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Graduate Social Workers' Perceived Level of Competency in Working with Couples

Submitted by Melanie L. Cicmil

May 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

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## Abstract

This research study explores graduate social workers' self-perceived competence in couples work. While literature on this topic is sparse, previous studies have indicated that graduate social work programs lack adequate incorporation of couples work material into their curricula. As a result, social work students are graduating with little confidence in their ability to be couples therapists. The current study consisted of an online survey, which was emailed to licensed graduate social workers in the Twin Cities area of Minnesota. Information collected by the survey included demographic characteristics of respondents and their graduate school experiences, such as coursework and internship(s). Results showed that respondents believed their graduate training could have better prepared them for couples work, and that the majority of their couples work experience was gained after graduating with their MSWs. Implications for future research based on these results include closer analysis of how graduate social work programs can be improved to provide students with more couples work experience, comparing graduate curricula and students' competency ratings over time to assess programs' progress in incorporating more couples work material, and investigating specific reasons why graduate social workers do not feel competent in couples work and how they believe these reasons should be addressed.

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Clinical social work is a field in which professionals have exposure to a variety of work environments and clients. One system that social workers commonly encounter regardless of their work environment or training is couples. In fact, a study by Haldane and McCluskey (1980), which compared couples work experience between psychiatrists, clinical psychologists, and social workers, found that social workers outnumbered the other professions when it came to having ten or more years of experience in working with “couples and/or families” (p. 165). Social workers have been doing couples work since the profession began (Siporin, 1980). In the late 1800s, Josephine Shaw Lowell, who helped lead the movement toward the professionalization of social work, was one of the first social workers to demonstrate the importance of couples work and advised other social workers that, “[T]he man and woman should be seen...together about their present condition and future plans” (1980, p. 12). Mary Richmond, another leader in early social work, also emphasized work with couples and believed that addressing problems in a couple prevented emotional problems in children (Kheshgi-Genovese, 1993). Formal social work schools emerged in 1900 (1993), and after World War II, the need for couples services and therapy became more apparent and resulted in an increase in the availability of such services (Siporin, 1980). Social workers provided the majority of couples counseling and were regarded as experts in the field until recently; now, social workers must compete with other professions, such as psychologists, psychiatrists, and marriage and family therapists to provide couples therapy (1980; Deacon & Sprenkle, 2001). However, the importance of clinical work with couples continues within social work, with many academic programs including couples work material in their curricula (1980).

The Council on Social Work Education's Educational Policies require clinical social workers to demonstrate competence and to be able to communicate with a variety of client systems, including couples (Council on Social Work Education, 2010).

According to the Code of Ethics of the National Association of Social Workers (NASW) (2008) "[s]ocial workers [should] practice within their areas of competence and develop and enhance their professional expertise" (National Association of Social Workers, 2008, p.6). Tam and Coleman (2009) identify social workers' "ability to assume different roles" as a significant indicator of suitability for the profession (p. 108).

Despite the profession's emphasis on practice competence, evidence suggests that competence with couples may be lacking in the social work profession. Siporin (1980) found that many social workers are dissatisfied with the lack of coursework and training related to couples work they received in their academic programs. In fact, there is little literature that outlines teaching models for social work practice with couples; "[a] review of journal articles from 1983-1991 on social work education revealed...[that] not one article...addressed the teaching...of practice with couples" (Richman, 1992, p. 322). While other professions such as psychology have made significant strides in providing education on new couples therapy research and education tools, such as web-based training programs, social work has severely "lagged behind" in comparison (Shibusawa, VanEsselstyn, & Oppenheim, 2006). For example, a study by Richman (1992), which sampled 78 MSW social work faculty at various schools in the United States, found that 60.3% of respondents reported that their school did not offer any specific courses pertaining to couples work. Richman (1992) concluded that fewer than 40% of the sampled MSW programs are "placing enough emphasis" on couples work (p. 326).

In addition to student complaints, specifically about a shortage of course content about work with couples, social work faculty have also expressed a desire for more materials and guidance in teaching therapeutic methods for couples (Siporin, 1980). Many within the field have pushed for specialization in couples and family work, but instead they must “seek recognition and accreditation for their expertise in...the American Association for Marriage and Family Therapy,” when they would prefer to receive it from their own field (1980, p. 15). In other words, social workers have to go outside of their own field to be viewed as qualified, competent couples therapists. Many believe that this presents a significant gap in the social work field, especially since social work has its own unique values, competencies, and “distinctive body of knowledge...and skills” that contribute to its approach of couples work, such as social workers’ value of preventative methods to keep couples together (1980, p. 17). Many professionals from other fields, such as psychology, compete for social work jobs, which is an indicator of how valuable a social work lens is perceived to be in working with couples (1980).

While there is literature that describes social workers’ dissatisfaction with current social work curricula and training with regard to couples work, there is next to none that describes social workers’ self-perceived competence in couples work despite how they view their training and academic programs. It is possible that, through a self-fulfilling prophecy, students’ self-perceived competence affects students’ actual competence. Even after many contemporary social work programs have made significant improvements in their curricula, very few possess the means to actually assess their students’ competency levels before they graduate (Tam & Coleman, 2009). This is a source of great concern for educators, due to the possibility that programs could be

allowing students to graduate even though they “fail to demonstrate requisite knowledge, skills, values, or behaviors for professional practice” or perceive that they are unprepared for practice (2009, p. 105). Even the Council on Social Work Education does not put forth specific criteria for what it takes to be considered a qualified social worker (2009). However, ethical responsibility 1.04 in the Code of Ethics of the NASW calls social workers to practice “only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience” (National Association of Social Workers, 2008, p. 8). Social workers who do not practice within their abilities violate social work ethical standards and could potentially harm clients. Given the immense importance of competent practice, evidence suggesting that more could be done to prepare social workers for work with couples, and the dearth of current research pertaining to whether or not social workers are actually gaining needed skills for practice, it is important to investigate social workers’ self-perceptions of their competency levels when it comes to couples work and the factors that contribute to these perceptions.

### **Literature Review**

Currently, there is limited literature on the topic of self-perceived competencies of social workers when it comes to work with couples. This demonstrates the value of examining how prepared social workers feel to engage in couples work considering their education and training. However, the literature does offer insight into where the social work education system falls short and what improvements can be made for the benefit of social workers and their clients.

### **Social Work Education**

The Council on Social Work Education has approved what is known as Educational Policies and Accreditation Standards (EPAS), “which moved social work to a competency-based outcomes approach to education” (Council on Social Work Education, n.d., p. 1). According to Epstein and Hundert (2002; as cited in Kaslow, Forrest, Van Horne et al., 2007), competence refers to the “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (p. 480). Kaslow et al. (2007) believe that many things contribute to a lack of professional competence, among them being “[in]adequate training, education, or experience...” and suggest that increased communication and support between a professional and his/her colleagues and supervisor(s) is one effective way to enhance competence (p. 481). In a survey of psychiatrists, psychologists, and social workers, Haldane and McCluskey (1980) found that social workers not only desired more consistent supervision, but that they also had the fewest opportunities of all three groups for receiving supervision.

Results such as these demonstrate the importance of competency-based education, which equips social workers with the appropriate knowledge and skill sets that allow them to practice ethically and to improve the lives of clients and society (Tam & Coleman, 2009). According to Karpiak (1992) many social workers who have not received adequate training report feeling “manifestly unprepared for the demands of practice” (p. 54), and Murphy, Park, and Lonsdale (2006) noted that “after graduation students’ competence scores may drop if students feel unprepared or are challenged to

work with clients they had little exposure to in their training” (p. 310). This is fair neither to the social worker nor the clients he/she will be serving.

In a more general sense, graduate social work programs have been pushed to alter their design over the past few decades in order to increase exposure to such “practice competencies as planning, administration, clinical practice, and evaluation” (Meenaghan & Molnar, 1982, p. 103-104). Social work programs have been criticized for not possessing adequate assessment tactics to ensure that they are producing competent professionals, and while some programs have made efforts to correct this, several have yet to do so (1982). However, a survey by Meenaghan & Molnar (1982) found that social work students acquired more knowledge and practice skills than they believed, despite limited practice experience. More recent efforts to ensure optimal student learning include the approval of the Educational Policies and Accreditation Standards, which focus on increasing competence and evidence-based practice (Council on Social Work Education, n.d.). An example is Accreditation Standard 4.0.1 under Educational Policy 4.0 (Assessment), which states that graduate social work programs should possess a plan for assessing students’ level of competence (Council on Social Work Education, 2010). These standards have been adopted by schools of social work with the goal of producing knowledgeable, competent professionals. In other words, while past and recent efforts to increase competence have enabled students to complete programs and glean adequate knowledge to practice with clients, there are many opportunities for improvement in graduate social work curricula.

**Suggested Improvements for Social Work Training and Education**

While researchers have been able to identify possible areas of improvement in social work education and training, discovering long-term solutions is not as simple. Many researchers, such as Kelly and Horder (2001), highlight a concern that, until recently, very little has been done to attempt to improve the system. However, as more research is being done on what improvements social workers themselves would make to the education system, the profession is getting closer to ensuring that social workers are as prepared as possible when they enter the field.

To address the concern about adequate supervision that was outlined in Haldane and McCluskey (1980), Kaslow et al. (2007) suggests that a workplace should encourage ongoing supervision, support, and continuing education for social work professionals. To promote such an atmosphere is to increase opportunities for self-assessment, which is a basic tenet of professional competency. Research suggests that “professionals tend not to be very accurate in their self-assessment,” so implementing a standard within the workplace that encourages it would be a positive change for the profession (Kaslow, 2007, p. 482). Organizations should also be concerned with making supervisors accountable for their duties by ensuring that they inform their supervisees of their role as supervisor, as well as what supervisees are doing correctly in addition to what they might improve on. This balance in a supervisory experience is crucial to overall learning and building competence (2007). This is evidenced by a study by Khesghi-Genovese (1993), who interviewed social workers and found that the majority reported that a significant amount of their learning in couples work was the result of role-modeling by another professional in the field, most often their supervisor.

Other researchers have suggested that social work programs include couple-specific learning in their curricula. For example, Kissen (2003), who has done extensive work with couples, came up with “eight core competencies” that practitioners should be aware of. According to Kissen, these competencies significantly contribute to work with couples. They are: capacity for commitment, emotional maturity, tolerance for imperfections, unconscious wisdom, mature dependence, capacity for Oedipal success, capacity to face existential realities, and capacity for humor and playfulness (p. 9). These competencies, among other things, allow partners to balance their needs with each other’s, maintain realistic expectations, be “aware of their needs for emotional closeness and distance,” and be resilient against frustrations (2003, p.14). It would behoove social workers to familiarize themselves with these competencies so that they may assist couples in developing them. While they have not been empirically tested, Kissen (2003) claims that knowledge of these competencies has resulted in significant growth in his own competence and confidence in working with couples.

If research investigates the benefits of these competencies to couples work, they could be integrated into social work courses, training, and educational conferences, which could lead to a rapid increase in the self-perceived competencies of students who engage in couples work. For example, a study by Murphy et al. (2006) tested marriage and family therapy students both before and after a course in diversity to assess their competency levels. Results showed that even after one course, students’ competency levels of the material increased significantly, although it was unclear how long these results lasted, as there was no follow-up with participants (2006). Based on these results, incorporating more educational elements of couples work, such as Kissen’s (2003) eight

competencies, in social work curricula would potentially lead to increased competence in social work students.

There is evidence that some professionals are moving towards the implementation of preventative methods instead of treating an already-existing problem. Marriage and family therapists believe “preventative approaches are the way of the future,” and methods such as psychoeducation, communication, and other relationship skill-building help couples realize their strengths and prevent problems that would bring them to therapy (Deacon & Sprenkle, 2001, p. 251). There is a gap in current education and training programs that neglects teaching prevention, and students should also be taught how to prevent damaging conflict in “currently satisfied relationships” (2001, p. 257).

There is also evidence that knowledge of human development and neurobiology provides valuable insight into couple dynamics. Increasing exposure to concepts such as attachment, cognitive development, reinforcement, and neurobiology in social work curricula and clarifying their clinical implications can only benefit the profession as a whole (Sperry, 2004). Attachment patterns begin in infancy and “tend to persist into adulthood,” and affect how resilient an individual is to stressors (Sperry, 2004, p. 327). Attachment styles have also been found to reliably predict marital quality (Hollist & Miller, 2005). As a result, adults who develop unhealthy attachment patterns early in life are often unable to trust their partners and/or tend to maintain psychological and emotional distance (Rholes, Kohn, Martin III et al., 2011). A relatively new intervention to address maladaptive attachment patterns in couples is Emotionally Focused Couples Therapy (EFT), which helps couples to view their relationships as secure, allowing them to deepen their emotional connections (Hollist & Miller, 2005). Emotionally Focused

Couples Therapy has become a widely utilized method by practitioners in the past decade, due to its foundation in attachment theory and applicability to couples work (Johnson & Denton, 2002). The development of therapeutic methods such as EFT that specifically address the challenges and dynamics unique to couples is important as couples work receives more attention in the field of social work.

Cognitive development affects the ability of clients to comprehend cause and effect, view the perspectives of others, and “exhibit empathy,” which have “significant implications...for couples therapy” (Sperry, 2004, p. 329). Reinforcement can be positive (increasing desired behavior through rewards), or negative (increasing desired behavior by removing something unpleasant), and therapy teaches couples how to relate to one another better through altering some of their behaviors. Knowledge of neurobiology helps social workers understand that the learning that occurs in therapy results in changes in neural structures and behavior, which in turn contribute to client growth and transformations in relational patterns. Many graduate programs integrate this knowledge into their coursework on a very basic level, using texts that are geared toward undergraduates and lack clinical connections (2004). Social work program directors and instructors should place more of an emphasis on human development courses in order to better prepare their students for work with couples. “The point is that therapists can better serve the couples they work with if they are sufficiently aware of how basic psychological and developmental constructs are clinically applicable” (Sperry, 2004, p. 334).

Finally, it is crucial that graduate social work students’ self-perceived competency in couples work is assessed in order to determine whether or not their graduate programs

are preparing them adequately for practice. Kheshgi-Genovese (1993) surveyed and interviewed social workers on their perceptions of the extent to which their graduate coursework prepared them for practice with couples. Results indicated that 32.5% of the sample did not receive experience in couples work until after graduation, with 26.3% of the sample reporting that their coursework lacked coverage of the most basic concepts relating to practice with couples (1993). “Of the sixteen social workers interviewed, only one felt that graduate school course work was helpful for [couple] intervention” (1993, p. 125). Overall, respondents felt their graduate coursework and practicums proved inadequate in covering couples work compared to other therapeutic practices (1993). This is likely not the experience of every graduate social work student, but to the researcher’s knowledge no current research has been produced that suggests that students’ perceptions have changed.

### **Couples Therapy as a Unique Process**

Researchers have become increasingly aware of the importance of investigating the factors that contribute to therapeutic outcomes. Unfortunately, the majority of this research has been done with individual therapy, not couples therapy (Knerr & Bartle-Haring, 2010). Work with couples for clinical social workers involves a complex balance of relational and cognitive processes not only between each partner, but also between each partner and the social worker (Pugh, 1986). For example, impartiality is crucial when working with couples in order to make each partner feel heard and understood by the therapist in order to avoid ruptures, or disruptions in the therapeutic relationship (1986). A therapist’s responsibility in any therapeutic relationship is to assist in changing relational patterns, reducing conflict, and “increas[ing] individuation/differentiation”

(1986, p. 322), which is one's capacity to avoid emotional reactivity and express oneself "in a reflective and helpful manner" (Knerr & Bartle-Haring, 2010, p. 95). Couples therapy is accompanied by its own unique challenges and requires different knowledge and skills than individual therapy.

Couples seek therapeutic help when they experience high levels of stress, communication problems, and conflict, whereas individuals are more likely to turn to friends and family first and then to therapy as a last resort (Knerr & Bartle-Haring, 2010). Most social workers, who typically receive their initial training in individual therapy, find it challenging to shift to couples work because of the unique challenges that this work can involve. These challenges include partners attacking or blaming others, bringing completely different sets of goals to the session, or changing their goals during a session or over the course of a few sessions (Lowe, 2005). In approaching couples therapy, many social workers abandon theories grounded in individual work and turn instead to theories in family therapy. This is due in part to the fact that many social workers believe their work should focus more on the marital relationship and less on the individual partners. They address the processes that occur between partners as well as the content of these processes (Kheshgi-Genovese & Constable, 1995).

In addition to addressing the couple relationship, the therapeutic alliance is an important connection between therapist and client, because it provides the client with a secure base and "empathic understanding" (Cooper & Lesser, 2011; Gelso & Hayes, 1998, p. 28). Knerr and Bartle-Haring (2010) report that this alliance accounts for at least some of the changes observed in marital distress, although more research is needed to solidify these findings. The therapeutic alliance also contributes to variance in levels of

couples' satisfaction with their relationship (2010), which points to the importance of a therapist's ability to quickly create such an alliance with both partners as soon as they enter therapy (Glebova, Grafsky, & Meyer, 2011). Having a secure relationship with the therapist increases the likelihood of positive treatment outcomes for the couple (2011).

Social workers tend to believe that couples work requires a more active focus than individual therapy due to the need for more structure in sessions, setting reasonable limits, and accepting the fact that the therapist has less control (Kheshgi-Genovese & Constable, 1995). A study by Kheshgi-Genovese (1993) interviewed social workers about their experiences with couples work and found that working with couples "requires a different use of self than individual work," and it would be wise for social work educators to provide students with a concrete definition of what practice with couples is and what it entails (Kheshgi-Genovese, 1993, p. 160).

Termination conditions also differ between couples and individual therapy. The goal of couples therapy is to increase the bond between partners to the extent that the social worker becomes less and less important, which results in a shorter termination process (Kheshgi-Genovese & Constable, 1995). Individual therapy is different, because termination takes more time and the social worker must put additional effort into concluding the therapeutic relationship.

Overall, it is clear that while couples work has its place both in family and individual practice, it is also of value to view it as its own practice area requiring specific knowledge and skill sets (Kheshgi-Genovese, 1993). As stated above, several studies have shown how social work education falls short of imparting students with adequate knowledge of couples work and the unique factors that come into play in practice.

However, several studies also identify possible areas for improvement, and schools of social work need to consider these and reevaluate what they hope to expose their students to before they enter the post-graduate world.

### **Conceptual Framework**

Two concepts that are crucial when working with couples are the social work value of competence and evidence-based practice. The former calls social workers to “practice within their areas of competence and develop and enhance their professional expertise” (National Association of Social Workers, 2008, p. 6). Many social workers are asked to do couples work regardless of their education, training, or experience. As outlined in the Code of Ethics, social workers should engage in practice that is relatively new to them only after they have received adequate training, education, and supervision by knowledgeable professionals in that practice area, in this case couples work (2008). However, not all social workers have this luxury and are not offered the knowledge necessary in couples work. For example, the dyadic relationship is a unique aspect of couples work, in that it becomes the focus of treatment (Knerr & Bartle-Haring, 2010). Another example is knowledge of boundaries; the couple gets the exclusive attention required for effective treatment (Kheshgi-Genovese, 1993). Recall Siporin’s (1980) findings that many social work students were dissatisfied with the amount of program curricula pertaining to couples work they received, which points to the fact that social workers may not be receiving education and training that fully prepares them for couples work. As a result, some of these social workers may not possess the competence necessary to work with couples, but they end up interacting with them in a therapeutic

setting anyway. In this sense, these social workers are not practicing within their area of competency and could potentially do harm to their clients.

Another concept that should be taken into account in couples work is evidence-based practice. According to the CSWE's Educational Policy 2.1.6, social workers are required to utilize "evidence-based interventions" in order to achieve the best possible outcomes for clients according to the latest research (Council on Social Work Education, 2010, p. 5). This is related to the concept of competence in that social workers are not able to employ evidence-based practice with couples if literature is limited, and they are not receiving adequate education, training, and supervision related to couples work and the unique skills and knowledge that accompanies such work. Therefore, it is crucial for social workers who work with couples in a therapeutic setting to not only understand their responsibilities for engaging in such work as outlined by the Code of Ethics and CSWE, but also to take the appropriate steps to fulfill these responsibilities.

### **Theoretical Framework**

Couples work theory within social work has often been shaped by family practice theory, with both having their underpinnings in systems theory (Kheshgi-Genovese, 1993). Historically, professionals in couples work changed their theoretical perspectives based on the historical period in which they practiced (1993). As a result, some researchers describe couples practice in social work "as a technique in search of a theory" (1993, p. 37). This paper approaches the issue of perceived preparation for couples work from a systems theory perspective.

Systems theory is defined as understanding a client or group within the context of "interacting elements" (Toseland & Rivas, 2009, p. 56). Social work students are taught

to view clients from a systems perspective, but education focuses mainly on applying this perspective to individuals and preparing students for individual therapy and less for couples work (Kheshgi-Genovese & Constable, 1995). This is contradictory to systems theory, which stresses the importance of taking into account all aspects of one's environment, which in couples work includes a partner's relationship with another person and the context out of which each partner originates. Social workers must also consider "how the couple affects, and functions within, the larger systemic framework of the family..." which has the potential to affect other family subsystems such as parent-child and child-sibling (Richman, 1992, p. 323).

A central tenet of couples work "is that...the clinician must maintain a dual focus on the individual clients and the relationship itself" (Kheshgi-Genovese & Constable, 1995, p. 562). The social worker helps the couple to view their relationship "as a system that needs to be attended to and nurtured" (1995, p. 563). Graduate social work program curricula often focus on individual therapy and the concepts and theories that apply to this kind of work, such as viewing individuals as a system within the many systems of their environment. However, couples work views a couple as a system rather than two individual systems, and this is what the work focuses on. Social work students are taught the importance of systems such as individuals, families, and communities, and they should be taught to view the couple as an equally important system (Richman, 1992).

### **Methods**

The data analyzed in this paper was gathered from the results of an online survey that was sent out to a non-probability convenience sample of licensed graduate social workers (LGSWs) who worked within the Minneapolis/St. Paul area of Minnesota.

Because this research consisted of an anonymous survey of a group of professionals, there was little to no perceived risk to the participants. Therefore, this research received exempt-level review by the Institutional Review Board (IRB) at the University of St. Thomas in St. Paul, Minnesota. Based on information found in the literature review, it was hypothesized that the current sample would report that they received minimal education on couples work in graduate school and that the majority of their experience in couples work occurred after graduation from their MSW program.

### **Participants**

The online survey was sent to 203 LGSWs in the Twin Cities area of Minnesota. Of the 203 LGSWs who were emailed the online survey, 45 responded within the three-week period during which the survey was active, so this particular survey had a response rate of 22%. Licensed graduate social workers were selected for the sample, because they tend to be recently-graduated and many are preparing to become licensed independent clinical social workers (LICSWs). Therefore, it was believed that they were best-suited to speak to how well their social work programs prepared them for practice and how competent in couples work they perceive themselves to be. The researcher located participants through the Minnesota Board of Social Work, which provided a list of LGSW-level social workers in the Twin Cities area. This resource was located by the researcher's research chair with the assistance of other St. Thomas social work faculty.

Participants were emailed an online survey that asked a series of questions about their graduate education and experience and perceived competence in working with couples. Due to the fact that participants' first name, last name, and email were known to the researcher, complete anonymity was not possible. However, confidentiality was

guaranteed throughout the research process, because completed surveys, upon submission, were anonymous. In other words, the researcher was aware of who was in the sample, but was not able to discern who completed each survey. Given the professional status of participants and the relative anonymity of data collected, there was little to no risk to participants, so this study received exempt status by the IRB at the University of St. Thomas in St. Paul.

### **Research Design**

This study utilized a cross-sectional survey design, with the independent variable being graduate social work education and the dependent variable being perceived competence in working with couples. Data was collected using an online survey that was designed by the researcher. The survey was emailed to participants and completed anonymously. The survey consisted of sixteen Likert scale questions, six yes/no questions, two open-ended questions, and four multiple choice questions. Likert scale questions utilized a scale ranging from 1 to 5 (1 = Not at All, 5 = A Lot, Completely, or Definitely). The survey was divided into three sections to assess participants on their educational experiences and how these affected their perceived competence in working with couples. These sections were organized in that participants were asked about their current experiences first and their more distant experiences last. Because the questions in the survey were formulated based on information gathered from the literature review regarding graduate students' perceptions on competency and social work education, content validity and face validity were relatively high.

## **Procedure**

Graduate-level social work professionals (LGSWs) were asked to complete an online survey, which questioned them about their graduate education experience as well as their experience and perceived competence in working with couples. This was a non-probability convenience sample, as it was impossible to obtain a completely random representative sample of all graduate-level social work professionals. The survey was voluntary, so participants had the right to refuse to complete the survey if they chose to do so. Prior to completing the survey, participants were asked to read an informed consent form (see Appendix A), which described the survey and any risk to the participant. Upon completing the survey (see Appendix B), participants submitted it anonymously online, and results were sent to the researcher. Participants were not compensated for completing the survey.

## **Data Analysis Plan**

**Descriptive statistics.** This study addressed ten descriptive questions. The first asked how many respondents were male/female/transgender (item 1). This was a multiple choice item in which respondents indicated their gender by selecting “Male”, “Female”, “Transgender”, or “Prefer not to indicate”. This was a nominal-level variable, so analysis involved running a frequency distribution in Minitab and displaying a bar chart of this distribution.

A second question inquired about the ratio-level variable of the age range of participants (item 2), which was addressed by running measures of central tendency and dispersion and displaying a histogram. This item involved a text box in which

respondents were able to type in their exact age, rather than selecting an age range, as in a multiple-choice question.

Third, the ratio-level variable of how long ago, on average, respondents graduated with their master's degree (item 12) was analyzed by measures of central tendency and dispersion and a histogram. This item consisted of a text box, which allowed respondents to indicate the exact number of years and months that had passed since they graduated with their master's degree.

The fourth variable that was analyzed was nominal, in which respondents indicated if the majority of their couples work experience was in graduate school or after graduate school (item 3). This variable was analyzed using a frequency distribution and bar chart.

The same methods of analysis were used to address the fifth, nominal-level variable of where respondents received their couples work experience (item 4). This survey item was multiple-choice, but participants were able to select more than one answer as it applied to where they received the majority of their couples work experience, which they specified in survey item 3. For example, if a respondent indicated that he/she received the majority of his/her couples work experience after graduate school in item 3, he/she would be able to indicate in item 4 that this was both in work experience outside of graduate school and post-graduate education and/or training.

The sixth descriptive question inquired about the ordinal-level variable of the percentage of respondents who believed that graduate social work programs need to incorporate more couples work material into their curricula (item 10). This was a

multiple-choice item in which respondents selected either “Yes”, “No”, or “I don’t know”. Analysis involved running a frequency distribution and displaying a bar chart.

A frequency distribution and bar chart was also used to answer the seventh research question regarding the ordinal-level variable of the percentage of respondents who reported that they feel comfortable working with couples (item 5). This was a Likert scale question that ranged from 1 to 5, with 1 meaning “Not at all true” and 5 meaning “Definitely true”. Respondents were asked to select the number that best corresponded with their feelings.

The eighth descriptive question addressed whether or not respondents believed that couples work should be seen as separate from family work (item 11). This survey question was multiple choice, and respondents answered by selecting either “Yes”, “No”, or “I don’t know”. Data was analyzed through a frequency distribution and a bar chart.

The final descriptive research questions pertained to two different scales that were created by the researcher. The Perceived Competence in Couples Work score consisted of the sum of the Likert scale scores (1 = Not at all true, 5 = Definitely true) for survey items 5-10 and ranged from 6 (low perceived competence) to 30 (high perceived competence). The items included in this scale addressed knowledge of and comfort with practice concepts such as theory, communication, and limit-setting. Likert scale responses from survey items 16-23 (1 = Not at all, 5 = A lot/Completely) were also totaled to form a Perceived Competence as a Result of Graduate Coursework score on a scale ranging from 8 (low perceived competence) to 32 (high perceived competence). The items included in this scale addressed the extent to which a respondent learned certain practice skills, such as assessing developmental history, reinforcement, and

cognitions of partners. The researcher identified participants' scale scores after surveys had been submitted. These two scores were analyzed using measures of central tendency and dispersion.

**Inferential statistics.** There were six inferential questions that were addressed in this study. The first inferential research question involved the relationship between the nominal-level variable of whether or not respondents had a first-year/foundational internship and the ordinal-level variable of how prepared they felt to work with couples as a result of their graduate education (items 24 and 13). Respondents indicated their response to the former, multiple-choice question by indicating either "Yes" or "No", and they responded to the latter, Likert scale question by indicating on a scale from 1 to 5 ("Not at all true" to "Definitely true") the extent to which they believed their education prepared them for couples work. The research question inquired if there was a relationship between foundational internship experience with couples and how prepared respondents felt about working with couples as result of their graduate education. It was hypothesized that there would be a relationship between foundational internship experience with couples and how prepared respondents felt about working with couples as a result of their graduate education. The null hypothesis was that there would be no relationship between foundational internship experience with couples and how prepared respondents felt about working with couples as a result of their graduate education.

The second question addressed the relationship between the nominal-level variable of whether or not respondents had a second-year/clinical internship and the ordinal-level variable of how prepared they felt to work with couples as a result of their graduate education (items 25 and 13). The survey question regarding the second-

year/clinical internship was multiple-choice, and respondents indicated either “Yes” or “No”. Responses about feelings of preparedness were recorded on a Likert scale ranging from 1 to 5, with 1 meaning “Not at all true” and 5 meaning “Definitely true”. The research question inquired if there was a relationship between clinical internship experience with couples and how prepared respondents felt about working with couples as result of their graduate education. It was hypothesized that there would be a relationship between clinical internship experience with couples and how prepared respondents felt about working with couples as a result of their graduate education. The null hypothesis was that there would be no relationship between clinical internship experience with couples and how prepared respondents felt about working with couples as a result of their graduate education.

Third, the relationship between the ordinal-level variables of respondents’ perceived competence immediately after graduate school considering graduate coursework only and their comfort level in working with couples was assessed (items 23 and 5). Responses to both of these questions were recorded on Likert scales ranging from 1 to 5 (“Not at all competent” to “Completely competent” in the former and “Not at all true” to “Definitely true” in the latter). The research question addressed whether or not there was a relationship between perceived comfort with couples work based solely on graduate coursework and how comfortable respondents feel in working with couples. It was hypothesized that there would be a relationship between perceived comfort with couples work based solely on graduate coursework and how comfortable respondents feel in working with couples. The null hypothesis stated that there would be no relationship

between perceived comfort with couples work based solely on graduate coursework and how comfortable respondents feel in working with couples.

The analysis of these three relationships involved nominal- and/or ordinal-level variables, so these three inferential questions were answered by running a chi-square analysis. The next three inferential questions that will be discussed involved interval- and/or ratio-level variables, so each was analyzed by running a correlation and generating a scatterplot. The Perceived Competence in Couples Work and Perceived Competence as a Result of Graduate Coursework scores formed the interval-level variables that were used in the remaining three inferential research questions.

The fourth inferential question addressed the correlation between the interval-level variables of both the Perceived Competence in Couples Work scores (items 5-10) and the Perceived Competence as a Result of Graduate Coursework scores (items 16-23). The research question inquired if there was a correlation between perceived competence in couples work and perceived competence in couples work as a result of graduate coursework. It was hypothesized that there would be a correlation between perceived competence in couples work and perceived competence in couples work as a result of graduate coursework. The null hypothesis stated that there would be no correlation between perceived competence in couples work and perceived competence in couples work as a result of graduate coursework.

The fifth inferential question analyzed the correlation between the interval-level Perceived Competence in Couples Work scores and the ratio-level variable of how long ago participants graduated with their MSW (item 14). The research question addressed whether or not there was a correlation between perceived competence in couples work

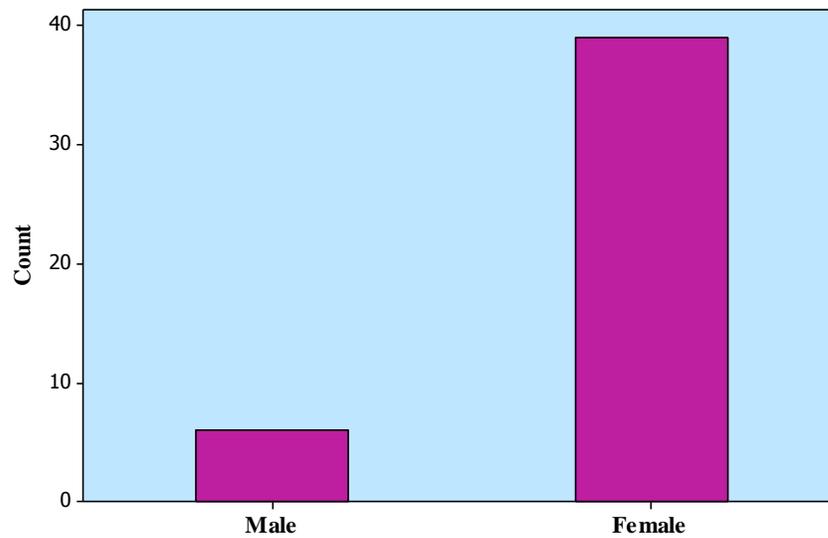
and the amount of time that had passed since graduation. It was hypothesized that there would be a correlation between perceived competence in couples work and the amount of time that had passed since graduation. The null hypothesis was that no correlation would exist between perceived competence in couples work and the amount of time that had passed since graduation.

The sixth and final inferential question addressed the correlation between the interval-level Perceived Competence as a Result of Graduate Coursework scores and the ratio-level variable of how long ago participants graduated with their MSW. The research question inquired whether or not there would be a correlation between perceived competence as a result of graduate coursework and how long ago respondents graduated with their MSW. It was hypothesized that there would be a correlation between perceived competence as a result of graduate coursework and how long ago respondents graduated with their MSW. The null hypothesis stated that there would not be a correlation between perceived competence as a result of graduate coursework and how long ago respondents graduated with their MSW.

## **Results**

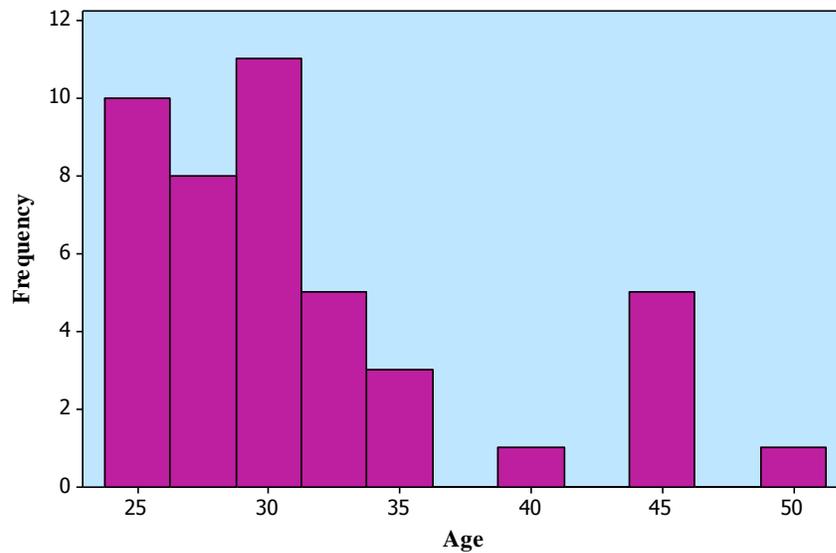
### **Descriptive Data**

The first descriptive question pertained to the nominal variable of the gender distribution of respondents. As demonstrated in Figure 1, of the 45 respondents, 39 (86.7%) were female and 6 (13.3%) were male.



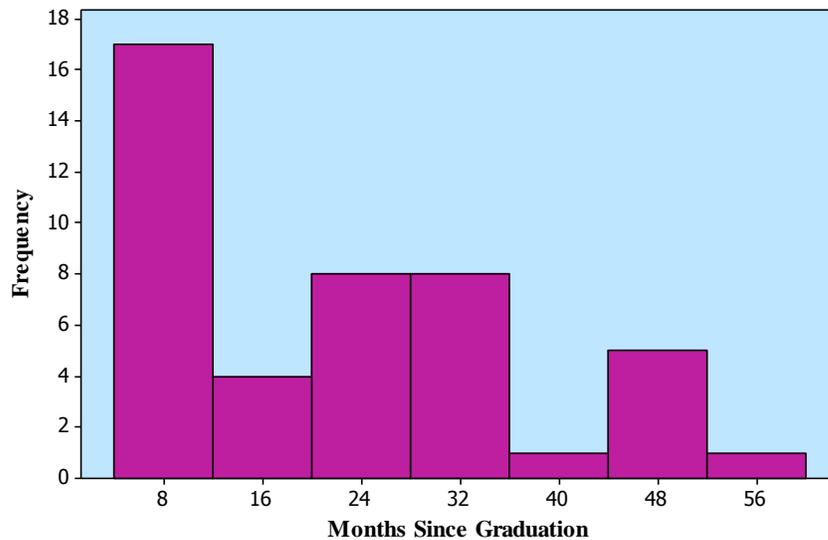
*Figure 1.* Gender distribution of licensed graduate social worker respondents.

The second question addressed the ratio-level variable of the age range of respondents. Of the 45 respondents, one did not answer this item on the survey. As seen in Figure 2, the ages ranged from 25 to 51 years old. The mean age was 31.6 years old, the median was 30 years old, and the standard deviation was 6.7 years.



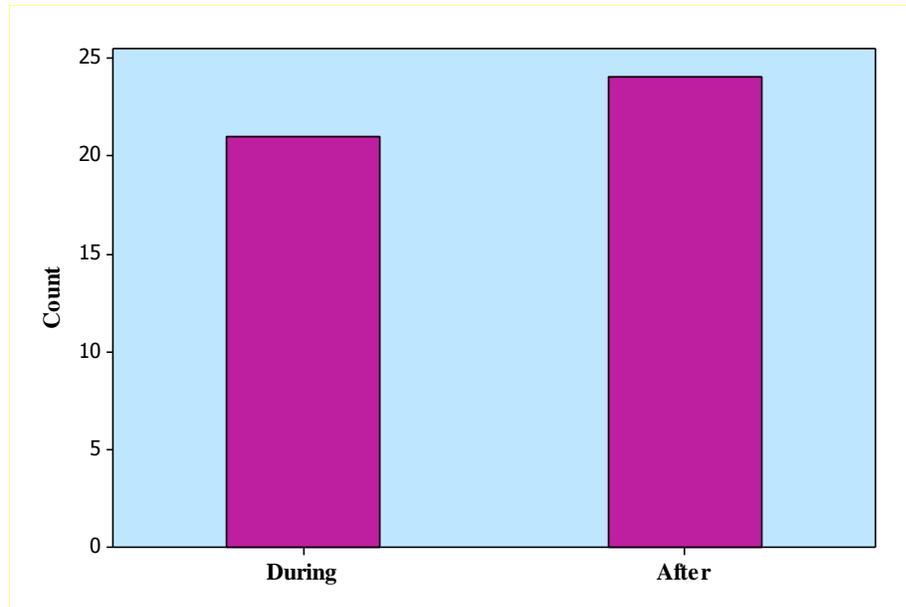
*Figure 2.* Age distribution of licensed graduate social worker respondents.

The third descriptive question pertained to the ratio-level variable of the average length of time (in months) that had transpired since a respondent's graduation with an MSW. One individual did not respond to this item on the survey. As demonstrated in Figure 3, time since graduation ranged from 5.5 months ago to 58 months ago. On average, respondents graduated 22 months ago, with a median of 20.5 months and a standard deviation of 14.3 months.



*Figure 3.* Number of months since respondents graduated with an MSW.

The nominal variable of whether or not respondents received the majority of their couples work experience in or after graduate school was investigated in the fourth descriptive research question. As Figure 4 demonstrates, 21 of the 45 participants (46.7%) reported that the majority of their couples work experience was received while they were in graduate school. Twenty-four (53.3%) reported that they received the majority of their couples work experience after graduate school.



*Figure 4.* Number of licensed graduate social workers who reported receiving the majority of their couples work experience in graduate school and after graduate school.

Exactly where respondents received their couples work experience was analyzed for the fifth descriptive research question. Because respondents were able to select more than one choice for this survey item, analysis did not include how many respondents selected each item, but rather how many times each item was selected. Regarding the source of couples work experience, “Graduate school coursework” was selected 22 times (49%), “Graduate school internship” was selected 15 times (33%), “Work experience outside of graduate school” was selected 25 times (56%), and “Post-graduate education and/or training” was selected 5 times (11%). Results are shown in Figure 5.

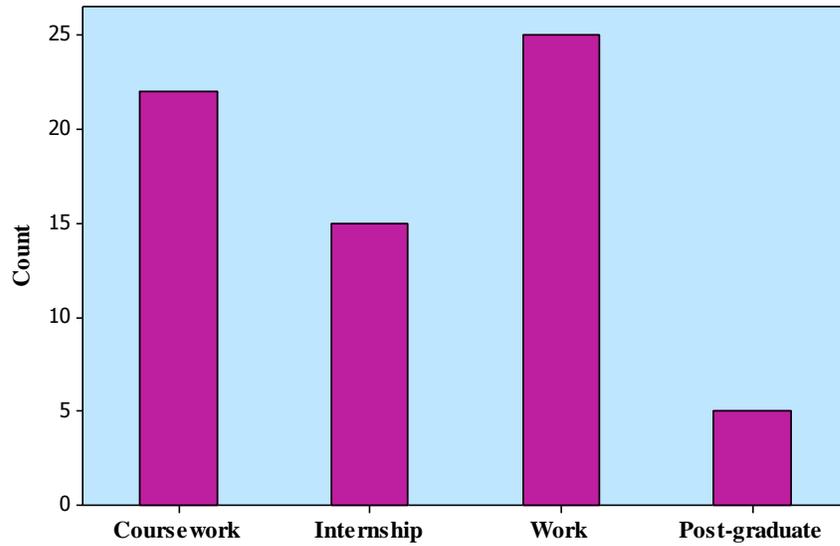
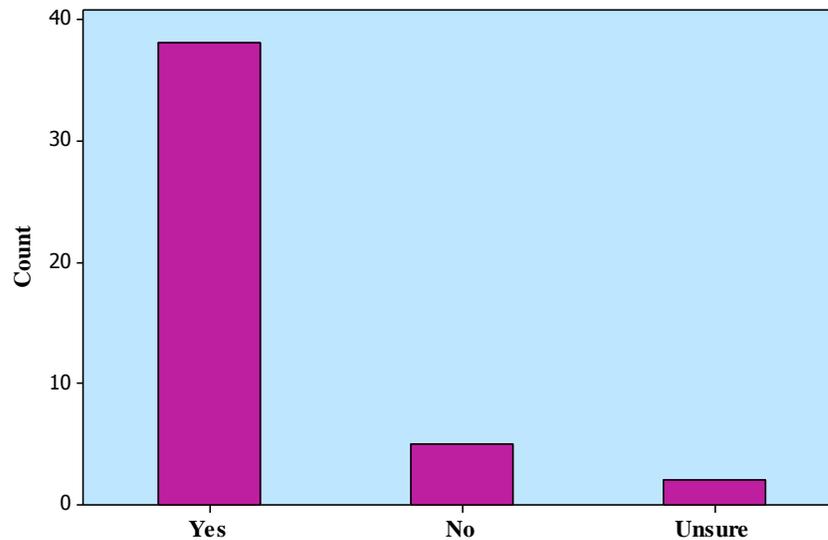


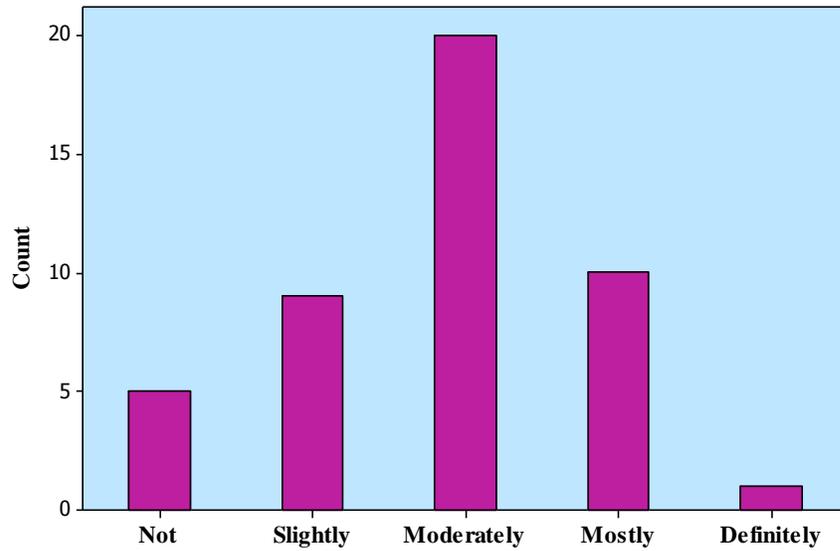
Figure 5. Sources of couples work experience for respondents.

The sixth question addressed the ordinal-level variable of the percentage of respondents who believed that graduate social work curricula should incorporate more couples work material. As seen in Figure 6, of the 45 respondents, 38 (84.4%) reported that graduate social work programs should incorporate more couples work material into their curricula, 5 (11.1%) reported that programs should not incorporate more material, and 2 (4.4%) reported that they did not know if programs should incorporate more material or not.



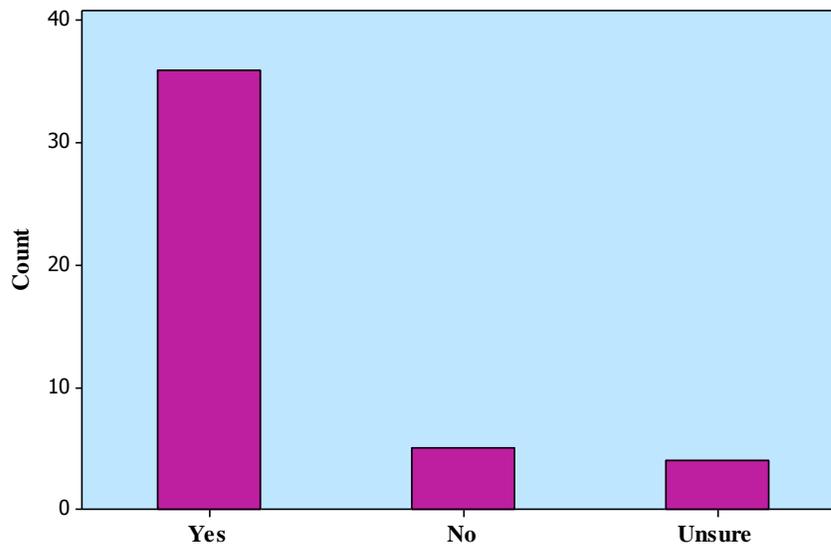
*Figure 6.* Respondents' reported beliefs about incorporating more couples work material into graduate curricula.

The seventh research question pertained to the ordinal-level variable of how comfortable participants feel working with couples. Participants were asked to rate how true the statement “I feel comfortable working with couples” was when it came to their own practice. Five (11.1%) out of 45 participants reported that this was not at all true, 9 (20%) reported that this was slightly true, 20 (44.4%) reported this was moderately true, 10 (22.2%) reported this was mostly true, and 1 (2.2%) reported that this statement was definitely true. The results are found in Figure 7.



*Figure 7.* Number of respondents who rated the degree to which the statement “I feel comfortable working with couples” was true.

Another descriptive research question addressed the issue of whether or not couples work should be approached as being separate from family work. Results, shown in Figure 8, indicated that 36 respondents (80%) believed that couples work should be viewed as its own field separate from family work. Five (11.1%) believed that it should not be separate, and 4 (8.9%) reported that they did not know if couples work should be separate from family work.



*Figure 8.* Number of respondents who reported whether or not couples work should be approached as an entity separate from family work.

The final two descriptive research questions involved analysis of several survey responses that had been combined to form two different scale scores developed by the researcher. For the Perceived Competence in Couples Work score, scores ranged from 10 to 26, with a mean score of 18.1, median of 19, and a standard deviation of 3.8. The Perceived Competence as a Result of Graduate Coursework scores ranged from 7 to 29. While this scale has a minimum possible score of 8, one participant answered all scale items except one, which resulted in a score that was lower than the scale's minimum. One participant did not answer the survey items needed to obtain a scale score. The mean score for the Perceived Competence as a Result of Graduate Coursework scale was 17.5, with a median of 17 and a standard deviation of 5. Histograms of the score distributions are found in Figures 9 and 10.

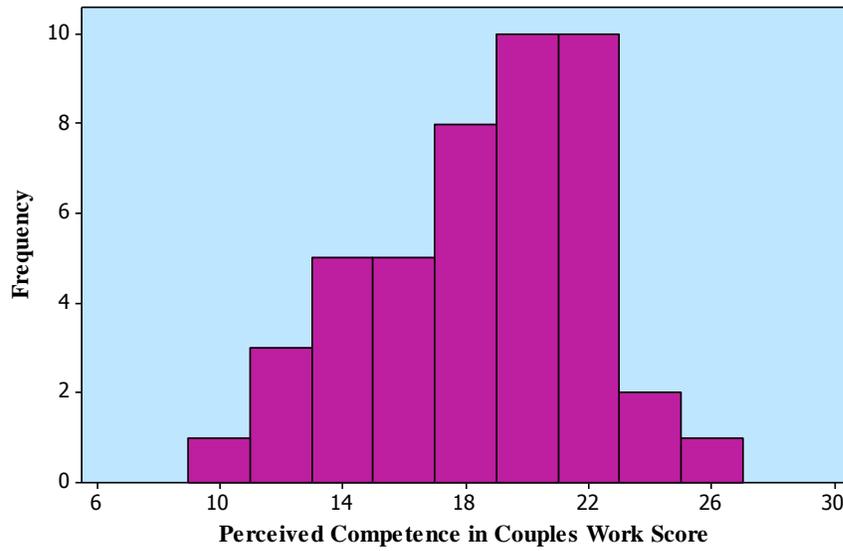


Figure 9. Perceived Competence in Couples Work scores, ranging from 6 (low perceived competence) to 30 (high perceived competence), and the corresponding number of respondents who received these scores.

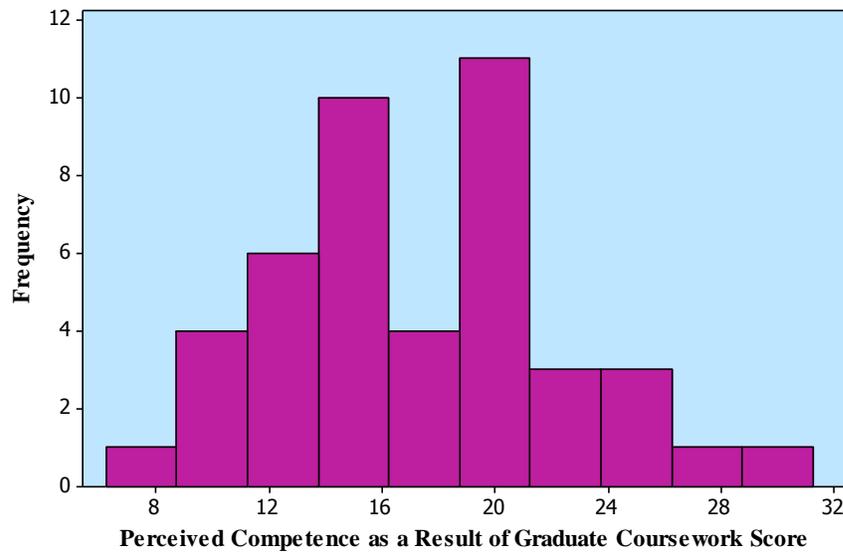


Figure 10. Perceived Competence as a Result of Graduate Coursework scores, ranging from 8 (low perceived competence) to 32 (high perceived competence), and the corresponding number of respondents who received these scores.

**Inferential Data**

Survey results were coded differently for the first three inferential research questions to allow for more accurate chi-square analysis. The first inferential question involved a chi-square analysis and investigated the relationship between the nominal-level variable of whether or not respondents had a first-year/foundational internship and the ordinal-level variable of how prepared they felt to work with couples as a result of their graduate education. Instead of coding each individual response option for how well prepared respondents felt to work with couples, responses were placed into groups. Responses for the survey item ranged from 1 to 5 (“Not at all true” to “Definitely true”), but responses 1 and 2 were put into one group for analysis (“Not at all – slightly true”), and responses 3-5 were placed in another (“Moderately – Definitely true”). Coding was not altered for responses to the questions about whether or not respondents had a first-year/foundational or a second-year/clinical internship. The chi-square analysis revealed a p-value of 0.858, which was greater than 0.05 and therefore was not statistically significant. Therefore, we fail to reject the null hypothesis. These results indicate that there is no relationship between a first-year/foundational internship and how prepared social workers felt to work with couples as a result of their graduate education, as seen in Table 1.

Table 1

*Relationship Between Having a Foundation Internship and Feeling Well Prepared*

Rows: felt.well.prep.		Columns: found.int.			
	Yes	No	Missing	All	
Not at all - slightly true	20	7	0	27	
	74.07	25.93	*	100.00	
	60.61	63.64	*	61.36	
	45.45	15.91	*	61.36	
Moderately - definitely true	13	4	1	17	
	76.47	23.53	*	100.00	
	39.39	36.36	*	38.64	
	29.55	9.09	*	38.64	
All	33	11	*	44	
	75.00	25.00	*	100.00	
	100.00	100.00	*	100.00	
	75.00	25.00	*	100.00	

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Pearson Chi-Square = 0.032, DF = 1, P-Value = 0.858  
 Likelihood Ratio Chi-Square = 0.032, DF = 1, P-Value = 0.858

The second inferential question investigated the relationship between the nominal-level variable of whether or not respondents had a second-year/clinical internship and the ordinal-level variable of how prepared they felt to work with couples as a result of their graduate education. As with the first inferential question, the second inferential question used the recoded responses for how prepared respondents felt to work with couples. The results of the chi-square analysis in Table 2 revealed a p-value of 0.845, which was not statistically significant. Therefore, we fail to reject the null hypothesis. These results indicate that there is no relationship between a second-year/clinical internship and how prepared social workers felt to work with couples as a result of their graduate education, as seen in Table 2.

Table 2

*Relationship Between Having a Clinical Internship and Feeling Well Prepared*

Rows: felt.well.prep.		Columns: clin.int.		
	Yes	No	Missing	All
Not at	25	2	0	27
all -	92.59	7.41	*	100.00
slightly	60.98	66.67	*	61.36
true	56.82	4.55	*	61.36
Moder-	16	1	1	17
ately -	94.12	5.88	*	100.00
definitely	39.02	33.33	*	38.64
true	36.36	2.27	*	38.64
All	41	3	*	44
	93.18	6.82	*	100.00
	100.00	100.00	*	100.00
	93.18	6.82	*	100.00

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Pearson Chi-Square = 0.038, DF = 1, P-Value = 0.845  
 Likelihood Ratio Chi-Square = 0.039, DF = 1, P-Value = 0.844

The relationship between the ordinal-level variables of respondents' perceived competence immediately after graduate school considering graduate coursework only and their comfort level in working with couples comprised the third inferential research question. For analysis of the third inferential research question, the variable of how competent respondents felt after graduate school as a result of graduate coursework, while originally consisting of four possible responses in the survey, was reduced to three categories for analysis ("Not at all", "Somewhat", and "Mostly"). This was because no respondents selected the fourth option of "Completely". Therefore, the three responses used in analysis were not altered, but the fourth response was eliminated from analysis. The second variable of the third inferential research question, respondents' comfort level in working with couples, was also recoded to allow for more accurate analysis.

Responses for the survey item ranged from 1 to 5 (“Not at all true” to “Definitely true”), but these responses were placed in the following groups for analysis: “Not at all – slightly true” (combining responses 1 and 2), “Moderately true” (response 3), and “Mostly – definitely true” (combining responses 4 and 5). Results of the chi-square analysis shown in Table 3 revealed a p-value of 0.007, which fell below 0.05, indicating that it was statistically significant relationship. Therefore, we can reject the null hypothesis. These results indicate that there is a relationship between respondents’ perceived competence considering graduate coursework only and their comfort level in working with couples, as seen in Table 3.

Table 3

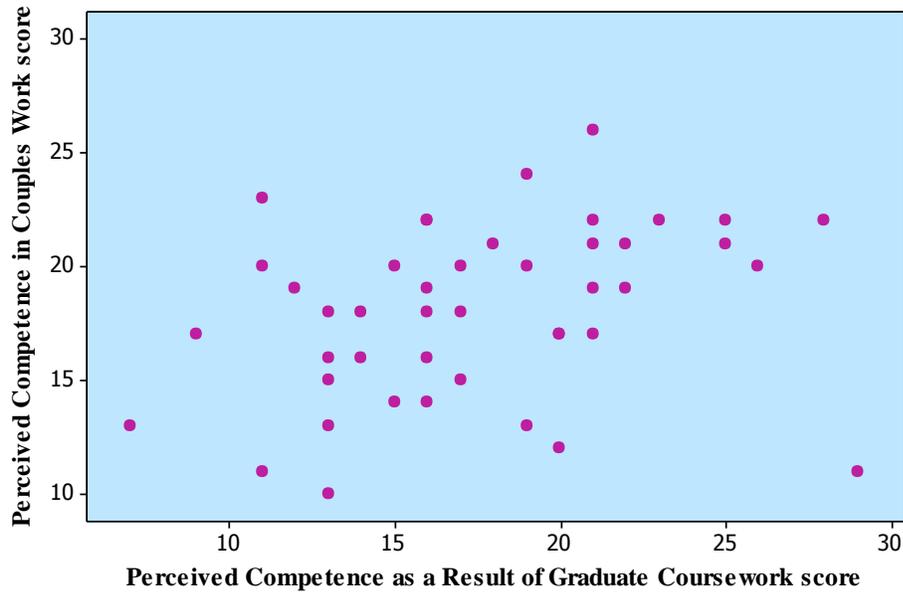
*Relationship Between Competence from Coursework and Comfort with Couples*

Rows: how.comp.feel.after.grad.sch.		Columns: comf.w/coup.			
	Not at all- slightly true	Moderately true	Mostly - definitely true	All	
Not at all	9	7	1	17	
	52.94	41.18	5.88	100.00	
	64.29	36.84	9.09	38.64	
	20.45	15.91	2.27	38.64	
Some- what	5	11	6	22	
	22.73	50.00	27.27	100.00	
	35.71	57.89	54.55	50.00	
	11.36	25.00	13.64	50.00	
Mostly	0	1	4	5	
	0.00	20.00	80.00	100.00	
	0.00	5.26	36.36	11.36	
	0.00	2.27	9.09	11.36	
Missing	0	1	0	*	
	*	*	*	*	
	*	*	*	*	
	*	*	*	*	
All	14	19	11	44	
	31.82	43.18	25.00	100.00	
	100.00	100.00	100.00	100.00	
	31.82	43.18	25.00	100.00	

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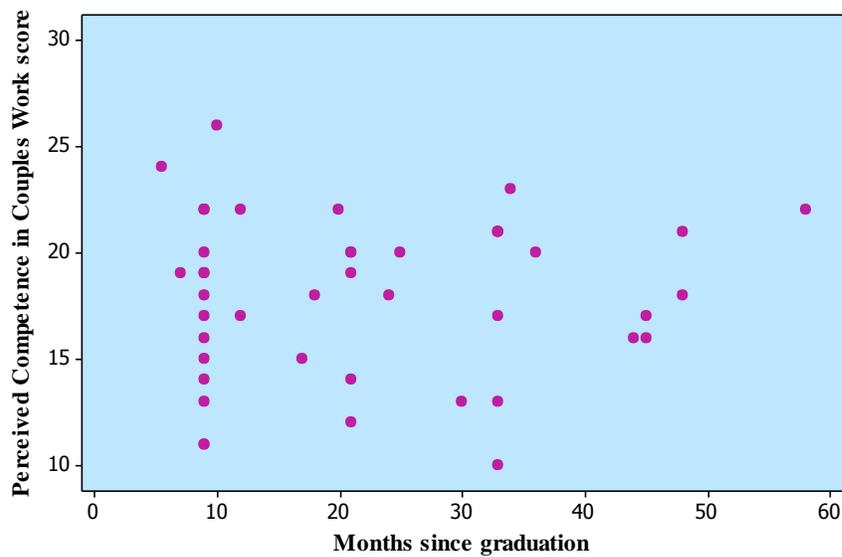
Pearson Chi-Square = 14.002, DF = 4, P-Value = 0.007  
 Likelihood Ratio Chi-Square = 14.276, DF = 4, P-Value = 0.006

The fourth inferential question investigated the correlation between the interval-level variables of the Perceived Competence in Couples Work scores and the Perceived Competence as a Result of Graduate Coursework scores. A correlation analysis and a scatterplot of the results (seen below) showed a positive Pearson correlation of 0.311 and a p-value of 0.040, indicating a statistically significant, moderately-strong correlation.



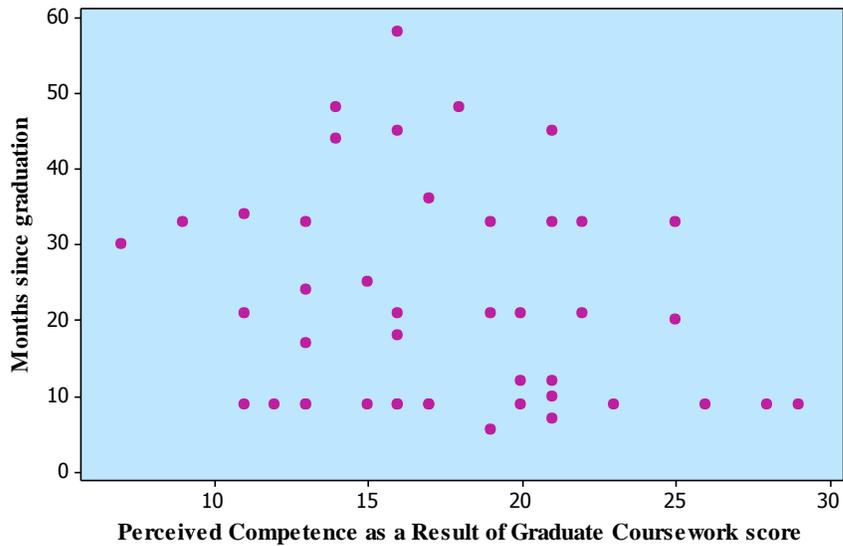
*Figure 11.* Correlation between Perceived Competence in Couples Work scores and Perceived Competence as a Result of Graduate Coursework scores.

A correlation between the interval-level Perceived Competence in Couples Work scores and the ratio-level variable of how long ago participants graduated with their MSW was conducted to address the fifth inferential research question, and the results of this correlation were put into a scatterplot that can be found below. This analysis had a Pearson correlation of 0.021 and a p-value of 0.891, indicating a weak correlation that was not statistically significant.



*Figure 12.* Correlation between Perceived Competence in Couples Work scores and the number of months that have passed since respondents' graduation with an MSW.

The final inferential research question inquired about the correlation between the interval-level Perceived Competence as a Result of Graduate Coursework scores and the ratio-level variable of how long ago participants graduated with their MSW. The Pearson correlation value for this analysis was somewhat weak at  $-0.202$ , and the  $p$ -value was  $0.189$ , which was not statistically significant. The scatterplot of this analysis is below.



*Figure 13.* Correlation between Perceived Competence as a Result of Graduate Coursework scores and the number of months that have passed since respondents' graduation with an MSW.

### Discussion

In summary, results of the first inferential research question did not indicate that there was a relationship between respondents having a first-year/foundation internship and how prepared they felt to work with couples as a result of their graduate education. Similarly, analysis of the second research question did not reveal a relationship between having a second-year/clinical internship and feeling prepared to work with couples as a result of their graduate education. This research did not support the hypotheses for both of these questions, which stated that there would be a relationship between these variables, and therefore we failed to reject the null hypothesis that a relationship does not exist.

Analysis of the third inferential research question indicated a statistically significant correlation between how competent respondents felt working with couples as

a result of their graduate coursework immediately after graduate school and their perceived comfort in working with couples. As a result, the null hypothesis was rejected.

The statistically significant correlation found between the Perceived Competence in Couples Work scores and the Perceived Competence as a Result of Graduate Coursework scores allowed the researcher to reject the null hypothesis for the fourth inferential research question, which stated that there would not be a correlation between these two variables.

The final inferential questions investigated the correlation between the Perceived Competence in Couples Work scores and the number of months that had passed since respondents graduated with their MSW, as well as the correlation between the Perceived Competence as a Result of Graduate Coursework scores and how long it had been since respondents had graduated with their MSW. No statistically significant correlation was found to exist between either set of variables, so the hypotheses generated for both (that there would be a correlation between the variables) was not supported, and the null hypothesis failed to be rejected.

Overall, the results of this study indicated that while respondents felt moderately comfortable and competent in couples work, 84.4% believed that couples work material should be incorporated more into graduate social work program curricula. This reflected Siporin's (1980) findings, in which social workers were generally dissatisfied with the lack of exposure to couples work material in their academic programs. The fact that respondents generally reported that graduate social work programs should incorporate more couples work material also supports Richman's (1992) findings, in which fewer than 40% of the MSW programs in the sample were giving enough attention to couples

work. Finally, Kheshgi-Genovese (1993) found that 26.3% of the social workers interviewed reported that their coursework lacked coverage of the most basic concepts in couples work. Kheshgi-Genovese's (1993) study also found that social work educators need to give students a better understanding of couples work and identify the knowledge and skills necessary to be effective in this work.

While some respondents (46.7%) reported that they received some of their couples work experience in graduate school, slightly more respondents (53.3%) reported that the majority of their couples work experience occurred after graduate school. Work experience outside of graduate school was the most reported source of couples work experience, followed by graduate school coursework, then by graduate school internships, and finally by post-graduate education and/or training. Kheshgi-Genovese (1993) had similar findings: more social workers reported that they had not received couples work experience until after graduation.

The fact that more respondents reported that their couples work experience occurred outside of graduate school would also explain why there was no correlation between having a first-year/foundational or second-year/clinical internship and feeling prepared for couples work. Such findings highlight the concerns outlined by Karpiak (1992), who stated that social workers tend to feel highly unprepared for practice if they do not receive adequate training. Murphy, Park, and Lonsdale (2006) had similar concerns, noting that students' "...competence scores may drop if students feel unprepared...to work with clients they had little exposure to in their training" (p.310). However, it seems that while respondents would have preferred more exposure to couples work material in graduate school, the average Perceived Competence as a Result of

Graduate Coursework Scale score of 17.5 out of a maximum of 32 indicates that they felt slightly to moderately competent considering graduate coursework only. Furthermore, 44.4% indicated that they felt moderately comfortable working with couples. While responses may have been the result of a social response bias (i.e. not answering accurately due to a fear of being perceived as incompetent doing couples work), these findings support Meenaghan & Molnar's (1982) findings in that perhaps respondents of the current study acquired more knowledge and skills than they believed, despite limited exposure to practice.

Respondents graduated, on average, within the past 2 years, which means that their competence scores may also have been slightly affected by the implementation and enforcement of the Educational Policies and Accreditation Standards, which have increased competence and evidence-based practice within social work education (Council on Social Work Education, n.d.). However, results of the current study showed that there was no correlation between the number of months since graduation and the Perceived Competence as a Result of Graduate Coursework scores. There was also no correlation between number of months since graduation and the Perceived Competence in Couples Work scores. In other words, time elapsed since graduation did not have any effect on respondents' overall perceived competence in couples work or competence gained from coursework.

A moderately strong, statistically significant correlation was found to exist between the Perceived Competence in Couples Work scores and the Perceived Competence as a Result of Graduate Coursework scores. The average score of the former scale was 18.1 with a median of 19 out of a maximum score of 26, which was

slightly higher than the average score of the latter, which was 17.5 with a median of 17. It is clear that experiences other than graduate coursework contributed to overall competence in couples work, but the fact that the average scores between these scales were similar demonstrates the crucial role graduate coursework plays in overall competence. This correlation highlights the importance of incorporating elements that play a role in couples work into social work education. Examples are physiological and developmental knowledge, awareness of relational processes and concepts, and the content of processes that occur not only between partners but also between each partner and the therapist (Kissen, 2003; Sperry, 2004; Pugh, 1986; Kheshgi-Genovese & Constable, 1995). By exposing students to these knowledge and skill sets in their graduate curricula, social work programs are increasing the self-perceived competence of students, which allows them to be more effective couples therapists.

Finally, the issue of whether or not couples work should be approached as separate from family work was also addressed. The vast majority of respondents (80%) reported that couples work should be viewed as separate from family work, which supports the sentiments of Kheshgi-Genovese (1993), who stated that while couples work has its place in work with families and individuals, it is also of value to treat it as its own entity, due to the specific knowledge and skills that are used in practice with couples. It is essential for social work programs and educators to keep this in mind when constructing their curricula and teaching couples work material, so that they are able to explain how it fits into family and individual work, but also how and why couples work is its own unique process.

As with any research, this study was not without its limitations, which included a small sample size and results that could not be generalizable to the greater population. The total sample size was 45, and the majority of respondents were female, so the experiences and opinions of male social workers were minimal in the results. Furthermore, the sample consisted of individuals within a very specific area of Minnesota, so data collected from other areas of Minnesota or other states may have yielded different results. Most respondents were also quite young, with an average age of 31.6 years, which also may have affected the data in that older LGSWs may have had different experiences and self-perceived competence levels, especially if they had worked in the field of couples work for a number of years before or after graduating with their MSW. Finally, the online survey used for this research was emailed to 203 individuals, of which 45 responded. There is a possibility that those who did submit a survey felt more strongly about couples work in general, which means this survey reflects only certain beliefs and opinions rather than a wide variety. Because of these limitations, the results of this study are not generalizable to the greater population, but rather shed light on the experiences and opinions that some LGSWs in the Twin Cities have had regarding graduate school and couples work.

Based on information found during the literature review process and the results of the current study, several areas of potential for future research were identified. First, future studies could include a larger, more diverse sample, which would likely yield more generalizable results regarding graduate school experience and self-perceived competence in couples work. Future research could also gain a better idea of how graduate social work programs have changed over time and how this has affected self-

perceived competence. This could be done by surveying clinical social workers who graduated with their MSW both recently and several years ago and comparing reports between the two groups. In addition, while the scales that were devised to use in this study were helpful as a means of measuring respondents' self-perceived competence, they could be improved by adding additional items to include in measurement, which would give them more depth, validity, and reliability. The current study investigated reports of how competent and comfortable respondents were working with couples, but it did not pursue why they did or did not feel comfortable and/or competent in couples work. This provides a couple different opportunities for research. First, it is possible that clinical social workers' personal coupling experiences influence their perceived competence in working with couples. A future study could look at the reasons behind these feelings of competence or lack thereof more deeply, which would provide insight regarding how these experiences might affect practice. Second, research could also help to identify specific areas of graduate social work education that may be detracting from or significantly contributing to self-perceived competence of social work students. On a similar note, this study's respondents reported that graduate social work programs should incorporate more couples work material into their curricula. Future research could examine how social workers think this can be done and identify more specifically which areas of social work education they benefited from and which areas should be improved (e.g. courses, internships, school-sponsored professional presentations, etc.).

In conclusion, the results of this study indicated that respondents, on average, perceived themselves to be fairly comfortable and competent in working with couples, although there was certainly room for increasing self-perceived competence, particularly

in the realm of graduate social work education and internships. Respondents tended to report that graduate programs need to incorporate more couples work material into their curricula. In addition, the majority of respondents reported that couples work should be considered as a unique entity separate from family work, which supports previous research findings that couples work thus far has largely been informed by theories based in individual and/or family work (Knerr & Bartle-Haring, 2010; Kheshgi-Genovese, 1993). Results of this study revealed that graduate social work programs seem to be lacking when it comes to preparing their students to engage in couples work and suggest that more could be done to increase self-perceived competence in graduate social workers, such as incorporating more knowledge and skills specific to couples work into graduate social work curricula. The only way that progress can be made is to encourage more research in this area, so students of social work are being properly equipped to engage in competent practice with couples and are able to enter the field as confident, knowledgeable professionals.

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## Appendix A

**CONSENT FORM**

Please read this form and ask any questions you may have before agreeing to participate in the study.

Please keep a copy of this form for your records.

<b>Project Name</b>	Graduate Social Workers' Perceived Level of Competency in Working with Couples	<b>IRB Tracking Number</b>
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General Information Statement about the study:

I am conducting a study on the preparation of Licensed Graduate Social Workers (LGSW) to provide clinical services to couples. This study represents a year-long project that is part of the University of St. Thomas and St. Catherine University MSW program.

You are invited to participate in this research.

You were selected as a possible participant for this study because:

Your name was included on a list, purchased from the Minnesota Board of Social Work, of licensed graduate social workers who received their MSW within the last 5 years.

Your name was selected at random as a potential participant in this study.

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Study is being conducted by:

Research Advisor (if applicable):

Department Affiliation: Social Work

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### **Background Information**

The purpose of the study is:

The purpose of this study is to investigate licensed graduate social workers' exposure to couples work in their graduate school curriculum and internship(s) and how these affected self-perceived competency in working with couples. This study will utilize a survey that consists of questions regarding educational and internship experience as well as self-perceived competency when it comes to working specifically with couples in a therapeutic setting.

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### **Procedures**

If you agree to be in the study, you will be asked to do the following:

*State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc.*

If you agree to participate in this study, please carefully read the email sent to you by the researcher and the consent form attached. If you have questions/concerns regarding the study, please contact the researcher prior to completing the survey. If you agree to complete the survey, click on the link contained in the email sent to you by the researcher; you will complete and submit the survey online. After you have answered all of the items, you will submit the survey, and the results will be sent anonymously to the researcher. Your consent will be assumed should you choose to complete and submit the survey.

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### **Risks and Benefits of being in the study**

The risks involved for participating in the study are:

There are no known risks to participating in this study.

The direct benefits you will receive from participating in the study are:

There are no known direct benefits to participating in this study.

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### **Compensation**

Details of compensation (if and when disbursement will occur and conditions of compensation) include:

*Note:* In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment must be provided by you or your third party payer if any (such as health insurance, Medicare, etc.).

You will not be compensated for participating in this study.

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### **Confidentiality**

The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include:

The names, email addresses, and places of employment of participants will be known only to the researcher and research advisor. Online surveys will be submitted anonymously, so the data returned to the researcher will not contain any identifying information, making it impossible for anyone (including the researcher) to track a specific survey back to an individual participant. Data spreadsheets will be available only to the researcher and the research advisor of this project. Data gathered for this study will be kept on the researcher's personal, password-protected computer and destroyed no later than May 2014.

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### **Voluntary Nature of the Study**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies

or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date\time specified in the study.

You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).

Should you decide to withdraw, data collected      will be used in the study about you

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### **Contacts and Questions**

You may contact any of the resources listed below with questions or concerns about the study.

Researcher name

Researcher email

Researcher phone

---

Research Advisor name

Research Advisor email

Research Advisor phone

---

UST IRB Office

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### **Statement of Consent**

I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

Signature of Study  
Participant

Date

*Electronic signature*

Print Name of Study  
Participant

---

Signature of Parent or  
Guardian

Date

(if applicable)

*Electronic Signature*

Print Name of Parent or  
Guardian

(if applicable)

---

Signature of Researcher

Date

*Electronic signature\**

Print Name of Researcher

\*Electronic signatures certify that::

The signatory agrees that he or she is aware of the polities on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.

Appendix B

**Perceived Competence in Couples Work Survey**

**Currently**

1. What is your gender?

Male

Female

Transgender

Prefer not to indicate

2. What is your age?

\_\_\_\_\_

3. When do you believe you received the majority of your experience in working with couples?

In graduate school

After graduate school

4. Where did you receive this experience? Check all that apply.

Graduate school coursework

Graduate school internship

Work experience outside of graduate school

Post-graduate education and/or training

**Please indicate on the scale below your response to the following statements:**

5. I feel comfortable working with couples.

Not at all true   Slightly true   Moderately true   Mostly true   Definitely true

1

2

3

4

5

6. It is difficult for me to apply theoretical concepts that I learned in graduate school to couples work.

Not at all true	Slightly true	Moderately true	Mostly true	Definitely true
1	2	3	4	5

7. When a couple expresses conflict in session, I know how to focus on the process of their communication.

Not at all true	Slightly true	Moderately true	Mostly true	Definitely true
1	2	3	4	5

8. I know how to help couples mutually agree on goals.

Not at all true	Slightly true	Moderately true	Mostly true	Definitely true
1	2	3	4	5

9. I know how to make each partner feel validated and understood in therapy sessions.

Not at all true	Slightly true	Moderately true	Mostly true	Definitely true
1	2	3	4	5

10. I know when to set limits in couple therapy sessions.

Not at all true	Slightly true	Moderately true	Mostly true	Definitely true
1	2	3	4	5

11. Do you believe that couples work requires recognition as separate from family work?

Yes

No

I don't know

12. Do you think graduate social work programs need to incorporate more couples work material in their curricula?

Yes

No

I don't know

13. I felt well-prepared to work with couples as a result of my graduate education.

Not at all true    Slightly true    Moderately true    Mostly true    Definitely true

1

2

3

4

5

### **Graduate School Experience**

14. How long ago did you graduate with your master's degree in social work? Please put a value in both spaces (if you graduated less than one year ago, put a "0" in the "years" space and give the number of months).

\_\_\_\_\_ years

\_\_\_\_\_ months

15. What was the main source of your couples work preparation while in graduate school?

Foundation internship

Clinical internship

Graduate coursework

16. To what extent was couples work presented in your graduate school curriculum?

Not at all

Somewhat

Mostly

A lot

1

2

3

4

17. To what extent were you taught the importance of assessing partners' previous family relationships when engaging in couples work?

Not at all	Somewhat	Mostly	A lot
1	2	3	4

18. To what extent were you taught to evaluate partners' communication patterns in couples work?

Not at all	Somewhat	Mostly	A lot
1	2	3	4

19. To what extent were you taught to assess partners' cognitions related to their communication patterns?

Not at all	Somewhat	Mostly	A lot
1	2	3	4

20. To what extent were you taught the role of reinforcement in couple interactions?

Not at all	Somewhat	Mostly	A lot
1	2	3	4

21. To what extent were you taught the importance of forming a therapeutic alliance with both partners in couples work?

Not at all	Somewhat	Mostly	A lot
1	2	3	4

22. To what extent were you taught to know when and if to see partners together or separately?

Not at all	Somewhat	Mostly	A lot
1	2	3	4

23. Considering your coursework learning only, how competent did you feel in working with couples immediately after graduate school?

Not at all	Somewhat	Mostly	A lot
1	2	3	4

24. While in graduate school, did you have a foundation internship?

Yes

No

25. While in graduate school, did you have a clinical internship?

Yes

No

26. Did your foundation internship include exposure to work with couples?

Yes

No

27. Did your clinical internship include exposure to work with couples?

Yes

No

28. To what extent do you believe your internship(s) prepared you for work with couples?

Not at all	Slightly	Moderately	Mostly	Completely
1	2	3	4	5

**Thank you for your participation!**