OSN account were friends' recommendations, a need to be connected, sharing information and making new friends. A very small number (5%) also saw this OSN as providing opportunities to find dates. None of the users in this sample used this medium for job searches.

Like offline networks, functional support in OSNs is derived from sharing information about themselves and learning about others who also post such information. The OSNs also serve the important function of relieving boredom (84%), fighting loneliness (21%) or seeking help for a problem or a crisis (5-12%). They also used these as a tool to “spread the word” and draw people to events or other group activities.

**Perceptual:** The perceptual support dimension looks at the individual's perception of the positive and negative effects of social networks and the kind of support experienced by that individual. About 70% had rejected or ignored requests for friendship primarily because of not wanting to associate with the individual seeking friendship. Other specific reasons given by the respondents were that they did not know them or did not like what they saw posted. One respondent noted that a contact's face-to-face indifferent behavior had helped in the decision to remove the Facebook contact as a "friend." Some highlights from the data suggest that about 40% of the users felt less anxious communicating with people online than they did face-to-face. About 62% felt that the use of these OSNs did not affect their grades while 22% felt that their grades were hurt. Eighty-eight percent of the respondents noted that their participation in OSNs did not result in objections from faculty or family. This statistic may not remain the same as this activity becomes widespread and is perceived as disruptive.

Respondents were also asked about the negative effects experienced due to their sharing of personal information. Members do not have control over pictures of themselves posted by others in their own albums and linked ("tagged"). Twenty-six percent reported that they had some form of unpleasant experience including loss of a potential job and conflicts in intimate relationships. At best this online interaction could be opening doors for new friendships, at worst it could be embarrassing and terminate friendships. Given the openness of OSNs, the potential to cause harm for other users by manipulating such information may be viewed as a form of bullying or hazing, behaviors that exist in offline networks as well.

It is natural to assess potential relationships by observing the individual's behavior prior to developing or nurturing them. In OSNs, this is accomplished by using the built-in safety and privacy features of the OSNs judiciously. About 70% of the users had reviewed the OSN's privacy policy and 78% had tried to change the setting to ensure a secure and safe operation. However there were 20% who had not.

Having examined the nature of social support in OSNs, the following section explores the effects on sub-groups within the sample, especially academic status and gender.

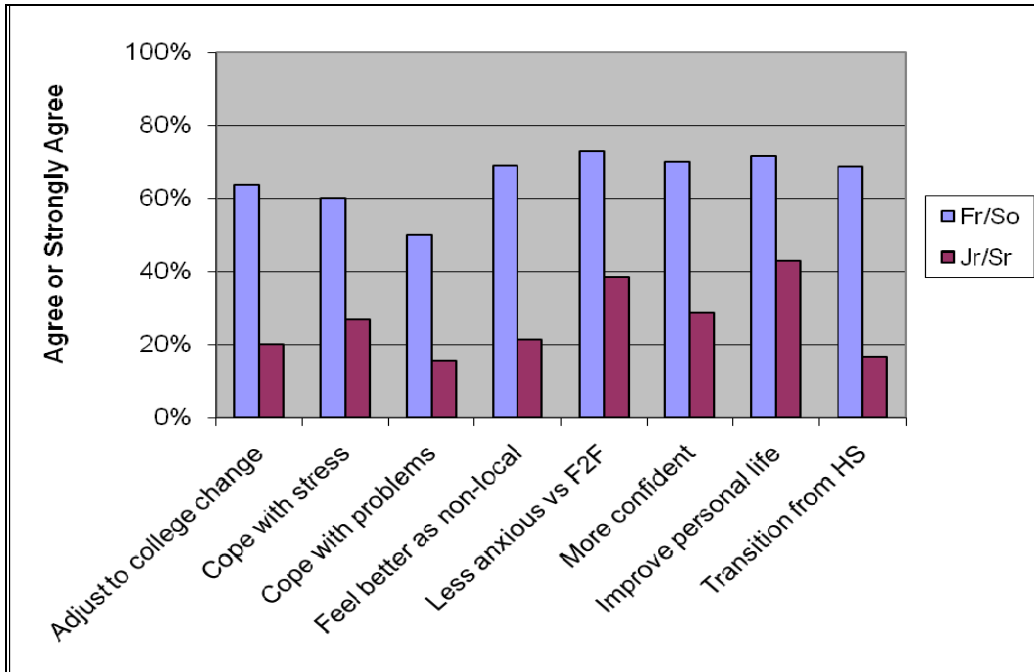
### **Sub-group Characteristics**

**Academic standing effects:** Reviewing the premise that college-going years are a developmental challenge to many, especially first and second-year students, an analysis of the differences between first year/sophomore (underclass) and junior/senior (upperclass) was made with respect to these social support characteristics.

As shown in Figure 1, distinct trends and differences were observed between these groups on some of the support-reflecting characteristics. It appears that more underclass students perceive benefits from OSNs than do juniors & seniors. This measure of the *perceptual* support dimension included Likert-type responses to multiple items where "strongly agree" and "agree" were combined for the values shown in Table 1. The measures showed a statistically significant association between academic standing and

some elements of the perceptual dimension. The underclass students perceived greater benefits in larger numbers from OSNs than upperclass students.

**Figure 1. Perceived Benefits of OSNs**



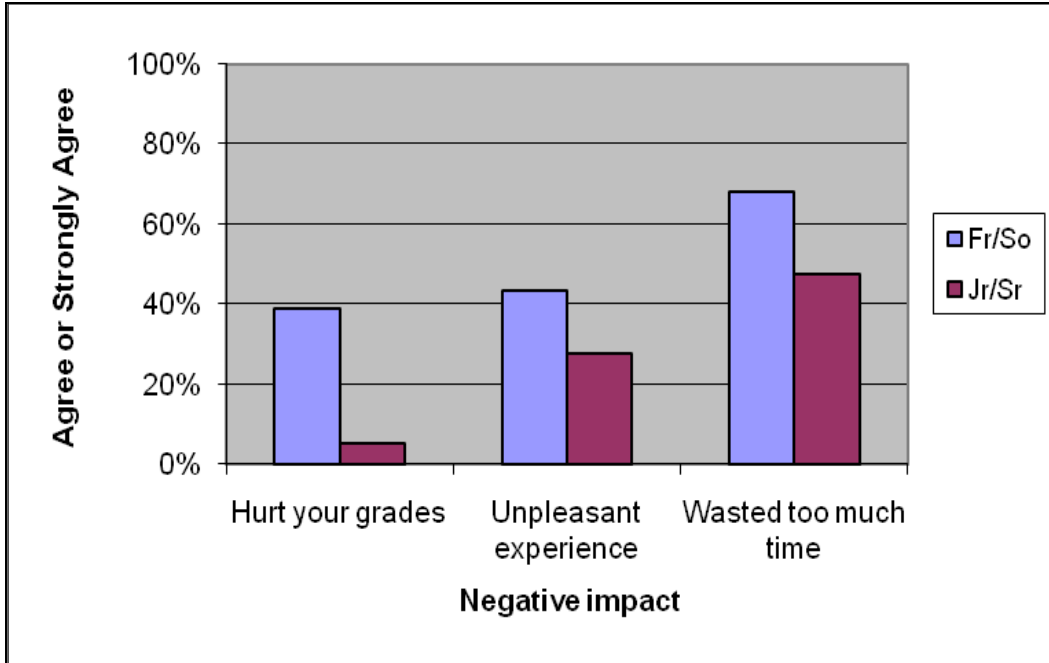
On the other hand, the not-so-beneficial outcomes were also experienced by the younger group, though the association was not statistically significant (Figure 2). It is imperative that social workers be aware of the benefits and dangers of OSNs as experienced by underclass students who are adapting to the transition from the school environment to the college environment.

**Table 1. Subgroup Differences along Perceptual Dimension**

Measure	Female %	Male %	FR/SO %	JR/SR %
Cope with everyday stresses	58	42	75	25*
Cope with personal problems	62	38	72	18*
Feel better since I am not from here	73	27	79	21*
Feel less anxious asking /telling/ sharing things with people than F2F	57	43*	76	24*
Forget problems	36	64	90	10*

$\chi^2, p < 0.05$

**Figure 2: Perceived Negative Effects of OSNs by Academic Standing.**



**Table 2. Subgroup Differences on the Functional Dimension**

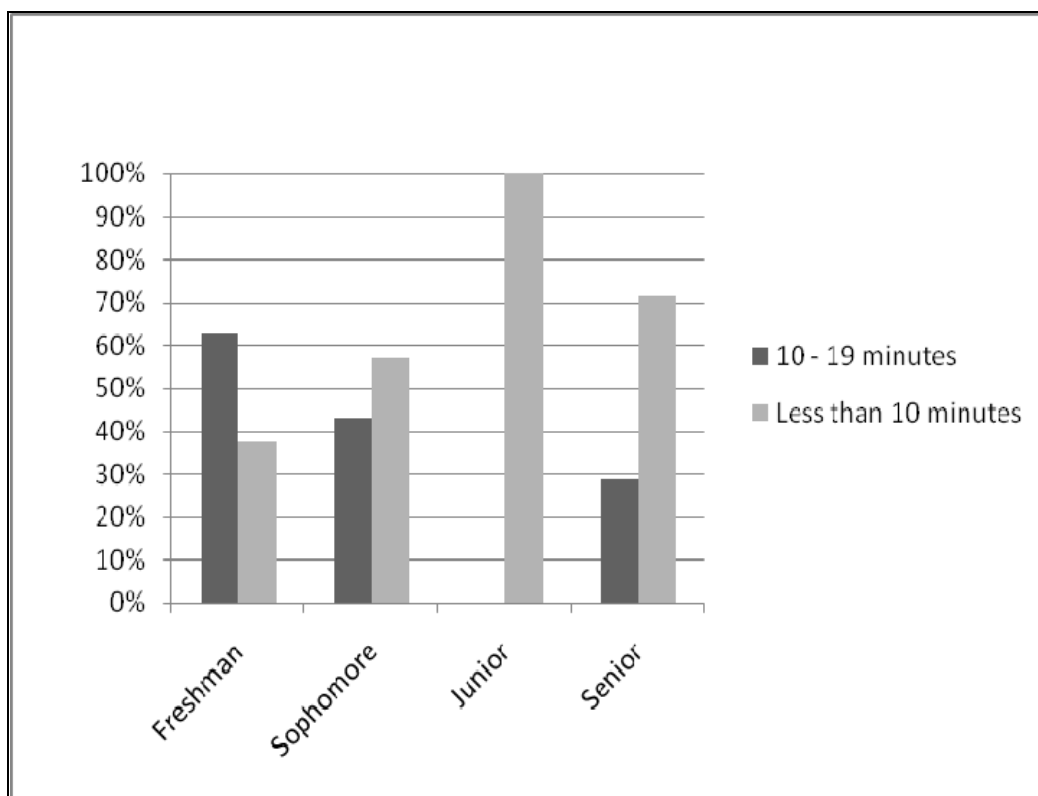
Measure	Female %	Male %	FR/SO %	JR/SR %
Friend recommended	63	37	61	39
Everyone I know is on this	59	41	53	47
Ability to make new friends	57	43	69	31
Used when needing to share a problem	75	25	33	67
Used when needing help in a crisis	67	33	50	50
Learn more about others in your class	64	36	56	44
Learn more about other people living close by	59	41	63	36
See if you wanted to associate with someone or not	42	58	59	41

$\chi^2, p > 0.05$



With regard to the *functional dimension* both groups' membership in OSNs served the function of being able to discreetly assess people they met in their classes or those who lived close to them in order to make decisions about continued networking. Though the data points to some differences in the subgroups, they are not statistically significant (see Table 2). The differences changed direction for only one item, *viz.*, "used when needing to share a problem." Some possible explanations for this reversal: (1) the younger students are reluctant to share their problems because they are still testing their social network and/or (2) the older group has an established OSN that facilitates problem sharing.

**Figure 3: Differences in Time Spent per Login by Academic Standing**



Gender effects: As in offline networks, each gender approached these OSNs differently. Though proportionately more females perceived greater benefits, more males seemed to use OSNs to "forget problems" (see Table 1). On the perceptual dimension items, females were more likely than males to report feeling "less anxious asking/telling/ sharing things with people than face-to-face" ( $\chi^2, p < 0.05$ ).

A similar pattern is observed with respect to the functional dimension with no observed statistical significance ( $\chi^2, p > 0.05$ ). However more males seem to use OSNs "to see if they wanted to associate with someone" (see Table 2). They also used them to

affiliate with like-minded individuals in larger numbers than females. The genders also differed on use of OSN features related to posting birthdays, pictures and interests, possibly a form of seeking emotional support through self-disclosure (Table 3). However, only a small number of males were using these networks to search for dates (n=3).

**Table 3. Gender Preference for OSN Features**

Measure	Female %	Male %
Birthday included	60	40
Interests	53	47
Political views	67	33
Posting pictures	67	33
$\chi^2, p > 0.05$		

As shown in Table 4, significantly more women than men were open to accepting acquaintances as friends for their OSNs ( $\chi^2, p < 0.05$ ). Although further probing questions could have added clarity, this behavior may have been motivated or encouraged by friends, both offline and online. Though statistically insignificant, female users (56%; n=45) changed their privacy settings and appeared to be more cautious than males.

**Table 4. Differences in Subgroups along Structural Dimension.**

Measure	Female %	Male %	FR/SO %	JR/SR %
Logged in several times a day	61	39	60	40
Invite close friends not known through High School and college	58	42	71	29*
Invite acquaintances	63	33	62	38
Accept acquaintances as friends	69	31**	61	39
Accept people you didn't meet F2F as friends	63	37	56	44
* $\chi^2, p < 0.05$ ; ** $\chi^2, p < 0.01$				

As noted by researchers, gender (in conventional networks) "moderates the relationship between stress, social support and health" with favorable effects only for females (Hale, Hannum & Espelage, 2005, p. 277). In peer relationships, men are less likely to confide, express vulnerability, demonstrate affection or discuss personal issues. Intimacy through social support is activity-based in men while it is accomplished through self-disclosure in women. Women are also seen to receive and give more emotional support through their peer relationships than men (Borsari & Carey, 2006).

### Distinction between Users and Non-Users

Defining “non-users” as those who are aware of OSNs but did not create an account on any of these networks, this study explored their reasons for eschewing this activity. A little less than half of the non-users (n=23) were not interested in OSNs. A fifth of them saw this as restricting their other activities and about a tenth saw this as inappropriate for their age (older, non-traditional). Another one-tenth preferred other means of communication like phone, e-mail, and face-to-face conversation. One respondent’s quip was that “they [OSNs] were [a] breeding ground for gossip and smut.... I am a private person who does not like to broadcast [my]...business.”

Finally, some comparisons were drawn between users and non-users with regard to socio-demographic characteristics (Table 5). There was a higher representation of females in both groups (users: 55% to 41%, n=58; and non-users: 65% to 30%; n=23). The average age of the non-users was 38 years while it was 23 years for the users. Of the non-users, 61% were married compared to users (76%) who were mostly single or divorced/separated ( $\chi^2 = 23.44$ ,  $df=2$ ,  $p<0.05$ ).

Taking academic classification into consideration, all first-year students in this sample were users; sophomores and juniors also had a higher representation of users. The distribution among seniors was spread evenly. However, the pattern reversed among graduate and post baccalaureate students with a higher number being non-users.

There was no statistically significant association between number of credit hours a student was taking (less than 12 credits vs. more than 12) and use of this OSN ( $\chi^2 = 3.57$ ,  $df=1$ ,  $p > 0.05$ ). No significant association was observed between employment status and use of OSNs, although OSN users were more likely to report working less than 20 hours a week ( $\chi^2 = 11.20$ ,  $df=1$ ,  $p < 0.05$ ). A larger number of the users had affiliations to various groups (athletics, sorority, fraternity, etc); that is, their usual social support structures were not abandoned/ ignored. A larger percentage of non-users reported no affiliations (39.13%) compared to users (20.69%). This difference could be due to a combination of age and family conditions as well as personal preference.

**Table 5. Characteristics of OSN Users/ Nonusers**

Characteristic	Users	Non-Users
Average age	23	38
Marital status*	Mostly single	More married than single
Academic classification	All first years were users	Mostly post-baccalaureate; no freshmen
Hours at work*	Less than 20 a week	More than 20 a week
Affiliation	Various traditional groups	No affiliation

\* $\chi^2$ ,  $p < 0.05$

These observations on non-users are unique to this study. Other studies that investigated users (members) versus non-users (non-members) had very few non-users for comparison and were only able to report that non-users were older (Ellison et al., 2006; 2007; Hargittai, 2007).

The analyses of the social support dimensions—structural, functional and perceptual—in OSNs reveal a striking parallel to dimensions used in offline social support assessments. That is, we can use the same framework of understanding used in offline networks to understand OSNs and their impact on users. The overall purposes served by these OSNs indicate their use as a medium to socialize and connect. The frequency with which people log on to OSNs and the time spent reflects the time and effort invested in strengthening and maintaining these digital relationships (Golder et al., 2006). Consistent with other studies (Ellison et al., 2006) another purpose served by these OSNs was giving the users something to do when idle, a relatively harmless activity. Consequently, this activity was also perceived as a waste of time. However, these networks facilitate a form of socializing for some, which is less anxiety-provoking than face-to-face interaction. The distinct patterns observed in the underclass and upperclass student experiences lend considerable support to a possible stress-buffering role of these networks in their beginning years of college (Figure 1).

The data also reflect a need for caution in time spent in these interactions that might hinder the academic and/or social experience. Some distinctions observed between the genders validate observations made by other researchers with respect to dynamics of peer associations in offline situations. Respondents' use of discretion in screening people in their network based on their own individual appraisals and ongoing experience is a reflection of the dynamic that is true of face-to-face interactions as well. Although such networks create virtual communities, the tough lessons learned through some negative experiences do re-create the real world of stresses experienced in face-to-face social situations.

## CONCLUSIONS AND IMPLICATIONS

The three-fold purpose of this exploratory study was to (1) arrive at a profile of the typical OSN user in a rural university, (2) identify the online parallels of offline social support dimensions and (3) to examine the expanded scope for social work practitioners with OSNs, given social workers' key role in understanding and working with offline social networks.

This exploratory effort revealed a definitive profile of users of online social networks at this rural university: an undergraduate first year (FR), female, younger in age, single, unemployed, and from diverse academic disciplines. Though the data reveal no clear repercussions on academic performance yet, use of these sites for social networking is seen by users as making considerable demands on time. Those who chose not to participate in such networks did so because of a lack of time. Finally the feedback on its impact does not reveal overwhelming support for using OSNs. In fact, at least half the users saw this type of social networking as fading over time.

In examining the parallels with social support dimensions in the offline environment, it was possible to conceptualize and operationalize similar dimensions in the online environment. This preliminary investigation enabled delineation of the structural, functional, and perceptual elements of online social networking with some overlap. Further research should help validate these observations and add more clarity to these dimensions. The examination of the components within these dimensions appears to mirror those in offline networks. However, what is unusual is that these online networks of individual students exist in addition to their offline networks. They appear to complement each other while contributing to an individual's support system. Thus, OSNs appear to serve an adjunctive function in helping (especially) underclass students acclimatize to the college environment. By extension, colleges may want to consider OSNs as retention mechanisms.

With these explanations in place this research has some direct implications for social workers as practitioners. Apart from being aware of this social trend and its effects, it asks for an inclusion of the online environment as an assessment component, especially with school and college populations. Planning for assessment should include asking questions about membership in these networks and the nature of support experiences, both favorable and unfavorable. Undergraduate populations, particularly females and single individuals in the first two years of college, appear to be a group that may need attention. Anecdotal evidence from the sample university reveals that during new student orientations recommendations for Facebook memberships are made to incoming students as a way of encouraging networking.

The online environment is thus another system to review and evaluate when practitioners use the PIE (Person- In- Environment) approach for social system support assessment. Training for social work practitioners must include assessment and intervention techniques for dealing with internet-related issues and conflicts (Gonchar & Adams, 2000; Wells, 2006; Wells et al., 2006). For others, practitioners may want to recommend that their clients explore such online associations to supplement their possibly weak offline networks.

From a broader perspective, Universities should consider encouraging faculty and administrators to become members of OSNs. This has the dual benefit of opening avenues of socialization outside the classroom with current students and facilitating the maintenance of ties with alumni in a safe and cost-efficient manner. It may also be necessary and prudent for administrators to scan OSN activity of potential employees and students, for example, to limit liability and promote safe practices.

As an exploratory effort, the study has its share of limitations. Apart from the weak response rate some of the questions framed seemed to be ambiguous and may have affected the nature of responses. Though the university's international population and out-of-state students were potential targets, they could not be singled out due to IRB constraints. These groups may be targeted for a separate study in the future. Regardless of its limitations, the value of the study is not greatly diminished and the relevance to practitioners is evident.

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**Author's note:**

Address correspondence to: Kala Chakradhar, Ph.D., 101S Applied Science Bldg.,  
Murray State University, Murray, KY 42071. Email: [kala.chakradhar@murraystate.edu](mailto:kala.chakradhar@murraystate.edu).

## **Virtual Worlds and Social Work Education: Potentials for “Second Life”**

**Robert Vernon  
Lisa Lewis  
Darlene Lynch**

***Abstract:** Virtual worlds such as “Second Life” hold promise for social work education. They may be especially useful for distance/distributed education. Social relationships, groups, organizations and entire communities can be modeled and explored for role playing and laboratory instruction. This article provides an overview of “Second Life,” an example of a well developed virtual world. The CSWE Educational Policies and Accreditation Standards are used to examine possible applications. Benefits such as experiential learning opportunities and problems such as technical mastery are discussed. Virtual worlds can support and may even supplant current approaches for distance education.*

***Key Words:** Second Life, distance education, distributed education, virtual world*

### **INTRODUCTION**

Roughly twenty percent of masters and fifteen percent of bachelors social work programs are currently delivering or planning to develop online degree programs (Vernon, Vakalahi, Pierce, Pittman-Munke & Adkins, 2009). Given this trend, social work educators need to explore options for delivering online courses. The compelling graphic nature of virtual worlds may well support online social work instruction. From our experience, virtual worlds offer promise for holding classes, conducting exercises and role plays, exploring client systems and examining practice competency issues.

Virtual worlds are three-dimensional computer simulations that have been steadily evolving over the last decade (Bartle, 2003; Castronova, 2005). Usually accessed through the Web, virtual worlds have become commonplace for recreation and entertainment. Some, especially those that are created by the participants themselves, have potential for social work education. As reported by the New Media Consortium “The social aspects of virtual worlds are...useful for educational purposes. These worlds lend themselves to role playing and scenario building, allowing learners to temporarily assume...responsibilities without incurring real-world consequences” (New Media Consortium, 2007, p. 18). Ancillary professions such as human services counseling programs are incorporating Second Life into their curricula (Rockinson-Szapkiw & Walker, 2009).

Our work and ideas are based on the virtual world called “Second Life.” Created by Linden Lab Research, Inc., Second Life (SL) holds significant promise for higher education (Conklin, 2005; Hayes, 2006; Linden Lab, n.d.). The authors have been using Second Life for instruction, both in brief classroom demonstrations and for complete

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Robert Vernon, Ph.D., is professor and Lisa Lewis, MSW, is a doctoral student, both in the Indiana University School of Social Work, IUPUI campus, and Darlene Lynch, Ph.D., is Director of the Division of Social Work at the Indiana University Northwest campus.

courses. Second Life is regularly demonstrated in a foundation MSW macro practice course in a session on working with virtual communities. Students are issued pre-programmed “avatars” and explore social service agencies and cause-related simulations that have been developed “inworld” by non-profit organizations.<sup>1</sup> In a second application, students in the last semester of their MSW leadership concentration may choose an online section of a required class that meets and works in Second Life. This hybrid class meets face-to-face at the beginning of the semester and inworld throughout the remainder. Lectures, agency tours, presentations, and class discussions all take place in Second Life. Students work directly with inworld agencies to help them develop strategic plans and social marketing tactics to advance their causes. Students facilitate consultation and focus group sessions in Second Life with community stakeholders. In addition, one of us spent a semester-long sabbatical exploring Second Life towards possible social work education and practice applications.

Second Life offers the same features as text-based course management platforms such as WebCT/Blackboard, Angel, and Sakai. Audio and video streaming, PowerPoint displays, white boards, two-way audio and other common tools can be included inworld just as easily as in text-driven platforms. Links to other media such as websites and video clips can be added. Opportunities for group discussion and collaboration are easy to arrange (Hobbs, Gordon & Brown, 2006). The possibility that virtual worlds may supplement - and possibly supplant - contemporary text-driven platforms has not been lost on higher education administrators and software developers (Carnevale, 2007; Collins & Jennings, 2007; Herz, 2001). Text-base online learning is less engaging than 3D immersion (Brown & Cairns 2004). As a result, colleges and universities with online agendas are pushing virtual world technology.

Instead of just presenting text to students virtual worlds can provide well developed three dimensional visual settings that can be extremely engaging. For example, imagine taking a class on a tour of “CF University” where they can better understand Cystic Fibrosis policy issues [Boomer Island 94, 141, 27].<sup>2</sup> Or consider having students explore what the world may look like to a person with schizophrenia. “Virtual Hallucinations,” created by the University of California at Davis Medical Center reproduces visual and auditory hallucinations in a way that sensitizes students to this condition [Sedig 26, 45, 22] (Yellowlees & Cook, 2006). Or have an administrative practice class sit in on staff meetings every Friday in the “Non-Profit Commons” where seventy agencies discuss strategies and resources [Plush Nonprofit Commons 152, 131, 25]. All of these experiences are available in Second Life.

Virtual worlds vary considerably and range from those for children such as Disney’s “Club Penguin” to the extremely violent “World of Warcraft.” Neither of these, of course, is particularly suited for social work education and many virtual worlds are solely intended for amusement and commerce. It is important to understand a fundamental difference between SL and many other virtual worlds. Most virtual worlds are “games” with specific participatory agendas and payoffs. Gaming worlds have highly organized rules and relationships. SL does not. It is instead a platform where participants may develop simulated environments for any desired purpose. This lack of a specific agenda makes using Second Life a most flexible tool for distributed education programs.

While Second Life is currently very popular—1,400,000 people generally visit within a sixty day period—other virtual worlds are available. Virtual world projects such as “Active Worlds” and “There” have educational possibilities as well (Thomas & Balsalmo, n.d.). The Croquet Consortium “is dedicated to developing and distributing asynchronous and synchronous Croquet-based collaborative simulations, experiential environments and virtual laboratories for industry, research and education. The Consortium is committed to a community-source vision of open software development and distribution.” (Croquet Consortium, n.d.). Rather than relying on a single host server controlled by the provider—a possible liability with Second Life—Croquet-based virtual worlds conceivably could be built by individual universities, making for better control and clear ownership.

While these other virtual worlds may eventually emerge as platforms for instruction, Second Life remains the current “killer app” that is readily available and supportive for higher education. At present there are over two hundred colleges and universities with a presence in SL (Linden Lab, n.d.). Some entire systems such as the University of Texas are developing extended learning environments in Second Life (Linden, 2009).

## SECOND LIFE

“Second Life is a 3D online digital world imagined and created by its residents.” (Linden Lab, n.d.) Participants voluntarily create artificial environments on “islands” called “sims.” Rich three-dimensional renderings range from literal reproductions of actual places—the complete Sistine Chapel for example—to imaginative fantasies that can only exist online [Vassar 169, 86, 24]. Within the sim, the participants create all features including landscapes, architecture, roads, buildings and infrastructure. The scale of the sim can range from a building on a small plot of land to an entire island that is roughly equivalent to sixteen acres in size. Costs and ongoing maintenance fees apply and discounts are available to educational institutions and nonprofit organizations.

While island and sim development is not within the scope of this paper, social work programs conceivably could build complete islands for student recruitment, instruction, and competency evaluation activities. Early adopters are beginning to pioneer sim development. For example, Dr. Cindy Tandy at Valdosta State University has created a complete interviewing laboratory in Second Life. Students can conduct and record mock interviews in home, prison, hospital and office settings. Practice interviews are a common instructional strategy in many social work curricula (Personal communication, 6 September 2009).

Most relevant for social work education, social service organizations and agencies are present and growing in Second Life. For example, the “Plush Nonprofit Commons” and “Aloft Nonprofit Commons” host over seventy non-profit organizations [Plush Nonprofit Commons 128, 179, 26]. Teaching hospitals for physicians and nurses are reproduced in Second Life such as the Ann Myers Medical Center [Hospital 142, 193, 21]. Diversity and populations at risk are well represented in Second Life. One example is the Transgender Resource Center [Milo 239, 36, 21]. Independent counseling services and support groups are also available. Some are staffed by volunteers. Others are serviced

by credentialed professionals such as the Center for Positive Mental Health [Kkotsam 168, 180, 68]. Actual support groups regularly convene in Second Life such as Alcoholics Anonymous chapters [Idunn 110, 53, 107]. Direct services such as information and referral and online counseling by some inworld agencies are provided. Information about services and resources both in the real world and in Second Life is commonly available. In summary, there are abundant locations in Second Life that have potential for social work practice education.

### **Getting into Second Life**

Learning to participate in Second Life is an acquired skill. New participants visit the Second Life website (<http://secondlife.com>) or alternatives such as "Virtual Ability" (<http://virtualability.org>). One goes through a registration process. An "avatar" must be selected from generic choices. A name is selected for the avatar from a list of available surnames, and one is free to use any first name one chooses. Registration is complete and an account is created when verified through email. The participant then downloads and installs the software, called a "viewer," and can begin to participate (Linden Lab, n.d.).

### **The Second Life Economy**

Second Life has a virtual economy in which "Linden Dollars" (L\$) are earned or purchased with real currency. Several levels of membership ranging from free to fee-paid are available. The paid levels allow participants to own land and create sims, but the free level permits a wide range of activities. As of this writing, 1000 Linden Dollars costs about \$4.00 American dollars (Linden Lab, n.d.). In the writers' experience students do not need to spend any money in SL although some occasionally will buy peripherals such as additional costumes for their avatars. There are no associated costs for students or faculty for simply exploring islands and interacting with other avatars or groups. A small fee, generally (L\$10) is charged for establishing a group in Second Life.

### **The "Avatar"**

Participants have complete control over the avatar that represents them. With practice, one can literally change the avatar's gender, age, race, ethnicity, ability, and even species. As a result the participant can create a literal interpretation of herself or himself or instead assume a wholly different visual identity and persona. Thus the abilities to experimentally explore diversity and the presentation of self are well developed (Meadows, 2007). For example, as an initial test of student competencies at mastering Second Life we have used a "Been there-done that" assignment that requires students to create two different avatars. They craft one avatar that looks as close to their real world selves as possible and an antithetical one that differs in gender, race, age, body morphology, and dress. Students then explore sims with each avatar to see how they are treated inworld because of their appearance and report results. This sharpens their awareness of how appearance influences acceptance, a dimension of the professional self.

### **Communications in Second Life**

Avatars can interact with each other on a one to one basis and in groups of up to about fifty avatars within the same island. The most common form of communication is through typing out messages and clicking on a chat button to post the message to the screen. All participants nearby can then read what is being said. A second means for communicating is through Instant Messaging, or "IM." This channels communications directly to an individual within a group without others seeing the contents. In a sense, this is like being able to privately whisper to a friend nearby. Thus, several ways to coach students in role play activities are available. For example, in a role play assignment the instructor can watch two students engaged in a mock intervention, one impersonating the client and the other the social worker. Both students can directly see each other's dialog as can the instructor. Should the instructor wish, she or he may send an instant message to only one of the students, perhaps to redirect questioning. This message will only be seen by the student to whom it is directed and not by both. As a result, the ability to use instant messaging so that only one of the role players sees the communication offers opportunities for coaching (Bender, 2005.)

Instant messages can be sent to participants who are not inworld and will be delivered when that person signs in, making delayed and asynchronous communication possible regarding meeting announcements, lectures, or special events. Voice is also available if the user has a working headset with a microphone. The avatar can also move its body, head, arms, and face to make non-verbal gestures such as pointing, laughing, and shrugging. A wide range of additional gestures are available. Thus, non-verbal communications are possible and these too can be incorporated into role plays and exercises.

One is often struck by the truly global nature of Second Life: It is not unusual to see avatars talking in other languages. Several online translators facilitate communication. These can be brought up on the screen as "HUDs" or "Heads Up Displays." With the exception of voice, all communications in SL can be recorded and copied as text. This allows participants to create a permanent written record of the inworld session. Cutting and pasting transcripts into word processing documents can be easily done through simple keystrokes. For example, in the macro course described at the beginning of this article students regularly interview stakeholders who are developing non-profit sims. The students help them generate "SWOT" plans (strengths, weaknesses, opportunities and threats) to advance their causes. Students probe these factors with organizational leaders inworld and completely record transcripts from focus groups for subsequent analysis and incorporation into recommendations. This results in a written record of how the students' competencies in mastering the SWOT process have developed.

### **Movement within Second Life**

The avatar is capable of movement throughout most of Second Life, and can "Teleport" between the different islands through simple keystrokes and "Landmarks" that denote specific sims inworld. Once teleported, the most common method of getting around on an island is getting the avatar to walk by using the direction arrows on the

keyboard. Flying is also possible. Within our experience students can reasonably learn these skills within a short time. This is convenient when demonstrating Second Life in single class sessions such as the previously mentioned unit on virtual communities. We keep an inventory of demonstration avatars with preset landmarks for specific non-profit sims that the students can easily use for short visits inworld. "Teleporting" to islands is easy in Second Life, and students guide their demonstration avatar to the assigned sims. Once there, they walk about and explore what the sim's creators have provided and their findings are then discussed.

### **Relationships in Second Life**

Given that tens of thousands of people participate in SL at any given time, many social interactions and relationships become possible. The two common strategies are forming friendships and joining or creating interest groups. Typically, one interacts with peoples' avatars through typing or voice. Should one want to form a more permanent relationship, a right click on the other person's avatar brings up the "Add Friend" choice. If accepted, the person is automatically added to the "friends" inventory that is readily accessible. One can add private notes about the "friend," making it possible to keep track of whom one has added to the list. It is easy to instant message friends, offer a teleport, enact payment if a financial transaction is being negotiated, and allow them to see your location and online status if desired. As a result, social contacts are easy to form and maintain.

Thousands of specialized groups are available in Second Life. These range from interest and amusement groups to cause-related professional organizations. For example, the "Path of Support" on Healthinfo Island lists over seventy different support groups that regularly meet in Second Life. The path is categorically organized and includes disability, mental health, addiction, abuse, family, bereavement, and health groups. [Healthinfo Island 93, 73, 21]. The "Social Workers of Second Life" has over one hundred and twenty members from many different countries. Most groups are free, and generally open to the public. Others are more restrictive and can only be joined by contacting the owner. Announcements may also be posted for group events, and members who are not inworld will see them when they come inworld.

The groups feature is very helpful when teaching in Second Life. We create an exclusive group for only our class members and require the students to join as proof of beginning competence, part of the "Been there, done that." assignment. Once the group is established it becomes easy to send announcements to the class and also provide Teleport locations for class meetings and assignments. When we are holding a regular class session avatar-to-avatar we simply put the location into an announcement that all students will see when they come inworld. Many possible meeting places for holding classes are located throughout Second Life.

### **Distributing, Accessing, and Recording Information in Second Life**

In addition to providing opportunities for social contacts, developers often provide information for visitors. Many information kiosks invite the user to "touch" and receive

information, usually through “Note Cards” about features within the sim or events. In addition, one can easily add ancillary websites through URLs. It is also possible to record visual information in Second Life by taking single snapshots and recording movies via supplemental screen capture software such as “Camtasia.” Called “machinima,” motion pictures of events in Second Life can be recovered and edited for both education and evaluation.

### **Supports for Distance Education**

Distance based class discussions are actually easier to follow inworld than through text-based chat rooms. This is because one can see when a student is going to type something *in advance* plus there are *visual cues* from the avatar. This makes conversation more natural and less disjointed than in text-only distance sessions. Additional resources are also available. Several complete islands are devoted to education in Second Life such as the Eduislands [EduIsland 148, 69, 23] and the New Media Consortium [NMC Campus 139, 224, 42] and Sloan-C [Teaching 95, 126, 22]. These organizations offer regular meetings and seminars inworld to support distance education. Listservs such as Second Life Educators at [educators@lists.secondlife.com](mailto:educators@lists.secondlife.com) offer online discussions and an ongoing digest of readers’ contributions. Blogs are available too such as the Second Life-education blog at <http://www.SecondLife-educationblog.org>. Finally, regional and national education conferences are available. Some meet inworld, others meet face to face, and some are jointly convened in both.

## **POSSIBLE APPLICATIONS FOR SOCIAL WORK EDUCATION**

The competencies specified by the Educational Policy and Accreditation Standards (EPAS) for the Council on Social Work Education (2008) offer a framework for describing Second Life applications to social work education. The following examples are presented using selected competencies. We have chosen EPAS Educational Policies that correspond to our experience with Second Life, so not all of them are included here. Competencies are practice behaviors that are visible and measurable (Commission on Accreditation, 2009). Second Life lends opportunities to directly observe and record practice behaviors that can provide data for outcome measures on competencies.

### **Professional Identity: Educational Policy 2.1.1—Identify as a professional social worker and conduct oneself accordingly.**

One key dimension of social work identity is knowledge and presentation of the self. Awareness of how one presents the self as a social worker—and how one is perceived by others—is critical to successful practice. Second Life offers a unique opportunity to explore the presentation of self towards competently mastering how this concept may lead to successful practice. As previously discussed in the “Been there, done that” assignment, individual avatars can be radically changed in terms of how they appear. When students explore islands they interact with other Second Life visitors (not necessarily other students) and visit agencies and organizations. They use each avatar separately and record how they are treated in encounters. The results are reported back in the inworld class meetings. This sharpens their awareness of how physical presentation



affects identity and practice, and offers a source for data on how competent the students have become in understanding presentation of self as a professional social worker. This is determined by assessing the depth and sophistication of their comments.

**Diversity: Educational Policy 2.1.4—Engage diversity and difference in practice.**

The opportunities for exploring difference and diversity and practice are abundant. Countless groups from different cultures are available, creating many opportunities for students to interact with people with different and diverse identities from across the globe. For example, isolated people with disabilities such as survivors with neuromuscular disorders often use Second Life as their principle means for establishing social contact (A. Krueger, personal communication, April 11 2008).<sup>3</sup> The accident victim on a respirator and confined to a back bedroom may use Second Life as their *major* source for making friends and enjoying a social life. One complete island, Virtual Ability, has been developed as a dedicated place for people with disabilities where they can learn how to use Second Life for social contact. The orientation pathway can even be negotiated by people who are blind, and assists such as a virtual guide dog or cane are available. As a result, students exploring Second Life have opportunities to interact with people with disabilities and discuss practice issues with them. In our experience, students encountering people with disabilities in Second Life become aware of how differently abled people adapt and form strong social bonds. This is evidenced in comments the students make in our inworld class discussions. We have discovered that it is very helpful to provide students with landmarks to islands that have been specifically developed by people with ability challenges. The Autistic Liberation Front, for example, is a sim created by people within the autism spectrum and includes memorials and a museum [Porcupine 49, 200, 108]. Deaf communities have established a complete island [Cape Able 132, 177, 21]. “Wheelies” is a virtual discothèque for people with mobility challenges. It offers dancing and social contact. Virtual wheelchairs are optional [Taupo 168, 83, 23]. Interactions inworld assist students in separating the individual from the disability and to experience a social environment where it is acceptable to be disabled.

Student competencies can be measured through either direct observation, text-based captures of student interactions, photographs or machinima movies, or through student narratives that analyze diversity and difference experiences. Students’ interactive experiences in Second Life interactions can help them examine their assumptions about differences in values and abilities.

**Populations at Risk, Social and Economic Justice: Educational Policy 2.1.5—Advance human rights and social and economic justice.**

Second Life has many cause-related sims, groups, and complete islands that have missions related to human rights and social and economic justice issues. Learning activities related to increasing student familiarity with current social justice issues and community organizing activities are available. One of us, for example, has had teams of students help cause-related groups develop social marketing campaigns. In this assignment the students are divided into teams of two or three. They must contact the leaders of a group focused on a population at risk and conduct at least two stakeholders’

focus groups among members that specifically address the social marketing concepts of product, pricing, placement and promotion. Once the data from these meetings have been compiled the students then draft social marketing plans for advancing the group's cause and present these to the group's leaders. Evaluating how competently the students have mastered the collaborative role as consultants and also the specific concepts of social marketing is easy because complete transcripts of the meetings and also the recommendations that the students have electronically shared are readily available. We have found that this assignment works well provided the instructor spends a bit of time inworld with the group's leader to explain the nature of the assignment in advance and how the students' product will help them promote their cause in Second Life. This holds particular advantage for the distance-based classroom. When students are geographically isolated from each other, in some cases across state lines or international boundaries, this type of learning experience would be difficult or impossible.

**Research: Educational Policy 2.1.6—Engage in research-informed practice and practice-informed research.**

Interview-based and survey research projects lend themselves to Second Life particularly well. The student teams in the MSW leadership course conduct inworld neighborhood surveys with few difficulties, a classic macro research intervention. The instructor creates a specific research group and requires that students join and wear the group label that appears above their name when conducting neighborhood surveys. This clearly identifies them as researchers. Students then participate in all facets of the research process. Learning activities include questionnaire development, data collection, and analysis.

Using the neighborhood survey assignment in a distance education class would be impossible or extremely difficult in the real world because the students are separated and cannot meet together. Second Life eliminates this barrier because students can easily meet in Second Life regardless of where they and the informants actually reside in the real world. Additional supports for conducting research inworld are also available such as the Social Simulation Research Lab that offers over one hundred and fifty full text references on cyber-research, lectures, seminars and discussions [Hyperborea 220, 87, 23]. Assigned readings and critically evaluating research competencies through graded assignments are thus possible. Second Life also offers numerous opportunities to engage students in naturalistic research experiences where they become the primary data gathering instrument, use qualitative research methods, or engage in inductive data analysis to identify multiple realities.

**Human Behavior in the Social Environment: Educational Policy 2.1.7—Apply knowledge of human behavior and the social environment.**

The following example of a learning activity provides students with the opportunity to apply their understanding of a variety of HBSE theories to avatar behaviors: Have students choose a specific theory, complete associated readings and other research about the theory, and then ask students to join and observe a group of interest in Second Life. The group need not be directly related to social work practice and may exist for social

contact or recreation, although many practice-relevant groups are available such as the Grief and Loss support group that meets in “Rachelville.” [Imagination Island 42, 143, 151] or the regular Friday staff meetings in the Nonprofit commons mentioned above. Students join the group, observe meetings, and assess human and group behavior in terms of the theory. Students can be paired and asked to observe the same human or group behavior that they assess using different lenses or paradigms such as a strengths-based perspective and one that is pathology-based. Presentations to class members facilitate instructor assessment of competency.

### **Educational Policy 2.1.9—Respond to contexts that shape practice.**

In some respects, virtual worlds *are* new contexts that shape practice. Just as the ascension of the World Wide Web dramatically opened up countless opportunities for discovering and exchanging information and social networking, virtual worlds are often populated with people seeking services and opportunities for practice.

Speculatively, problems with addiction to Second Life may be present as well, just as with other psychiatric disorders that involve electronic media (Block, 2008). For students, experiences in Second Life can powerfully highlight the importance of context. By interacting with other avatars, students can become acutely aware of how they cannot assume anything about the context of another person, and how context-based their own questions and comments may be. Competencies for evaluating contexts include assigning logs and analytical papers that describe encounters with various avatars and sims and how these may be understood. For example, students can analyze their inworld experiences from feminist perspectives identifying Second Life supports and barriers to women realizing their full and unique potential.

## **DISCUSSION**

Based on the examples above, Second Life clearly holds potential for many teaching agendas in social work that are compatible with and support the new competency-based EPAS. Clinical and micro-focused events and role-plays are readily possible. Group opportunities are abundant. Macro practices such as community and organizational leveraging assignments are plentiful. Second Life offers numerous opportunities to observe student competencies in a way that may not be possible in the traditional or text-anchored online classroom. Yet several limitations that the authors have encountered need to be addressed if one wishes to use Second Life for teaching. Possible problems with student access, the learning curve, finding resources, occasional harassment, and resource stability need to be planned for in advance of instruction.

### **Access Issues**

Students must have high-speed Internet connections and adequate graphics cards in their computers to successfully participate in Second Life. Yet this is not always the case (Hawkins & Oblinge, 2006). Some students may not have adequate connections or computers, so alternatives such as having dedicated machines on campus, perhaps in a lab, may be needed. Moreover, university rules regarding software placement and the

nature of the equipment in computing labs can present policy and investment barriers that may need to be addressed. For example, if the university recycles older computers into laboratories, the obsolescent machines may not be able to support Second Life. From our experience, having Second Life available in the campus computer labs has been very advantageous because it makes participation possible even when the student has marginal connectivity elsewhere. This strategy may not work for completely distributed classes, but hybrid courses that include accessible face to face meetings may find this advantageous.

Access, however, has more than technical dimensions. The 3D world of Second Life is extraordinarily visual, so students with sight disabilities will need accommodations. Just as sign language interpreters are often used in the classroom with deaf and hard of hearing students, similar assists may be necessary for students with visual challenges. Students from deaf and hard of hearing communities should have few problems provided that communications are kept to typing and the voice feature in Second Life is not used. Students with motor impairments may also encounter difficulties because Second Life is very dependent on keyboard and mouse controls. Development efforts are underway to help resolve this, although the current state of the art is not complete (Foster, 2007). As discussed above, Virtual Ability Island is available to help people resolve disability access issues. It is voluntarily staffed and the volunteers are trained in providing all comers with adaptive accommodations for Second Life participation.

A final access issue is the age of the student. Second Life is limited to participants aged eighteen and over, and actual birthdates are required in the registration process. As a result, under-age students, especially first year undergraduates, may not be able to participate.

### **Mastery Issues**

An additional problem must also be taken into consideration: Second Life has a significant learning curve. Students are not able to simply get into Second Life and immediately participate as is the case when visiting a website. Several hours of practice are necessary for acquiring basic social, navigation and communication skills needed to fully participate. Moreover, documentation that explains different procedures and features in Second Life is often spotty and uneven because the islands and sims are developed by many people without an overarching managerial structure. If the reader wishes to conduct a prolonged class in SL we strongly suggest that students enter SL through the Virtual Ability website and follow the orientation that is provided. In addition, allow students adequate time for skill development. Our approach has been to devote a three-hour hands-on orientation in a computer lab at the beginning of the semester and then provide incremental skill-mastery assignments.

One work-around to avoid the long learning curve is using “demonstration avatars” discussed above that are pre-programmed with landmarks for specific places for the students to visit. Students can learn basic movement skills within a few minutes and, while they cannot extensively participate, they can explore specific islands and sims that

are relevant to the class when landmarks have been pre-programmed into the demonstration avatars.

### **Locating Resources in Second Life**

While Second Life has a built-in search feature, it is not as well developed or sophisticated as web-based search engines. As a result, searching for resources such as people, places, or groups can be time consuming and may not always be successful. While this may improve with future iterations in the Second Life platform, students and instructors may be frustrated when trying to locate specific resources. One strategy we use is to simply set specific landmarks while exploring inworld to build up an inventory and electronically distribute this to students (Vernon & Lynch, 2009). Within the Second Life world, one can also use the “Map” feature and record sim locations. Nevertheless, finding and keeping track of teaching-relevant resources in Second Life remains challenging because of search limitations and the fact that sims occasionally change, expand, or disappear.

### **Griefing and Harassment**

As in the real world, deviant behaviors are present in Second Life. It is important to remember that there are sexually explicit and violence-prone sims in Second Life such as simulated crack houses and other locations that students may find offensive. Some avatars are sexually explicit and engage in exposure and confronting behaviors. Warning students about these possibilities must take place. This has a possibly positive dimension as this correlates with harassment and safety issues in actual field placement training. Real life brings difficult clients with inappropriate behaviors, and Second Life could potentially be helpful as a laboratory experience where competencies in dealing with difficult or aggressive people can be developed either through chance encounters and subsequent discussion or intentional role-playing.

There are two dimensions to “griever” behaviors. Some “griefers” intentionally attempt to wreck or severely disable sims, just as some hackers attempt to destroy websites. If this happens and if students have been directed to a “griefed” sim, then learning opportunities may be lost or delayed because the sim doesn’t work well. While rare, this remains a possibility. A more sinister dimension is personal assault from malicious avatars. Linden Lab provides community standards for behavior as policy assistance but these are no deterrents. Malicious avatars may push, accost, or physically assault innocent avatars. More commonly, verbally abusive behavior can be presented. The authors have occasionally encountered griefers who spew extremely offensive racist, sexist, homophobic, anti-Semitic, and anti-Muslim speech. Problematic behaviors can be reported to Linden Lab, but there are no assurances that students will always have safe encounters. Liability and risk issues concerning student exposure to abuse remain unresolved at this time (Bugeja, 2007).

While we have found that griefing is rare, especially in social service related sims and islands, it remains a possibility. At minimum, students must be warned about this possibility, just as they hopefully are forewarned in real-life field settings. An alternative

is to build and use “private” islands and sims that are solely dedicated to education. Private islands and sims can be completely restricted only to allow authorized visitors. This may become a common practice within higher education.

### **Stability and Attendance**

A final concern is how stable some sims may remain and how long they will be available. For example, the Plush Nonprofit Commons and Healthinfo Island sims—very promising for social work education—are supported by grants and fund-raising. Thus there are no assurances that these will continue to be available. In our experience this is similar to using websites in class or as assigned readings: they sometimes disappear! While Second Life is less volatile than the web, the best strategy to overcome this is to preview sims prior to using them in class and make alternatives available as needed.

Who comes inworld to visit sims and when they do so is an issue as well. We term this the “nobody is home” issue. Some sims enjoy constant visitors and high use while others, even when well constructed and interesting, seldom attract many people at the same time. For example, the cause-related sim “Camp Darfur” provides information on genocide [Better World 179, 243, 21] but it is usually empty of other avatars. An instructor who wishes to have the students interact with other participants will need to carefully plan for this limitation. One contributing factor is time; people from Asia or Europe tend to be more active during hours when people in the Western Hemisphere are generally unavailable.<sup>4</sup>

## **CONCLUSIONS**

While there are distinct drawbacks to using Second Life, chiefly the time it takes for students to develop skills, technical and ability challenges, difficulties finding specific locations, and occasional griefers, the authors believe that virtual worlds such as Second Life are well worth exploration and incorporation into social work education. To summarize some of the lessons we have learned: Allow time for mastery if one plans to extensively use Second Life. Using the Virtual Ability entry into Second Life and their “Orientation Island” greatly eases this transition. Demonstration avatars for shorter forays inworld are very helpful. We acquired these by asking students in the inworld class to “donate their avatars to science” after the class ended and this has worked well. Making certain that students are fully advised about what is required for participation—and having alternative learning opportunities not linked to Second Life—is extremely important. Our inworld macro practice class, for example, has an identical section that meets face to face.

Other opportunities for using Second Life in different ways are possible and, while we have only provided sample experiences, other EPAS competency areas merit exploration. Using structured role-play assignments to assess, intervene, and evaluate practice in different settings is certainly a possibility. Direct policy leveraging can also take place in SL. For example, an extensive simulation of a hospital complex was designed in the United Kingdom for the United Health Service by the National Physical

Laboratory to demonstrate how wraparound care could be deployed. The simulation was specifically designed to leverage Parliament [National Health Service 174, 14, 26].

While speculative at this point, it seems plausible that *standardized clients* could be developed in Second Life through artificial intelligence (AI) programs. A reliable AI standardized client could provide consistent experiences and measurable outcomes for evaluating student practice competencies. For example, “bots”—automatons that look like avatars and are crafted to respond to students through AI—could be programmed to interact with students in predictable ways. This would allow evaluation of student competencies in a way that holds client variation constant against a known standard.

This paper has mainly focused on using Second Life as a platform for distance education programming. Using Second Life in the traditional face-to-face and hybrid distance education classroom invites exploration as well.

While we currently are limited to contemporary course management platforms, these will evolve. Additional “Web 2.0” applications such as blogging, wikis, RSS feeds, social networking, collaboration, mashup database sharing, geographic information systems, podcasting, social bookmarking, and other emerging technologies will transform course management platforms. Virtual worlds may play a key role in how these innovations are incorporated into teaching. If we as a profession wish to develop successful distributed programs, then virtual worlds such as Second Life are well worth exploration and evaluation. As with any new technology, Second Life and other online “Virtual Worlds” will continue to develop over time and many of the current limitations should be overcome. Just as social work education and practice today is no longer what it was pre-Internet, the existence of virtual worlds may shape the future of social service delivery and social work education.

## Endnotes

<sup>1</sup> “Avatars” are graphic representations of the end user or participant in a virtual reality simulation. This 3D pictorial representation symbolizes the user. Avatars may be depicted as humans, cartoons, animals, or other characters. The user participates in the virtual reality simulation through manipulating the avatar. “Inworld” is the term for being connected to and actively participating in Second Life. It is a common term in Second Life, similar to “login” or “logon” in email.

<sup>2</sup> There are no citation protocols for orienting readers to specific locations in virtual worlds. Locations in Second Life are provided by giving the name of the island where the sim is located plus latitude, longitude, and altitude coordinates. This is the convention used by Linden Lab. We have provided this information for specific sims inworld should the reader wish to view them.

<sup>3</sup> Alice Krueger is “Gentle Heron” in Second Life, and has been instrumental in establishing “Virtual Ability, Inc.” a 501(C)3 organization that offers resources for different communities of disabled people. She and other colleagues recently receive a \$300,000 Linden grant from the Annenberg Foundation to help develop support groups for people with disabilities. Virtual Ability recently was awarded the first Linden prize as “an innovative inworld project that improves the way people work, learn and communicate in their daily lives outside of the virtual world.” (<http://virtualability.org>).

<sup>4</sup> The convention “SLT” is the term for “Second Life Time,” necessary because of the need to coordinate times for meetings inworld on a global scale. It corresponds to Pacific Standard Time.

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**Author's note:**

Address correspondence to: Robert Vernon, Ph.D., Indiana University School of Social Work, 902 West New York Street, Indianapolis, IN 46202. Email: [rvernon@iupui.edu](mailto:rvernon@iupui.edu).

# Research Training, Institutional Support, and Self-Efficacy: Their Impact on Research Activity of Social Workers

Mark Thomas Lynch  
Lening Zhang  
Wynne S. Korr

**Abstract:** *While the expectations for social work practitioners to do research have increased, their involvement is still limited. We know little about what factors influence involvement in research. The present study proposes a theoretical model that hypothesizes research training and institutional support for research as the exogenous variables, research self-efficacy as an intervening variable, and research activity as the endogenous variable. The study tests the model using data collected from a random sample of social workers. To a large degree the data support the model. Research self-efficacy has a significant effect on research activity. It is also an important mediating variable for the effect of institutional support on research activity. Although institutional support for research has no direct effect, it has an indirect effect via self-efficacy on research activity. However, research training has no effect on research activity and self-efficacy in research. The implications of these findings are discussed.*

**Keywords:** *Research self efficacy, research training, research activity*

## INTRODUCTION

For some time, authors have expressed concern about the level of research activity among social workers (Cheetham, 1997; Rosen, 2003; Rosen, Proctor & Staudt, 1999; Shaw and Lishman, 1999; Thyer, 1991). For too long social workers have relied on treatment that is not research based (Rosen, 2003). We need to accumulate evidence about the effectiveness of social work interventions (Evidence-based interventions) and to be able to demonstrate the profession's contributions to solving the problems of individuals as well as larger social systems. With this increased emphasis on accountability and on measuring if treatment is effective, social work research is considered more important than ever (Cheetham, 1997).

Accountability in the consumer-social worker relationship also necessitates involvement in research. There is a fiduciary relationship between the consumer and the social worker which is based on the trust that the consumer places in the social worker to act in the consumer's best interest. It is difficult to show that the social worker is acting in the best interest of the consumer unless the social worker has evidence of the effectiveness of treatment, based on the social worker's own research or the research of others (Kutchins, 1998).

It is a fundamental responsibility of human and health service professionals to participate in advancing the knowledge base of their professions (Austin, 1999). The knowledge base of social work must continuously expand due to the nature of our role as

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Mark Thomas Lynch, Ph.D., is an associate professor and program director in the Department of Social Work and Lening Zhang, Ph.D., is a professor of Sociology, both at St. Francis University in Loretto, PA. Wynne S. Korr, Ph.D., is a professor and Dean of the School of Social Work at the University of Illinois at Urbana-Champaign.

change agents in a changing society. Old methods of intervening may not be adequate in our new culture, and new methods of intervening should be constantly developed through research activity. The profession has acknowledged a need to produce research on interventions to continue the development of a knowledge base for making clinical decisions with clients which in turn will produce more effective interventions leading to improved social work outcomes (Gellis & Reid, 2004).

There is a need to increase research by social workers and educators. The Task Force on Social Work Research (1991) indicated that only 900 individuals of 400,000 practitioners and 4,200 educators had published research results between 1985 and 1991. Gerdes, Edmonds, Haslam and McCartney (1996) found that only a small minority of MSW practitioners used empirical measures of treatment effectiveness. There are compelling reasons for social workers to research their interventions. It appears that social work organizations have been supportive of this research; however, the amount being performed by individual practitioners is quite limited.

The National Institutes of Health (NIH) (2005) have identified a need for social work intervention research and have provided funding for the research through a number of grants. This Program Announcement indicated NIH's belief concerning the importance of social work research:

As one of the largest allied health professions in the U.S., social work is a primary provider of psychosocial interventions and services intended to facilitate treatment of medical conditions, improve disease management and prevention, and address related social, psychological or emotional problems in order to improve health and functioning.... An empirical approach to understanding the mechanisms of action in social work practice, to improving the efficacy and effectiveness of social work interventions, and to disseminating and implementing exemplary practice approaches and methods can add a significant but understudied component to the portfolios of various NIH institutes and make a unique and important contribution to improving public health (National Institutes of Health, 2005).

The current study explores factors that influence research involvement in the social work profession. The major factors studied are research training, institutional support, and self-efficacy. Building upon previous studies regarding research training, institutional support and self efficacy, the purpose of this study is to assess how these factors influence social workers in their involvement in research activity by developing and testing a theoretical model

### **INFLUENTIAL FACTORS IN RESEARCH ACTIVITY**

Several studies have addressed factors that may influence research activity (Gerdes et al., 1996; Fraser & Jensen, 1993; Holden, Barker, Meenaghan & Rosenberg, 1999; Kirk, 1999; Lindsey, 1999; Monette, Sullivan & DeJong, 1998; Proctor, 1990; Rubin & Babbie, 2001). Some concentrated on research training (Fraser & Jensen, 1993; Kirk, 1999; Lindsey, 1999; Proctor, 1990), and others examined the role of institutional support and self-efficacy (Gerdes et al., 1996; Fraser & Jensen, 1993; Holden et al., 1999). All

the studies have documented the factors individually. No study has made a systematic assessment of how these factors interrelate in their effects on research activity. The present study utilizes the findings from these studies and develops a model that addresses how the factors affect research activity.

### **Research Training**

Some educators suggest that the best way to increase knowledge about evaluating practice is to teach students to integrate rigorous research in their social work practice (Fraser & Jensen, 1993; Kirk, 1999; Lindsey, 1999; Lyons, 2000; Proctor, 1990). Others found that social workers do not believe that they have sufficient training to effectively use research methods (Dunlap, 1993; Epstein, 1987; Wodarski, 1986). Training appears to be an important factor according to many researchers.

Reid (1993) reported that CSWE has been successful in the past in promoting research education in the social work curricula. In 1982 the Council on Social Work Education mandated that MSW and BSW programs include education to show students how to do systematic evaluation of their practice. Students must learn to answer the question "What is the point to what I'm doing?" (Cheetham, 1992, p. 268). The Council on Social Work Education's *Handbook on Accreditation Standards and Procedures* (2003) specifically indicated three areas of research training for MSW students: "1.) Content on qualitative and quantitative methodologies to build practice knowledge; 2.) Preparation to develop, use and communicate empirically based knowledge including evidence-based interventions and; 3.) Research knowledge to provide high-quality services; to initiate change; improve practice policy and service delivery; and to evaluate one's own practice" (p. 104).

However, problems in research training of MSW students have been observed. Rosen (1996) noted that one of the obstacles to performing practice research is found in MSW training. He identified three concerns: 1) selective use of examples and applications, 2) unclear criteria for use of different designs, and 3) failure to encompass practice complexity (p. 106).

Lyons (2000) argued for the development of research material in social work education. She suggested the need to "promote methods and approaches compatible with the overall goals of social work" and use of interactive forms of research where people are participants in the research process (Lyons, 2000, p. 441). She indicated a number of factors that influence an institution's level and quality of the research enterprise related to social work, including the value placed on research, incentives and resources available to undertake research, credibility accorded certain types of research and the different career patterns of social work educators. She stated that "research must be an essential component of social work education and professional activity" (Lyons, 2000, p. 446).

Proctor and Rosen (2008) discussed the need for social workers to do more research, its applicability to the profession, and how research can help guide social worker's practice. They also identified challenges that social workers face such as the inability to use research due to the lack of preparation, their attitudes about research, and lack of

awareness of relevant literature. They also indicated that some social workers have difficulty using research effectively due to training issues.

Unrau and Grinnell (2005) examined research self-efficacy of undergraduate and graduate social work students. Their finding indicated that students have a wide range of confidence in doing research both at the beginning and after completing a research course. They discussed a positive research training experience by social work instructors as being essential in the training of social workers.

### **Institutional Support for Research Activity**

Support in the work environment is also related to research activity by social workers. Rubin and Babbie (2001) indicated that getting approval to conduct a research project from a number of different sources, such as agency administrators, human subject review committees, and other practitioners, may take time and be frustrating. Since some studies may take much time, it may be difficult to justify them to agency superiors. It may also be difficult to persuade peers to assume the workload for the practitioner who is doing research. These problems would affect the support that the practitioner feels for doing research.

Monette et al. (1998) described some additional costs of research that may be incurred, including salaries of staff conducting research, transportation and living expenses, computer expenses, office supplies and equipment, dissemination of research findings, and incentives paid to ensure cooperation. Many agencies simply cannot afford to support research. Gerdes et al. (1996) reviewed several aspects of the work environment in determining their effects on research activity in a survey of social workers in Utah. They found that work environment factors such as support by peers and administrators, time allotted, and cost impacted research activity.

### **Research Self-Efficacy**

Self-efficacy, a construct from social cognitive theory, involves “people’s judgment of their capabilities to organize and execute courses of action required to attain designated types of performances” (Bandura, 1986, p. 391). Competent functioning is based on both having skills and believing that one can use the skills correctly, or possessing self-efficacy regarding the skill set. According to Bandura, “Self-efficacy not only reduces anticipatory fears and inhibitions but, through expectations of eventual success, it affects coping efforts once initiated.... The stronger the efficacy or mastery expectations, the more active the efforts” (1977, p. 80). Holden et al. (1999) conceptualized “social work self-efficacy” as an individual’s confidence in her/his ability to carry out a wide variety of professional tasks. Research self-efficacy was considered a subcomponent of social work self-efficacy. They attempted to determine if MSW training led to research self-efficacy which, in turn, would lead to social work empowerment, (i.e., feelings of confidence in performing treatment tasks, confidence in measuring treatment results, and enhanced use of research in practice).

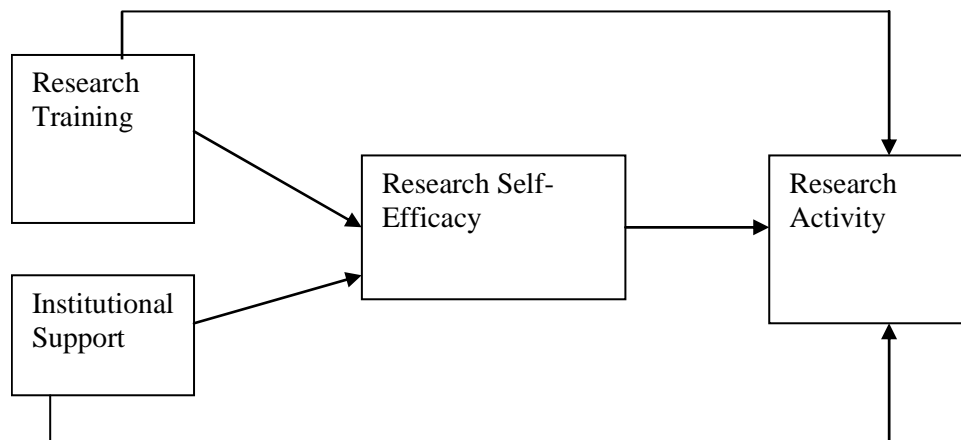
The traditional assumption is that education or training leads to activity, that is, having coursework in research methods should lead to doing research. Self-efficacy

theory suggests that there is an intermediate step, the experience of mastery which leads to perceived self-efficacy. Self-efficacy has been applied to expectations and skills regarding research. A variety of authors have found significant relationships between research self-efficacy and the training that individuals receive in graduate school in social work and related fields (Brown & Lent, 1996; Gelso, Mallinckrodt & Brent-Judge, 1996; Holden et al., 1999; Love, Bahner, Jones & Nillson, 2007).

Agency support for research may also be related to self-efficacy in research. In their study of 96 licensed social workers, Gerdes et al. (1996) found that social workers would evaluate their practice if required to do so. Many respondents in the study also listed a lack of time as a problem in doing research. Therefore, for those social workers who do wish to do research, the reality of their practice situation may preclude them from doing so. Sadique (1999) discussed some questions that researchers ask themselves while preparing to do research in their practice setting. These questions include: "How the researcher/social worker will be viewed in the organization?" "Is the research related to the current position of the social worker?" "How will the research be viewed by the workers, peers, and managers?" "Does the research support the purpose of the organization?" All these questions may affect the researcher's confidence and efforts to engage in research activity, and in turn affect his or her research activity.

In summary, the assumptions are that research training and institutional support for research activity, and research self-efficacy may have direct impact on research activity as the previous studies have documented. Further, the present study argues that both research training and institutional support may affect research efficacy and, in turn, affect research activity indirectly as well. These assumptions and arguments lead the study to propose an intervening model in which both research training and institutional support are the exogenous variables, research self-efficacy is the intervening variable, and research activity is the endogenous variable (see Figure 1). The model involves several hypotheses: (1) Both research training and institutional support for research activity have direct effects on research activity; (2) Research self-efficacy has a direct effect on research activity; (3) Both research training and institutional support for research activity have indirect effects on research activity via research self-efficacy.

**Figure 1: Intervening Model of Research Training, Institutional Support, Research Self-Efficacy, and Research Activity**



## METHODS

### Study Sample

The data for the study come from a random sample of the Clinical Register of the National Association of Social Workers (NASW). NASW is the largest professional organization of social workers in the world, with over 155,000 members. The Register provides a list of social work practitioners that have met the national education and professional standards to be a Qualified Clinical Social Worker (QCSW) and/or a Diplomate of Clinical Social Work (DCSW) (National Association of Social Workers, 2009). The QCSW can be obtained by a social worker that received a masters or doctorate from a Council on Social Work Education (CSWE) accredited program. They must also have 3000 hours of supervised clinical practice and hold a license or certificate in the state in which they practice. The DCSW must have the same qualifications as a QCSW with the addition of three years of advanced clinical practice beyond the QCSW requirements and successfully completion of the NASW Diplomate Clinical Assessment Examination. The sample was 300 individuals randomly chosen from the list.

A mail survey was conducted using available names and addresses in the list. Each survey was coded to a recipient and as surveys were returned, the number from the return envelope was checked. Two months following the initial mailing, a second mailing was sent to those social workers whose surveys were not returned from the initial mailing. All survey responses were confidential. As a reward for participating in the survey, respondents were able to receive information regarding the results of the survey and were eligible for a cash drawing valued at \$100. Ninety-six questionnaires were returned, and 87 were usable. Before the survey was conducted, a pretest of the survey instrument was performed using a convenience sample of 20 MSW level professionals attending a workshop. Some modifications were made in terms of the pretest results.



There is a concern with the representativeness of the study sample because of a low response rate (29%). To address the concern the study compared the demographic characteristics of the sample with those of the study population using age, gender, race, educational degree, and fields of practice. The study sample does not differ from the population significantly in the major demographic characteristics (see Table 1 for the comparison).

**Table 1: Sample Characteristics Compared to Those of the NASW Population**

Variables	Sample		NASW Population <sup>e</sup>	
	Frequency	%		%
Gender <sup>a</sup>				
Female	66	76.7		79
Male	20	23.3		21
Degree <sup>b</sup>				
MSW	81	94.2		91
Ph.D.	1	1.2		6
Other	4	4.7		3
Age <sup>c</sup>				
Under 30	0	0.0		5
30-39	9	12.8		16
40-49	29	37.2		33
50-59	28	35.9		37
60+	11	14.1		9
Race <sup>d</sup>				
Blacks	1	1.2		5
Hispanic	3	3.5		3
Asian	2	2.4		2
Native American	0	0.0		
Whites	67	78.8		89
Other	11	12.9		0
Practice Field				
Private Practice	23	27.1		28
Mental Health	24	28.2		21
Social Service	5	5.8		9
Medical	13	15.3		12
School	9	10.5		8
Other	11	12.9		22

Note: N is different due to missing cases.

<sup>a</sup>Source: (National Association of Social Workers, 2000)

<sup>b</sup>Source: (O'Neill, 2001)

<sup>c</sup>Source: (National Association of Social Workers, 2000)

<sup>d</sup>Source: (National Association of Social Workers, 2000)

<sup>e</sup>Source: (National Association of Social Work, 2001)

## Variables and Measures

The endogenous variable for this study is research activity. The variable is measured using the Empirical Practice and Evaluation Index (EPE) by Gerdes et al. (1996). Originally, EPE consisted of 29 items that measure the extent to which LCSWs used an empirical approach to evaluate their practice activities. The present study used 13 items relevant to this study. Each item asked respondents to indicate how frequently they used a particular empirical evaluation procedure, for example, "How often do you use a single-subject research design to evaluate practice?" Response categories range from 1 = never to 3 = routinely (a list of the items may be found in the Appendix). A sum of the response scores was made to create an index to represent research activity. The standardized Cronbach's alpha is .88 for the index.

The exogenous variables are research training and institutional support for research. Research training was measured using 10 items developed by identifying aspects of research training discussed by Montcalm (1999) and Schunk (1999). Respondents were asked to respond to the items regarding their research training in their MSW programs. For example, an item asks "Did you complete a research project in your MSW program?" There are two response categories, "yes" and "no" for all items (see Appendix 1 for a list of the items). The "yes" responses were counted to create an index of research training. The standardized Cronbach's alpha is .90 for the index.

Five items were used to measure institutional support for research. The items were developed based on a review of the Gerdes et al. survey (1996) and related literature (Babbie, 2000; Briar, 1990; Dunlap, 1993; Epstein, 1995; Fuller, 1999; Monette et al., 1998; Rubin & Babbie, 2001; Sadique, 1999; Wodarski, 1986). Each of the items is a statement regarding the current setting where a respondent practiced. For example, one item states "I am encouraged to perform empirical research on my practice." A Likert-type scale was used for these items, ranging from 1 = strongly disagree to 5 = strongly agree (see Appendix 1 for a list of the items). Items were recoded so that the score of 5 was always for an item that indicated high research support in the work environment. By taking the sum of response scores of the items an index was created for institutional support. The index has a standardized Cronbach's alpha of .65.

Self-efficacy is the intervening variable. It is measured using a scale adopted from Holden et al. (1999). The scale has 10 items that tap different aspects of engaging in research activities. The present study added an item regarding confidence in the use of Single-Subject Research Design. The items ask respondents how confident they are when they engage in research-related activities. A Likert-style scale was used for the items, ranging from 1 = not at all confident, to 5 = highly confident. For instance, one item states, "I am confident that I can formulate a clear research question or testable hypothesis" (see Appendix 1 for a list of the items). The standardized Cronbach's alpha for the index is .94.

In addition, gender, age, race, educational degree, and employment types were also included as control variables in the analysis. They may have some confounding effects on research activity. Gender is a dummy variable coded in the direction of male, and age is measured in years. Race is coded as 1 = White; 0 = other because only a few respondents

are minority group members. Educational degree was also coded as a dummy variable (1 = MSW; 0 = other) because a majority of respondents had the MSW degree (94.2%). Finally, the variable of employment types is also dichotomized with 1 = private and 0 = public (see Table 2 for the descriptive statistics of the variables).

**Table 2: Descriptive Statistics of Variables**

Variable	Mean	Std. Dev.	Minimum	Maximum	N
Gender	0.23	0.43	0.00	1.00	86
Race	0.80	0.40	0.00	1.00	84
Age	49.33	8.67	34.00	72.00	78
Educational degree	0.94	0.24	0.00	1.00	86
Employment type	0.27	0.45	0.00	1.00	85
Research activity	28.13	8.04	15.00	51.00	86
Research training	3.60	3.29	0.00	10.00	88
Institutional support	10.67	3.67	5.00	19.00	87
Self-efficacy	27.85	10.48	11.00	53.00	87

### Analytical Strategy

Path analysis was conducted to assess the intervening model using Ordinary Least Squares (OLS) regression.<sup>1</sup> The analysis first assessed the effects of research training and institutional support on research self-efficacy followed by an assessment of the effects of research training and institutional support on research activity without research self-efficacy as an independent variable. Finally, the analysis assessed a full equation that includes research training, institutional support, and research self-efficacy as the independent variables and research activity as the dependent variable.

## RESULTS

Table 3 presents the results of the path analysis of the proposed intervening model. The table has three regression models. The first model regresses self-efficacy on research

<sup>1</sup> Our sample size of 87 respondents is sufficient to detect the expected differences. There are a total of 8 independent variables in our regression analyses. If we take a fairly conservative approach to allow the  $R^2$  to increase from 0 to 0.20 for the full model, the projected sample size is about 69 subjects.

training and research support along with the control variables. The results show that institutional support has a significant effect on research self-efficacy (Beta = .27 for institutional support). It implies institutional support is an important source of research self-efficacy. However, research training has no such effect.

The second model assesses the effects of research training and institutional support on research activity along with the control variables except the intervening variable of self-efficacy. Institutional support shows a significant effect on research activity (Beta = .23) while research training does not. As institutional support for research increases, the amount of research activity increases. In addition, gender, race, and educational degree are also significantly associated with research activity. Males and Whites were more likely to engage in research activity. Respondents who had a MSW degree were less likely to do research-related activities than those who had other degrees.

**Table 3. Regression Models of Path Analysis for the Effects on Research Activity**

Variable	Model 1		Model 2		Model 3	
	Beta	t-ratio	Beta	t-ratio	Beta	t-ratio
Gender	.16	1.48	.26**	2.51	.20*	2.08
Race	.01	.09	.27**	2.69	.27**	2.85
Age	.18	-1.53	-.09	-.80	-.01	-.14
Educational degree	1.53	-1.67	-.26*	-2.50	-.20*	-2.07
Employment type	.06	-.53	-.19	-1.79	-.16	-1.70
Research training	.04	-.37	-.12	-1.13	-.10	-.99
Institutional support	.27*	2.28	.23*	2.17	.14	1.40
Self-efficacy	-----	-----			.38**	3.63
R <sup>2</sup>	.20		.34		.45	
N	76		75		75	

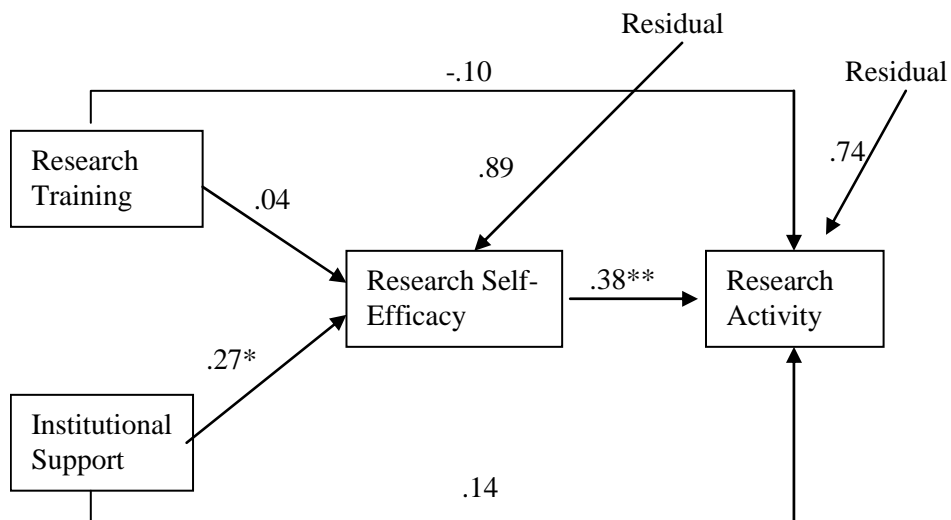
Notes: <sup>dv</sup>Dependent variable for the model.

\*p<.05

\*\*p<.01

The last model examines whether research training and research support have significant effects on research activity when self-efficacy is included as an independent variable and assesses the direct effect of self-efficacy on research activity when the effects of research training and research support, as well as the control variables, are held constant. The results indicate that institutional support is no longer a significant predictor of research activity when the self-efficacy is controlled. Self-efficacy shows a significant effect on research activity (Beta = .38). Social workers who had stronger research self-efficacy were more likely to engage in research activity than those who had weaker self-efficacy. These findings imply that institutional support has no direct effect on research activity. Its effect is mediated by research self-efficacy, meaning that it has an indirect effect on research activity via self-efficacy. Research training still does not have an effect on research activity. Additionally, gender, race, and educational degree are still significant factors when self-efficacy is controlled.

**Figure 2: Intervening Model of Research Training, Institutional Support, Research Self-Efficacy and Research Activity with the Beta Coefficients**



**DISCUSSION AND CONCLUSION**

Previous studies have identified research training, institutional support for research, and self-efficacy as important factors influencing the research activity necessary to establish researched interventions for social workers. Building upon these studies, the present study developed an intervening model using these factors. The model hypothesized that both research training and institutional support are exogenous variables, self-efficacy is the intervening variable, and research activity is the endogenous variable. Using data collected from a sample of registered social workers the study assesses the model. The findings provide support for the hypothesized model.

Research self-efficacy appears to be most important for those social workers to engage in research activity. It has a direct effect on research activity when research training and institutional support as well as several other important variables are controlled. Social workers who had strong self-efficacy in research were likely to do research-related activities. Self-efficacy is also an important mediating factor for the effect of institutional support. These findings support the hypotheses in the model.

Research training does not show a significant effect on research activity when institutional support and other important demographic variables were controlled. It may imply that social work practitioners' self-confidence in research and the working environment are more critical for doing research activities when they get into the actual field. Research training may have already been transformed in the form of research self-efficacy. Another possible explanation of the non-effect of research training is the time since receiving MSW research training. There may be problems with the results due to relatively long time since graduation from the MSW training program. Individuals involved in earlier studies were current graduate students and were familiar with the research training they were receiving, permitting them to better judge the impact of research training on their research activity. On the other hand, since these social work practitioners had a mean graduation year of 1982, many of them had difficulty remembering their research education. They commented that they had difficulty remembering how many research classes they had while in graduate school or what research skills they were taught to use while in graduate school. Perhaps a study of what recent graduates of MSW programs think of their training in research would provide better results that support others who have seen the importance of training on research activity (Lyons, 2000; Reid, 1993).

Finally, the causal order between self-efficacy and research activity may be problematic given that this was a cross-sectional study. If social workers are successful using their research skills and/ or being rewarded for research activity, they may develop more research efficacy. The cross-sectional data do not allow us to have a definitive determination of whether self-efficacy leads to research activity or it is subsequent to research activity. By doing research, the participants may have improved their research self-efficacy. This issue needs to be addressed in future longitudinal studies.

It is a concern that research training in MSW education does not have an effect on research activity in social work practice, no matter what the reason. The Council on Social Work Education had identified research as one of the nine foundation areas necessary in all BSW and MSW curriculums. More recently, the 2008 Education Policy and Accreditation Standards, under Education Policy 2.1.6, indicate that competent social workers must be involved in research:

Social workers use practice experience to inform research, employ evidence-based interventions, evaluate their own practice, and use research findings to improve practice, policy, and social service delivery. Social workers comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge. Social workers

- use practice experience to inform scientific inquiry and
- use research evidence to inform practice. (CSWE, 2008)

Although a supportive research environment is not likely to affect social workers' engagement in research activity directly, it is likely to affect their research self-efficacy and, in turn, affect their research activities through self-efficacy. It also supports our hypothesis and is consistent with the previous studies (e.g., Montcalm, 1999). Social workers often find themselves working in agencies whose administrations are wary of doing research that is not required by funding organizations. The social worker in such agencies meets with resistance by those that must approve research (Yegidis & Weinbach, 2006). Some agencies are concerned that an evaluation of the work done may reflect poor performance. Due to this, some agencies are not only nonsupportive, they are even hostile to research. This makes for a difficult work environment for the social worker who believes it is important to perform evaluations of interventions (Yegidis & Weinbach, 2006).

One implication is that agencies need to look at policies that may affect the level of support they are willing to give social work practitioners who would like to do research in order to increase involvement in research activity. Such support enhances social workers' research self-efficacy. In our study, a high percentage of the social workers felt that institutional support was not evident. Agencies must realize the importance of research on interventions and social workers must inform the agency of the importance of research in the identification of effective strategies that will improve outcomes. Further study is necessary to identify how agencies can be persuaded to support research.

Since the work environment is linked to research self-efficacy, it is important to find ways to improve the support level at agencies. Agency administrators must learn to value research for its ability to show the effectiveness of interventions, and realize that if an intervention is ineffective, it will not help clients, and will also impact the communities' negative or positive perception of the agency.

Social workers are expected to be involved more and more in researched interventions (Evidence-based research) due to the need for effective and accountable practice. As interventions are researched more, there will be increased availability of known, effective interventions from which social workers can choose. Additionally, it is important to the profession that we develop practice guidelines that will help us decide on proper interventions. To establish these guidelines, we also need to research the interventions' implementations (Rosen, 2003). Too many times social workers depend on lay judgments instead of a systematic decision making process guided by evidentiary criteria (Rosen, 2003). This practice puts both the client and social worker at risk.

Social work as a profession and the agencies that employ social workers are demanding more evidence of the quality of the interventions. As has been discussed, social workers do not always choose interventions that have been researched as to their effectiveness. But the social worker's commitment to the client's best welfare is a basic value of social work. This means providing the client with the most effective, cost efficient treatment available. Without research on practice, we will be unable to respond to this basic value. Social workers must develop an organized knowledge base of

evidence-based practice. By doing so, social workers will not be wasting as much of their resources on interventions that are not effective and more cost effective practices will be supported (Gellis & Reid, 2004).

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**Author's note:**

Address correspondence to: Mark Thomas Lynch, Ph.D., 220 Scotus, Saint Francis University, Loretto, PA 15940. Email: [mlynch@francis.edu](mailto:mlynch@francis.edu).

**APPENDIX: MEASUREMENT ITEMS****Research activity:**

*How often do you.....*

- search electronic data bases scholarly literature
- use technological advances in carrying out research
- measure goals and objectives to evaluate your own or an agency's practice
- design and implement a measurement approach to study some aspect of social work practice
- present your studies and their implication orally (e.g., in conference presentation, in workshops, for agency demonstrations)
- review research to improve the quality of your social work practice
- participate with others who are .developing a research design
- collaborate with others to present studies and their implications in written form
- write items for a questionnaire
- work with others to develop survey questions
- read social work journal relevant to practice
- read journals from related fields (e.g., sociology, psychology etc.) relevant to practice
- use a single-subject research design to evaluate practice

**Research training:**

*Please respond to the following regarding your research training in your MSW program:*

- Did anyone try to persuade you to be involved in research activities?
- Did you have hands on experience in evaluating clinical/direct practice?
- Did you complete a research project in your MSW program?
- Did you have faculty mentoring to help formulate a clear research question?
- Did you have faculty mentoring to help conceptualize a hypothesis?
- Did you have faculty mentoring to help construct a research instrument?
- Did you have faculty mentoring to help collect data?
- Did you have faculty mentoring to help do a statistical analysis?
- Did you have faculty mentoring to help write up your research?
- Did you have faculty mentoring to help prepare presentations of research results?

**Institutional support:**

*Please circle the appropriate number regarding these statements involving your current working setting:*

- I am encouraged to perform empirical research on my practice.
- I am given enough time at my job to perform research tasks.
- No payers (insurance, county, managed care organizations) support empirical research at my job.
- I am given financial incentives to perform empirical research at my job.
- I have access to continuing education for development of my empirical research skills.

**Self-efficacy:**

*I am confident that I can . . .*

- do effective electronic database searching of scholarly literature
- use various technological advances effectively in carrying out research (e.g., Statistics packages, Internet resources)
- review a particular area of social science research, and write a balanced and comprehensive literature review
- formulate a clear research question or testable hypothesis
- choose a reliable and valid outcome measure
- choose a research design that will answer a set of questions and/or set a hypothesis about some aspect of social work
- design and implement the best measurement approach for studying some aspect of social work
- design and implement the best sampling strategy possible for studying some aspect of social work
- design and implement the best data analysis strategy possible for studying some aspect of social work
- effectively present my study and its implications to other practitioners
- effectively perform a single-subject research study

## Toward Building a Culture of Strengths in U.S. MSW Programs

Linda Plitt Donaldson  
Barbara P. Early  
Min-Ling Wang

**Abstract:** *Social work has embraced the strengths perspective as a vital part of micro, mezzo, and macro practice. Yet the authors' experience suggests that the medical model of deficits, disease, and disorder remains the dominant paradigm. This exploratory study sought to determine how and to what extent strengths-based practice is integrated into the MSW practice curriculum. Forty-four (44) of 181 programs responded to a 12-item web-based survey. Quantitative and qualitative responses indicate an almost universal awareness of and attention to integrating strengths-based content. However, a smaller number of programs appear to be looking beyond curriculum content towards the creation of a broader culture of strengths. Even so, challenges remain toward overcoming a pathological orientation in social work practice curricula.*

**Keywords:** *Social work education, strengths, assets, social work practice, culture of strengths*

### INTRODUCTION

Since the publication of Saleebey's first edition of *The Strengths Perspective in Social Work Practice* (1992), the social work profession has embraced the strengths perspective as a vital part of the foundation of practice at the micro, mezzo, and macro levels. The Council on Social Work Education (CSWE) defines the purpose of social work practice as the promotion of ". . . Human well-being by strengthening opportunities, resources, and capacities of people in their environments and by creating policies and services to correct conditions that limit human rights and the quality of life" (CSWE, 2001, p. 2) Further, CSWE requires curriculum content on practice at both the BSW and MSW levels to be focused on ". . . Strengths, capacities, and resources of client systems in relation to their broader environments" (p. 10).

However, in the practice experience of the authors and in their students' reports from the field, the medical model of deficit, disease, and disorder remains present if not the dominant model of social work practice in all, not just health-related, settings. In addition, less than half of our field agencies report using a "theory base" that includes a focus on strengths and empowerment. For those that do, they typically identify strengths-based methods as one in a long list of models they use that could be applied from a strengths-perspective or not. While agency policy and individual social workers use the language of strengths, there is a parallel and competing focus on pathology and problems. True strengths-based practice requires that ". . . *Everything* you do as a social worker will be predicated, in some way, on helping to discover and embellish, explore and exploit clients' strengths and resources in the service of assisting them to achieve their goals,

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Linda Plitt Donaldson, Ph.D., is an assistant professor, Barbara P. Early, Ph.D., is an associate professor and Min-Ling Wang is a doctoral candidate, all in the National Catholic School of Social Service at the Catholic University of America in Washington, DC.

realize their dreams, and shed the irons of their own inhibitions and misgivings, and society's domination" (Saleebey, 2006, p. 1).

Educators are challenged to prepare students for strengths-based practice in a society and professional discipline that remain primarily problem-centered and deficit-focused. In such a context, a mere integration of strengths-based content into the curriculum may not be sufficient to educate, socialize, and help students internalize strengths as a paradigm, perspective, or set of practice models. MSW programs may need to create a culture of strengths where strengths-based practice is taught in the curriculum, modeled by faculty in faculty-student interactions, and integrated in other aspects of the program. An organizational culture refers to shared values, assumptions, beliefs, norms, and expectations that guide the thoughts, feelings, and actions of organizational participants in all areas of their work (Hemelgarn, Glisson & James, 2006). In MSW programs, organizational participants primarily include faculty, administrators, staff, and students. Creating a culture of strengths may represent the stronger commitment required by MSW programs to deliver social work education that best prepares students for strengths-oriented practice in a problem-centered world.

This paper reports the findings of a preliminary study of Master of Social Work (MSW) programs in the United States. The study sought to determine how and to what extent strengths-based practice is integrated into the practice curriculum and educational climate of MSW programs as a beginning look for a culture of strengths. This paper first discusses the struggle the profession has endured in its attempt to shift from a disease model to one of strength followed by a discussion of organizational culture and how that may be applied to conceptualize a culture of strengths within an MSW program. To present the study, the paper describes the methodology and preliminary findings, and concludes with the implications of those findings for social work education and research.

For the purpose of this study and consistent with the literature on strengths-based practice, we define strengths-based social work practice (Saleebey, 2006) as micro, mezzo, and macro methods that facilitate change by first placing an emphasis on uncovering the strengths, capacities, resources and assets of individuals, family, and/or community and building upon those strengths, etc., to promote change. Examples of strengths-based methods include: solution-focused and narrative therapies (DeJong & Berg, 2002; Freedman & Combs, 1996); strengths-based case management (Rapp, 1998); asset-based community development (Kretzman & McKnight, 1993); and popular education (Friere, 1993). We view the teaching of strengths-based practice methods as guided by the following underlying principles:

- All individuals and families have strengths and all environments have resources;
- Growth and change happen by mobilizing strengths to further develop and capitalize on existing resources rather than placing a primary focus on deficits, disease, dysfunction, or disorder.
- The role of a practitioner is non-expert. It is collaborative, educative, and facilitative; the individual, family, and/or community are experts on themselves.

## LITERATURE REVIEW

In 1915 Abraham Flexner argued that social work was not a profession, in part, because it lacked a systematic and transmissible set of practice methods and a grounding in science (2001). The budding profession responded to this critique by developing a culture and set of practice methods where “treatment” for the ills of individuals and society was predicated on presenting problems and deficits, modeled after the medical profession. Specht and Courtney (1994) chronicle the profession’s “connection with modern psychiatry in the 1920s, psychoanalysis in the 1930s, and humanistic psychology in the 1950s” (p. 97) leading to its emphasis on fixing the problems within the individual. Modern day social work visionaries believed that the traditional disease model of explaining social and psychological problems and the medical model of intervention or treatment were not reflective of core social work values. Therefore, they began to propose another way to view helping.

Among those visionaries was Ann Weick, who in 1983 wrote a seminal article on this emerging perspective entitled “Issues in Overturning a Medical Model of Social Work Practice.” In it, she called for a “health-oriented paradigm of human behavior” (p. 467) in which clients no longer “give over” the assigning of meaning of their “illness” to an expert, but rather mobilize their capacity for self-healing. However, even the “health” model, while changing the locus of healing from the expert to the self, continued to imply an “illness” to be healed. As time progressed, the health paradigm transformed into the strengths perspective, again with Weick and others (1989) shifting the dynamic from healing to change or growth and eschewing the need for diagnosis as a prerequisite for that change. The emerging strengths perspective is captured in the posing of a question, “The question is not what kind of a life one has had, but what kind of a life one wants, and then bring to bear all the personal and social resources available to accomplish this goal” (p. 353).

In both articles, Weick and her colleagues gave examples of the conflict between social work’s deeply held values and the intransigent culture of the medical model. They noted that in the medical model a problem must be named and its cause determined by an expert. In this process a client is required to give over control of the understanding of the problem to the meaning system of the healer. This presents a conflict with the espoused social work values of inherent dignity of the person, and self determination and empowerment in change. If social work assessment and intervention were based instead on an inherent belief in human potential, the conflict would be ameliorated.

The new paradigm of strength more firmly grounded itself into social work practice in the 1980s. The deinstitutionalization of persons with serious and persistent mental illness via the 1963 Mental Retardation Facilities and Community Mental Health Centers Construction Act led to the need for more effective community-based methods to serve people with the most severe forms of mental illness in their transition from hospital to community (Solomon, 1992). In 1982, representatives of the University of Kansas School of Social Welfare developed the first of a series of case management pilot projects that led to the development of strengths-based case management (Staudt, Howard & Drake, 2001). In addition, the Great Society programs established through the Economic

Opportunity Act of 1964, particularly the community action agencies, led to a resurgence of community and policy practice models whose principles could be summarized by the phrase “power to the people” (Fisher, 2005, p.47), practice principles that align well with strengths-based practice methods. Since then, a growing practice literature has developed in micro, mezzo, and macro practice (Berg, 1994; Butler, 2005; Chapin, 1995; DeJong & Miller, 1995; Green, McAllister & Tarte, 2004; Rapp, 1998; Rapp & Lane, 2009; Waites, 2009).

In addition, social work education has embraced the strengths perspective. The Council on Social Work Education mandates strengths content in its *Educational Policy and Accreditation Standards* (CSWE, 2001). Many contemporary texts are oriented towards strength and capacity, in the generalist (DuBois & Miley, 2005; Poulin, 2004; Timberlake, Farber & Sabatino, 2008), clinical (DeJong & Berg, 2002; Helton & Smith, 2004; Rapp & Goscha, 2006), and macro (Chapin, 2007; Long, Tice & Morrison, 2005) practice areas. However, it is not clear that the profession is ready to break out of its emphasis on disease and disorder to fully embrace and internalize the mobilization of strengths as the core focal point for interventions.

Social work education is designed to socialize and educate competent social work professionals, to generate knowledge, and to exercise leadership in the profession. Consequently, to prepare students to competently apply knowledge and skills in strengths-based practice, schools of social work must both teach a strengths-based curriculum and model a culture of strength within their organizations or programs. This study is an effort to begin assessing the extent to which MSW programs in the United States integrate strengths-based content into their programs. To determine whether an existing study on social work education and strengths-based practice had previously been done, the researchers queried databases in the scholarly literature (social work abstracts, social services abstracts, and sociological abstracts) using key word searches that paired the term “social work education” or “education” with the following terms: strengths, resilience, assets, empowerment, coping, capacity, and resources. Researchers also reviewed the table of contents for the previous ten years of the *Journal of Social Work Education* and the *Journal of Teaching in Social Work*. None of these efforts uncovered any study examining the state of strengths-based practice in U.S. MSW programs.

### **Organizational Culture**

Organizational culture refers to the shared norms, beliefs and behavioral expectations that drive behavior and communicate what is valued in an organization (Hemelgarn, Glisson & James, 2006). Schein (2004) describes *culture* as a gestalt, where the whole is more than the sum of its parts. Some of the elements that comprise this culture gestalt include, e.g., shared language, norms, values, roles, formal philosophies, habits of thinking, and formal rituals. However, while these elements are a manifestation of culture, they do not capture the full essence of culture, for they do not address the depth and breadth of those manifestations, nor do they let the observer fully understand how these elements integrate to create the gestalt. Schein proposes three levels of culture to define, describe, and understand the various dimensions of culture within an organization.



Schein (2004) refers to Level 1, where the surface level of culture exists, as *Artifacts*. These are “the phenomena that one sees, hears, and feels when” they encounter an organization (p. 25). Examples of the artifacts include language used, visible products such as mission and value statements, formal descriptions of organization, and so on. Schein notes the importance of realizing that these artifacts are easy to observe but very difficult to interpret unless one was part of the culture that created these artifacts or has used these artifacts for some time, i.e., taking an anthropological approach. Level 2 refers to *Espoused Values and Beliefs*. Schein differentiates between actual values and beliefs and “espoused” values and beliefs. Espoused values and beliefs are those which a group aspires to reflect in their actions and behaviors, but have not yet achieved. Schein refers to Level 3, as *Underlying Assumptions*, which are views about the organization, its structure and processes, ways of being that are a given. They are so ingrained as part of the culture, they are unconscious to the stakeholders and taken-for-granted as “the way it is.” These underlying assumptions often begin as espoused values and beliefs, but overtime become fully internalized and second-nature to organizational or group members.

Social work researchers have acknowledged the need for change in the organizational culture of social work programs when a curricular change represents a challenge to traditional assumptions, values, and attitudes of program faculty. Nichols-Casebolt, Figueira-McDonough and Netting (2000) argue for social work curricula that integrate the long-neglected experiences of women throughout the curricula, including a critical analysis of how women’s experiences have informed the dominant theories and models that form the basis for social work knowledge construction and intervention. Because this curricular shift reflects “a major shift in institutional culture whereby fundamental beliefs [are] challenged” (p. 67), the authors recommend that the change strategy begin by assessing the school’s culture. Nichols-Casebolt et al. argue that an understanding of culture is important to achieve desired changes in program curricula, but they do not explicitly address the changes, beyond the program curricula, that would represent a cultural shift beyond curricular issues. Several authors have talked about the importance of changing the professional culture of social work programs to promote the teaching of evidence-based practice (EBP) (Shlonsky & Stern, 2007; Soydan, 2007; Springer, 2007). Springer observes that this shift in culture requires more than an integration of EBP throughout the curriculum, but a modeling of critical inquiry in the classroom. This study begins to uncover cultural shifts some programs have embarked upon to both integrate and model strengths-based practice in their programs.

## METHODS

This research project used a survey design to explore the degree to which U.S. MSW programs were integrating strengths-based content into their curricula. To gain a better sense of the strengths-based nature of the program, we solicited information on other indicators which may suggest that a program goes beyond curricular content in an effort to build a culture of strengths in the program. The researchers collected data through a web-based survey consisting of open-ended and closed-response questions sent to 181 chairs of accredited MSW Programs across the United States. Institutions were only

permitted to submit one survey. The researchers selected a survey design for this initial inquiry into the integration of strengths into MSW programs, intending to follow-up with a set of the respondents with more in-depth qualitative interviews as a continuation of this project.

### **Instrument**

The researchers developed a 12-item survey that was divided into two sections: 1) demographic information, and 2) strengths-based culture. A copy of the survey is included in the Appendix. The demographic information section solicited data about the respondents (i.e., their position and number of years they had been with the program), and the program itself (i.e., the number of full-time tenure-line faculty members; the number of part-time or non tenure-line faculty members, the number of students in the program, and a list of concentrations). The strengths-based culture section included six questions designed to assess the degree to which programs infused and promoted a culture of strengths.

Language is the primary symbolic representation through which groups, organizations, and communities convey their culture. Therefore, the first survey question related to strengths-based culture asked respondents to list the words used in their MSW programs' written materials that "indicate the presence of strengths-based social work practice content in your curriculum." In the second survey question, respondents were given a set of 10 characteristics (see Table 4), and were asked to select all items that applied to their program during the last academic year. To use Schein's (2004) terminology for culture, these 10 characteristics, along with the language programs use to convey strengths, represent the Level 1 dimension of a culture of strengths within an MSW program. These characteristics represent the artifacts, the visible manifestations and formal descriptions of the organization and do not necessarily reflect a deep or broad culture of strengths within the program.

Respondents were also asked to rank their programs on a scale from 1 to 10 according to 1) the extent to which the program infuses strengths-based content in the curriculum, and 2) how well the program promotes the learning of micro-mezzo-macro strengths-based practice methods. For these two scalar questions, respondents were asked to elaborate on why they selected the numerical ranking. The qualitative explanations of these rankings provided some insight into the degree to which a program's strengths-based culture extended beyond artifacts to include Schein's Level 2, *espoused values and beliefs*, and Level 3, *underlying assumptions* or degree to which a strengths-based culture is internalized within MSW programs.

### **Data Analysis**

The data analysis included both quantitative and qualitative methods. The quantitative data were coded and entered into SPSS. Researchers calculated average scores for the scalar question responses and ran correlations among various program characteristics to test for significance. In addition, researchers used SPSS to analyze descriptive features of the programs. Researchers entered the qualitative data into a Word

document and analyzed those responses together as a team to assess convergence between quantitative and qualitative data. Researchers also analyzed the qualitative data to identify items beyond the 10 characteristics given in the instrument that demonstrate a strengths-based program, and to uncover challenges toward building a strengths-based culture in MSW programs. The results of the data analysis are presented below.

## RESULTS

This section presents the findings from this exploratory research project. First, a profile of the respondents is presented. Next is a discussion of how programs create a culture of strengths, including the language used to connote strengths and the characteristics that reflected an integration of strengths into their programs, i.e., the *artifacts* (Schein, 2004) of a strengths-based culture. Included in this discussion are some of the challenges expressed by respondents in moving their program culture beyond mere artifacts to a level where a strengths-based culture is reflected in the values and beliefs of its members through their actions, behaviors, and ways of being, i.e., Levels 2 and 3 of Schein's framework. A discussion with implications of these findings concludes the paper.

### Profile of Respondents

Representatives of forty-four of the 181 programs (24.3%) completed the survey. Table 1 includes a breakdown of demographic characteristics of the respondents and their programs. Of the 44 respondents, most were on the faculty either in MSW Department Chairs/Directors positions (n=18, 40.9%) or in a regular tenure-line faculty position (n=13, 30%). Most respondents had been with their program between 8 and 12 years (n=14, 31.8%), although 8 respondents had been with their programs 19 years or more.

The 44 programs were sorted into size categories based on the number of students. Twenty-six percent were considered small, 30% medium, and 44% were large. The majority of respondent programs (87%) were located in places from the Midwest to the Northeast, with very few respondents in Western states. The majority of programs (59%) were located on urban campuses. There were no significant relationships found between any of these demographic characteristics and strengths-based rankings. However, all four of the programs located on rural campuses were among the high and highest self-ranked programs regarding how well they infused and promoted strengths-based content. This causes one to ponder possible cultural differences between programs located in urban versus rural locations, a question that was beyond the scope of this study.

### Culture of Strengths in MSW Programs

**The Language of Strengths.** Schein (2004) includes language as an important artifact of culture. Saleebey (2006) writes of a "lexicon of strengths" (p. 10), reminding the reader that words and language exert strong influence on practice and on the self assessment of clients. The words chosen by respondents to indicate the presence of strengths-based social work practice in their curricula reflect one type of artifact (Schein) showing how their culture of strengths are observable to outsiders. The respondents'

words fell into four general types—two describing client characteristics and positive processes and two describing practitioner perspectives and methods.

**Table 1: Demographics of MSW Program Respondents and Programs (N=44)**

<b>Characteristic</b>	<b>N</b>	<b>%</b>
Total Programs	44	100
Position of Respondents		
Faculty	13	30
Department Chair/Director	18	40
Other	13	30
Years have been with the program		
0-3	5	11
4-7	7	16
8-12	14	32
13-18	10	23
19-30	6	14
Over 30	2	4
Program Size (# of students)*		
Small (0-100)	11	26
Medium (101-200)	13	30
Large (Over 200)	19	44
Number of FT Tenure-line Faculty		
4-7	12	27
8-12	19	43
13-18	5	11
19-30	8	19
Geographic Region		
Northeast	9	20
South	15	35
Midwest	14	32
West	5	11
Pacific	1	2
Campus Type		
Urban	26	59
Suburban	14	32
Rural	4	9

\*Only 43 respondents indicated Program Size so percentages are calculated based on an N of 43.

The first and largest category included individual client and external environmental characteristics. Within this category, there was considerable consistency of responses. For example, of individual characteristics, there were mentions of “strengths,” or “ego strengths,” “assets,” “capacity” or “capability,” “resilience,” and “resources.” Among the external or environmental characteristics, respondents mentioned “opportunity,” “protective factors” and “risk and protective factors.” The second category of responses described normative human growth process or positive goal oriented client behavior such as “coping,” “growth,” “post-traumatic growth,” and “rebound from adversity.”

The third and fourth categories focused on the practitioner. The third reflected the practitioner’s strengths-oriented view or perspective on clients. Examples were “strengths perspective,” “strengths-based perspective,” “biopsychosocial strengths-based perspective,” and “strengths-based framework.” The fourth and last category included the practice methods or approaches a strengths-oriented social worker might take. Words chosen included “assessment of assets and resources,” “collaboration,” “Freire model,” “solution-focused,” and “therapy for liberation, power and equality.” One final contribution fit in none of the categories. It was simply, “Saleebey.” Table 2 includes a full list of words mentioned by respondents placed into one of the four categories.

**Table 2: The Language of Strengths**

Client/Person	Social Work Practitioner
<p>Category 1: Client and Environment Characteristics</p> <p><i>Internal individual:</i> strengths/ ego strengths (n=13); assets (13); capacity (11); resilience (17); resources (10); competency, human capacity for growth, motivation, client resourcefulness, human/social capital (n=1)</p> <p><i>External environmental:</i> resources (9); opportunity, risk and protective factors, supports, buffers (n=1)</p>	<p>Category 3: Social Worker Perspective</p> <p>Empowerment, empowerment oriented, theories of empowerment (13); strengths, strengths-based perspective, or biopsychosocial strengths perspective (7), holistic (3); strengths-based framework, ecological framework, ecological and strengths perspective, social and economic justice, social work values and ethics, partnership, respect (n=1)</p>
<p>Category 2: Normative Human Growth processes</p> <p>Coping, growth, post traumatic growth, reach potential, rebound from adversity, recovery, skills (n=1)</p>	<p>Category 4: Social worker practice methods</p> <p>Strengths-based approach, practice, or models (4); assessment of assets and resources, strengths-based relationships, collaboration, community collaboration, use of natural networks, strengths-empowerment approach, enhance client pride and competence, enhance strengths, mobilizing supportive resources, Freire model, advocacy, integrated practice, therapy for liberation and power (n=1)</p>

**Self-Rankings for Infusing and Promoting Strengths.** Respondents were asked to rank their programs according to two items: 1) the extent to which the program infuses strengths-based content in the curriculum (infusion), and 2) how well the program promotes the learning of micro-mezzo-macro strengths-based practice methods (promotion of practice). Table 3 shows how respondents ranked their programs on each item using a scale of 1 to 10. As expected, since strengths content is required of MSW programs, only two respondents ranked their programs as very low (rankings of 1, 2 or 3) for one or both questions. The majority of programs (34 out of 44) fell in the middle (scores of 4 through 9) with roughly 19% giving themselves the highest ranking of 10 on one or both questions, indicating that strengths-based methods were extensively infused throughout their program and/or that their program promoted the learning of micro-mezzo-macro strengths-based methods extremely well.

**Table 3: Self-Ranking Frequencies for Scalar Questions, Scale from 1 to 10 (N = 44)**

	Self-Rankings									
	1 - 3		4 - 6		7 - 9		10		Total	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
To what extent does your MSW program infuse strengths-based content throughout the curriculum?	2	4	15	34	19	43	8	19	44	100
Overall, how well does your MSW Program promote the learning of micro-mezzo-macro strengths-based practice methods?	1	2	11	25	23	53	9	20	44	100

For each program, researchers took the average ranking from the two scalar items (infusion and promotion of practice), and categorized MSW programs according to the following criteria:

- Medium: Programs with average rankings between 2 and 6;<sup>1</sup>
- High: Programs with an average ranking of 6.5 to 9; and
- Highest: Programs with an average ranking of 10.

<sup>1</sup> The researchers placed two programs with average rankings of 6 into the *High* category because they selected 6 or more characteristics, and the qualitative responses to other survey items clearly demonstrated a culture of strengths consistent with other programs in the *high* category.

Table 4 lists each strength characteristic and the corresponding number of respondents from the medium, high, and highest groups that indicated that their program reflects that characteristic. Again reflecting the CSWE mandate, nearly all programs (n=42, 95%) reported that they require texts or articles in foundation year courses that teach social work practice methods that use strengths or assets in the intervention (characteristic #4). Furthermore, other characteristics selected by more than half of

**Table 4: Comparing Selected Characteristics of Programs with Average Self-Rankings of Medium, High, and Highest (N=44)**

	Medium (1 - 6)		High (6.5 - 9)		Highest (10)		Total	
	N	%	N	%	N	%	N	%
Total Programs by Ranking	11	25	25	57	8	18	44	100
Characteristics								
1. Explicitly refer to strengths/capacities/assets in program mission.	2	18	16	64	7	88	25	57
2. Explicitly refer to strengths/capacities/assets in program goals.	1	9	15	60	7	88	23	52
3. Explicitly refer to strengths/capacities/assets in program objectives.	3	27	20	80	8	100	31	70
4. Require texts/articles in foundation year courses that teach methods using strengths and assets as part of the intervention.	10	91	24	96	8	100	42	95
5. Offer one or more advanced year concentrations with strengths/assets as the organizing principle, e.g., family preservation.	0	0	13	52	6	75	19	43
6. Introduce strengths-based concepts as part of program orientation.	3	27	17	68	7	88	27	61
7. Link students to field agencies whose primary method of practice is strengths-based.	3	27	14	56	7	88	24	55
8. Offer faculty development workshops to both PT and FT faculty on strengths-based content.	0	0	3	12	4	50	7	16
9. Offer continuing education in strengths-based methods.	1	9	7	28	1	13	9	21
10. Offer 1 or more discrete courses in strengths-based approaches to social work practice.	0	0	4	16	2	25	6	14

programs included: explicitly referring to strengths/capacities/assets in program mission, goals, and objectives (#1, #2, and #3 respectively); introducing strengths-based concepts in program orientation (#6); and linking students to field agencies whose primary method of practice is strengths-based (#7).

Two of the least frequently selected characteristics across programs were #8 and #9; with less than 20% of programs offering faculty development or continuing education in strengths-based methods. This may be more a reflection of capacity or community priorities than a lack of program commitment to strengths. Notably, only six programs (14%) indicated that they offer a discrete course in strengths-based methods such as Solution Focused Therapy, Asset Building, or Strengths-based Practice with Families. This may not reflect an inattention to strengths, as some programs use an integrated strategy to promote strengths rather than offering discrete courses.

Eight of the 44 respondents gave their programs the highest ranking, i.e., 10, on both infusing strengths-based content and promoting the learning of micro-mezzo-macro strengths-based practice methods. These eight highest ranking programs also tended to reflect an integration of strengths beyond the core curricula to include the program environment or culture. For example, several of them indicated that they introduce strengths concepts at program orientations, through faculty development workshops, and by linking students to field agencies with a primary practice model that emphasizes strengths. These highest ranking respondents deepened the meaning of their numerical self-rankings with qualitative comments that further explained the strengths-based nature of their program. Some respondents described strengths as the “core philosophy” or “organizing principle” underlying all aspects of their program. A respondent from a *highest* ranking program with 9 out of 10 characteristics reported that faculty research activities were “primarily strengths-oriented, with many consumers and family members involved in participatory action research.” Another respondent identified the writing and presentations of faculty as further evidence of commitment to strengths. One respondent reported that they not only infuse strengths throughout their curriculum and through characteristics 1 through 9, but also by reflecting a value and philosophy of strengths in their personal interactions with faculty, staff, and students, i.e., living their values and philosophy in each personal encounter.

It was difficult to characterize programs as “high” or “not-so-high,” as “strong” or “not-so-strong” by the rankings chosen on infusion and promotion of strengths-based practice or by the number of strengths characteristics the chairs selected to describe their programs. In fact, there was sometimes a discrepancy between the strength of the ranking and the size of the number of characteristics chosen with some respondents ranking their programs as high yet selecting only four or fewer strengths characteristics. Instead, it was in the qualitative explanations of their rankings that the nature of a program’s culture emerged. Some respondents’ explanations reflected a strong degree of integration of strengths in curricula content but not necessarily in the broader environmental aspects of the culture of the program such as through orientations, continuing education or faculty development workshops, and so on. Other respondent comments suggested a mixed level of commitment to integrating strengths in curricula depending on faculty philosophies and interests. Still others noted that strengths are present in written materials, but



expressed some uncertainty as to whether or not what is espoused actually “plays out consistently” in teaching.

Also in the explanations of rankings, respondents shared the challenges of integrating strengths-based content in their programs. Some of the challenges expressed by survey respondents included faculty views that strengths-based methods were not empirically tested and therefore did not meet the criteria for evidence-based practice. One respondent wrote there is “no evidence to support its usage.” Others saw strengths as a perspective not a theoretical construct so they “include it as a basic consideration of enhancing client strengths and empowerment” but not a conceptual framework with its own practice models. Several respondents discussed the challenge of different faculty views on or ambivalence about integrating strengths content. One respondent wrote that it was “not easy to change orientation of faculty; evidence of [its] effectiveness is not clear to some.” Another respondent wrote “Not sure how strongly SB content is implemented; Most faculty are modest advocates. Not necessarily a core feature, wish I knew more.” These challenges suggest that a strengths orientation may be an *espoused* value of their culture, but that they still lack a fully internalized culture of strength in which underlying assumptions of strengths become an unconscious “given” that is fully accepted by the group.

## **DISCUSSION OF LIMITATIONS AND IMPLICATIONS FOR SOCIAL WORK EDUCATION AND RESEARCH**

This study proffers a modest preliminary glimpse into the progress of social work education toward integrating strengths into MSW programs across the U.S. It is the first study to explore the state of strengths-based social work education since the publication of the first edition of *The Strengths Perspective in Social Work Practice* (Saleebey, 1992) over 15 years ago. However, the study was compromised by its most obvious limitation, a response rate of only 25% of U.S. MSW programs; only 44 out of 181 programs responded to the survey. Another limitation is the self reported nature of the data. Consequently, these preliminary findings need to be enhanced through qualitative methods that include content analyzing syllabi, in-depth interviews with multiple levels of stakeholders within select MSW programs. Incorporating these methods will provide more depth and richness to the narrative of strengths that both defines a developing culture of strengths and obscures the remaining presence of deficit and disease still associated with the culture of MSW programs.

Despite its limitations, the study provides some insights about the current state of affairs of strengths-based practice in MSW education. Given the CSWE EPAS standards and the growing awareness and attention strengths-based practice is gaining in the profession, it is understandable that few responding representatives ranked themselves as low (1-3) on infusion of strengths-base content throughout their curricula (2/44) and low on promotion of strengths-based practice methods (1/44). In fact, more than half ranked themselves with scores of 8 to 10 on infusion (23/44) and on promoting strengths-based practice (24/44). Similarly, it is not surprising that program mission, goals, objectives, and readings were the most common characteristics selected to show how programs

incorporate strengths-based content, since these are subject to review during the CSWE accreditation and reaffirmation processes.

However, it is significant that there are some social work programs that appear to be giving considerable attention to the integration of strengths-based methods. These programs appear to be looking beyond these obvious aspects of their curricula towards the creation of a broader culture of strengths. This was seen in their incorporation of strengths into their relationships with various networks of faculty, staff, students, and field agencies. Further, for these programs that are highly attentive to strengths, the culture of strengths is extended into written program materials and presented at orientation. It is reinforced through faculty development workshops and reified in participatory research methods that include consumers and families as full partners. It is these programs that should be a focus of further research to determine how and why they have gone beyond what will satisfy the mandates of CSWE.

The challenges to the development of a culture of strengths that were raised by a number of respondents suggest new areas of social work education and research. For example, some respondents expressed a suspicion of strengths-based practice methods as conceptually weak and empirically invalid methods for engaging with people and communities in need. Rapp, Saleebey and Sullivan (2005) have identified a number of empirical research studies showing the promise of strengths-based approaches in case management, community development, and clinical practice. While applauding these efforts, they also note that much of that research has methodological flaws that limit their conclusiveness. Consequently, more empirical research demonstrating the comparative effectiveness of strengths-based methods is needed to help strengths-based approaches to practice gain acceptance as legitimate interventions with individuals, families, and communities. Furthermore, educators teaching in the macro areas, e.g., social policy, community practice, and organizational practice are challenged to identify, research, and teach practice models whose underlying assumptions emphasize and build on the strengths of the target system such as asset-based community development (Kretzman & McKnight, 1993), participatory methods (Castelloe & Gamble, 2005), and strengths-based policy analysis (Chapin, 1995).

Especially because of the richness of the qualitative responses, future research should employ qualitative approaches rather than attempting further surveys with a more representative sample of all MSW programs. This form of research would use in-depth interviews with faculty, staff, and students of programs that are moving beyond the surface-level artifacts of a culture of strengths to explore the presence, depth, and breadth of the espoused values and fully incorporated underlying assumptions of a culture of strengths. Social work education has responded to the call for a new paradigm, but curriculum and the profession itself has a way to go to fully actualize a culture of strengths.

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**Author's note:**

Address correspondence to: Linda Plitt Donaldson, Ph.D., Catholic University of America, 620 Michigan Ave., NE, Washington, DC 20064. Email: [donaldson@cua.edu](mailto:donaldson@cua.edu).

## APPENDIX

### Survey Exploring Strengths-based Content in MSW Programs

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#### Strengths-based Nature of MSW Program

1. Strengths-based social work practice has been part of the social work lexicon since the first publication of Saleebey's important work in 1992. Some of the words faculty and departments use to connote strengths include, capacities, assets, resources, resilience, etc.

List some of the words that are included in your written materials to indicate the presence of strengths-based social work practice content in your curriculum.

2. The following is a list of characteristics that show how MSW programs incorporate strengths-based content into their curricula. Please click all items that have applied to your MSW program in the last academic year.
  - Explicitly refer to strengths/capacities/assets in program mission
  - Explicitly refer to strengths/capacities/assets in program goals
  - Explicitly refer to strengths/capacities/assets in program objectives
  - Require texts/articles in foundation year courses that teach methods using strengths and assets as part of the intervention
  - Offer one or more advanced year concentrations with strengths/assets as the organizing principle, e.g., family preservation
  - Introduce strengths-based concepts as part of program orientation
  - Link students to field agencies whose primary method of practice is strengths-based
  - Offer faculty development workshops to both part-time and full-time faculty on strengths-based practice content
  - Offer continuing education in strengths-based methods
  - Offer one or more discrete courses in strengths-based approaches to social work practice

3. Please list anything else that demonstrates the strengths-based nature of your program.

- 4a. To what extent does your MSW program infuse strengths-based content throughout the curriculum?

1	2	3	4	5	6	7	8	9	10
Not infused at all									Extensively infused throughout

- 4b. Please elaborate on why you selected this numerical score.

5a. Overall, how well does your MSW program promote the learning of micro-mezzo-macro strengths-based practice methods?

1	2	3	4	5	6	7	8	9	10
Not well at all									Extremely well

5b. Please elaborate on why you selected this numerical score.

6. Whom may we contact if we want to learn more about the strengths-based nature of your MSW program?

MSW Program Demographics

7. What is your position in the department?

Program Chair	Faculty	Staff	Other (please specify)
If you selected other, please specify: _____			

8. How many years have you been with this program?

0-3	4-7	8-12	13-18	19-30	Over 30
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9. Approximately how many full-time tenure-line faculty members teach in the MSW program?

0-3	4-7	8-12	13-18	19-30	31-50	51 or more	Don't know
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10. Approximately how many part-time and/or non tenure-line faculty members teach in the MSW program?

0-3	4-7	8-12	13-18	19-30	31-50	51 or more	Don't know
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11. How many MSW students are in your program?

0-50	51-100	101-150	151-200	201-250	Over 250	Don't know
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12. Please list the concentrations of your MSW program (e.g., advanced generalist, health/mental health, child welfare).

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