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Use of Research Among Social Work Clinicians

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Use of Research Among Social Work Clinicians

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
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Theresa McPartlin, MSW, LICSW
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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 a research problem, formulate a research implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This study used a quantitative research design to examine the extent to which clinical social workers (LICSW's) stay abreast of clinical social work research. This study also examined whether social workers who use different therapeutic approaches differ at all in their research behaviors. Participants responded to an online survey administered using SurveyMonkey (n=80).

The study found that clinical social workers engage in a variety of research behaviors, and that these behaviors closely mirror the findings of a recent study on this same topic. Nearly a quarter of licensed social workers report that they never or rarely read scholarly journal articles on social work, and more than half do not receive any formal supervision. The study did not find any relationship between preferred treatment approach and research behaviors. Findings suggest that social workers have room to improve in terms of their use of research. Future studies could include qualitative research on the reasons why many clinical social workers do not engage in various behaviors to stay abreast of clinical research.

Acknowledgements

I would like to first thank my committee members. I am thankful to my committee chair, Colin Hollidge, for your valuable feedback and enthusiasm for my project. I also appreciated your help in keeping this project in proper perspective as I finished up my final year as a graduate student. I am also grateful to Scott Washburn and Theresa McPartlin, who gave me timely and helpful feedback throughout the writing process.

I should also thank the 80 participants who responded to my survey. They took time out of their schedules to assist an MSW student in the creation of research. The topic of this project concerns the research behaviors of social workers, and these respondents demonstrated one way in which one can help this cause.

Finally, I am grateful to my family and friends for their help and encouragement during these two extremely busy years of graduate school. I have worked with and learned from some excellent future (and present) social workers, and I have benefitted incredibly from your input. To these classmates, as well as other friends and family, I have relied on your support heavily, and I feel extremely grateful for all you have done.

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Introduction

Over the past several decades pressure has grown for social work practitioners to incorporate evidence-based research (EBR) into their practice (Wharton & Bolland, 2012). Some interpret this movement as a push to embrace a particular approach to therapy, such as cognitive or behavior-based models that may have a greater body of statistical evidence to shore up their claims. But with the more recent trend of attempting to provide evidence for the (once thought) more difficult to measure practices that fall under the broad umbrella of “psychodynamic,” the push for providing evidence-supported practice is now not so approach-specific (Shedler, 2010). Incorporating evidence-based research into practice no longer requires the use of particular cognitive or behavior-based models, but instead involves the broader requirement to incorporate reputable research on clinical practice in general. Research exists in support of a wide variety of clinical approaches—to make sure one is applying these approaches correctly, and staying abreast of clinical developments, social workers need to use clinical research as it continues to develop within the profession.

Social workers have a reputation from those outside the discipline—not entirely deserved, probably, though likely not without a grain of truth either—of overly relying on empathy, intuition, and relationship to the neglect of theory. No doubt empathy is an important part of building a therapeutic alliance, the significance of which has been estimated to account for roughly 70% of therapeutic efficacy (Martin et al. 2000). Nevertheless, empathy alone has been shown to be inadequate as an approach (Martin et al., 2000). Some studies even suggest that there is a high prevalence of using “novel unsupported practices” among social workers, or, more pejoratively, “psuedoscientific” approaches, despite the widespread call in the literature for evidence-based practices (EBP) (practices based on EBR) (Pignotti &Thyer, 2009).

The importance of evidence-based research to social work practice has been made explicit by its governing bodies. For instance, the Educational Policy and Accreditation Standards of the Council on Social Work Education (CSWE, 2008) makes explicit the expectation that social work clinicians will incorporate evidence into their treatment approach:

2.1.3: Social workers distinguish, appraise, and integrate multiple sources of knowledge, including research based knowledge and practice wisdom.

2.1.6: 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 (Council on Social Work Education, 2008).

As though in recognition of this pressure to incorporate evidence into clinical practice, debate—both formal and informal—has begun in recent years within the social work discipline about the best way to do this, or whether to do it at all. Articles have been recently written about the applicability of EBP to clinical research. Some researchers—especially, it seems, those who are partial to psychodynamic approaches—are skeptical of the value or relevance of evidence-based research. It is argued, for instance, that evidence-based research is conducted in rarified environments of strictly controlled laboratory-type conditions that almost never obtain in the real world (Thyer et al., 2011). Other clinicians, including those who favor a psychodynamic approach, are open to such research, and welcome the empirical testing of psychodynamic theory. They believe, and some have tried to show, that such an approach will survive such tests intact (Shedler, 2010; Leichsenring & Rabung, 2008; Drisko, 2011).

This academic discussion of the relevance of evidence-based practice to clinical social work has been lively and prolific, though only a few studies have ventured to test questions about evidence-based practices in the field. Even these studies, though, have not probed the

simple but interesting question about whether and how clinicians are actually attempting to learn about current clinical research. (Wharton & Bolland, 2012). Barriers to such implementation have been discussed (Wharton & Bolland, 2012) as have attitudes toward EBP and the effect such attitudes on actual clinical social work practice.

For the purpose of my research question, evidence-based practice is “the integration of the best research evidence with clinical expertise and patient values” (Sackett, et al. 1997). Note that “best research evidence” does not refer only to randomized controlled studies but may also include evidence from clinical experience or data gathered in some other way.

With this definition in mind, this research paper will study to what extent, and in what ways, licensed clinical social workers (LCSWs) are attempting to stay abreast of the latest research in the field of clinical social work. This study will also investigate whether clinical approach correlates at all with research behavior. Approaches that will be investigated by this study include psychodynamic theory, “eclectic” approaches, cognitive behavioral approaches, behavioral approaches, and narrative approaches.

Review of the Literature

This literature review will discuss four themes that recur in the literature relevant to evidence-based practice among social work clinicians. These themes are: the proper role of evidence-based practice in clinical social work; the teaching of evidence-based practices to social work students; the actual employment of evidence-based practices among social work clinicians; and the use of research by clinicians on evidence-based practices.

The proper role of evidence-based practice in clinical social work

Several articles discuss the appropriate way—or even whether it is appropriate at all—to incorporate evidence into practice. For instance, Drisko (2011) writes that one should worry about the possible political and economic pressures that may motivate some of the push to use EBP. In an era of health care cost-cutting, the requirement that a treatment be “evidence-based” could be used as a way to control costs merely dressed up in the guise of best practices. This could thereby limit the options of quality therapy available to clients, marginalizing less measurable treatments through insurance non-coverage. Psychodynamic treatment, for instance, might in this way be put on the chopping block, as it is famously difficult to measure. (Note though that in recent quantitative studies that made use of measurable client outcomes, psychodynamic therapy has been shown efficacious (Leichsenring et al. 2008; Shedler 2012)). Traditional talk therapy, according to its adherents, doesn’t just produce symptom relief and easily quantifiable outcomes; some of what is valuable about such therapy is the process itself as well as other more elusive qualities (Drisko 2011; Zayas et al. 2011). For instance, some psychodynamic therapy takes as one of its goals personal development, development of the personality over the life span, and other outcomes that are not specifically the remission of any

type of symptom. A related concern is that clients should have a say in how they feel about the outcome and the process of therapy, and that this data should be incorporated into studies about therapy efficacy (Drisko 2011).

The incorporation of EBP into social work psychotherapy has been resisted on the grounds that such practices are tested in artificial, laboratory type-environments, and produce rigid lists of interventions that aren't sufficiently fluid to deal with the client in his or her unique context (Thyer et al., 2011). Others complain that not much evidence has yet been gathered on practices other than CBT-- often equated with evidence based practices--making its explicit incorporation difficult at best for those outside of this narrow field of practice (Shedler, 2010). A more philosophical objection is that what gets counted as "evidence-based" is subjective, and determined by the dominant culture at the time (Witkin, et al., 2001). For instance, some argue that a narrow, empiricist view of evidence reigns in our culture at the moment. However (the argument goes) philosophical fads should not dictate what type of therapy is counted as legitimate.

Mental health care consumers in the US are of two minds with respect to the methodologies and goals of EBP (Tanenbaum, 2008). Their primary misgivings appear mirror to some extent the criticisms that EBP faces from professionals, namely: that it can be short sighted as well as irrelevant to individual real-life cases (Tannenbaum, 2008).

The voices expressing resistance to incorporating EBP into clinical social work are no louder than those that encourage their merger. A review of the most recently published literature on the topic reveals that the importance of grounding practice in EBR is often taken for granted. In response to the objection that evidence-based practices are inflexible and difficult to tailor to individual mental health issues, it has been argued that the programmatic "paint-by-numbers,"

picture of evidence-based practices is somewhat of a caricature (Beck et al., 2011). According to one practitioner, even fairly systematic clinical approaches that are outwardly invariant--such as exposure therapy for anxiety disorders--will (if done right) be applied in interestingly different ways from client to client (Beck et al., 2011).

Still, evidence-based practice in the field of social work remains a controversial issue. Practitioners may feel that it is being continually foisted upon them, and this can feel threatening (Rahman A ; Applebaum R. 2012). It can be seen as a challenge to a clinician's current practice, which may be defended on other grounds—for instance, a therapeutic approach may be seen as good and effective by a clinician as the result of careful reflection on his clinical experience and the use of his sound clinical judgment (Cocazelli, 1987).

There are some broad points of agreement, however, or something close to it. Most clinicians accept that practices should be grounded in “evidence” of some kind, whether this takes the form of personal experience, reflection, theoretical elegance, explanatory power, or classic Baconian empiricism. There remains, however, much disagreement on just how evidence should be defined (Arnd-Caddigan 2011).

Evidence-based practice in the Education of Social Work Students

This study will focus on the way that current literature on evidence-based practices is used by practitioners. An issue closely related to this focus is the role of evidence-based literature in education. In other words, how is evidence-based practice incorporated into the curriculum in social work programs at the graduate and undergraduate levels? As future evidence-based practitioners, it is important to understand the way that students are taught how to use and evaluate evidence based research (Auslander, et al. 2012).

Many articles have been written about the techniques and approaches that should be used to teach students at the master's and doctoral level how to critically evaluate evidence-based research, how to become competent in implementing evidence-based practices, and how to become lifelong learners (Auslander, et al. 2012; Mullen et al., 2011; Gira et al., 2006). To study the effectiveness of this push for evidence-based education, a quantitative, cross-sectional probability survey was conducted comparing the importance placed on evidence-based practice by different training programs (Weissman et al. 2006). The extent to which EBP were taught in accredited graduate level schools in psychiatry, psychology (Ph.D. and Psy. D.) and social work programs was compared. It was found that 61.7% of social work programs had no course requirements in EBP (Weissman, et al. 2006). This percentage was the lowest of the three types of programs tested by approximately 10%.

Research like this has helped shape the view that EBP needs to become a larger part of social work education. One study (Gira et al., 2006) looked to health care—presumed to be a more evidence-grounded discipline than social work generally—to identify lessons for EBP in social work education. It was found that there are a number of ways to increase practitioner knowledge of an intervention, and that some are better than others. It was found that printed educational materials, the use of local opinion leaders, and continuous quality improvement are weak interventions. Interestingly, it showed that educational outreach visits and audit and feedback showed also had weak to moderate effects. However, certain types of continuing education showed moderate effects (Gira et al. 2006).

Another study by Mullen et al. (2007) highlights the crucial distinction between dissemination of research and the implementation of research. In this study it is stressed that merely publishing or “putting out” research in one way or another does not guarantee its being

put to use (Mullen et al. 2007). If the focus is shifted to education, the more important distinction is between dissemination and consumption. The distinction can be rephrased as follows: merely disseminating research does not guarantee that it will be read, studied, or learned. The method of research dissemination may be an important factor in its adding to the knowledge base of social work practitioners.

Evidence-based practice among practicing clinicians

Social work education is one place one might look to explain the extent to which social workers make use of evidence-based clinical research. The actual practice of EBP is also related to the consumption of research, but in a different way. Social work education directly indicates one way in which clinical research is used by (future) clinicians, while actual practice indirectly reflects the type of research that has been consumed by practitioners. For instance, we can assume that a practitioner who uses CBT regularly made use (directly or indirectly) of research surrounding CBT. Similarly, we could guess that a practitioner who uses tarot cards and tea leaves to understand his clients does not stay current with reputable clinical research.

Cocazelli (1987) investigated the characteristics of clinical social workers who engage in what he took to be pseudoscientific practices. He found that there was a statistically significant correlation between being female and using practices that (he felt) were not supported by evidence. The kinds of practices he believed fell under the category of “pseudoscientific” included age regression therapy (for adults sexually abused as children), applied kinesiology (for emotional conditions and allergies), attachment therapy, bioenergetics, EEC biofeedback (neurofeedback), body-based psychotherapy. Critical Incident Stress Debriefing, Critical Incident Stress Management, DARE programs. Emotional Freedom Technique, enneagram, Eye

Movement Desensitization and Reprocessing, (EMDR) for conditions other than PTSD, Facilitated Communication, Healing Touch, Holding Therapy, Holotropic Breathwork, Imago Relationship Therapy, Jungian Sandtray Therapy, Love and Logic, lucid dreaming, Myers-Briggs Type Indicator, Neurolinguistic Programming, past lives therapy, Primal Therapy, QiGong, rebirthing, reparenting, Scared Straight, Tapas Acupressure Technique, Therapeutic Touch, Thought Field Therapy, and Traumatic Incident Reduction. He stressed that he did not dismiss these practices out of hand or *a priori* simply because they had not been rigorously studied. Rather, he was open to the possibility that many of these therapies were effective, but that they should not be practiced until they were proven to be effective. He also arrived at the surprising finding that a clinician's positive attitude toward evidence-based practice was not incompatible with engaging in practices that had little or no evidentiary support (Cocazelli 1987).

A recent study by Wharton and Bolland (2012) about clinical social workers' attitude toward evidence-based practice gives us a nuanced view of the current state of this historically troubled relationship. A convenience sample was taken through an online survey of 159 clinical social workers, all of whom had earned an MSW. Most respondents were female and white. The study found that very few—22—of the respondents' workplaces had any requirements related to EBP. Respondents perceived EBP as more technical than procedural, and were concerned that "use of evidence would be imposed" (Wharton & Bolland 2012). Though respondents had a generally favorable attitude toward EBP, they also said that there was a "lack of fit" between the EBP interventions and the complexities of their clients needs. This suggests that these respondents did not practice EBP in its most narrow sense, which refers to interventions such as dialectical behavioral therapy or certain fairly scripted applications of

cognitive behavioral therapy. This does not mean that respondents engaged in interventions that had no evidentiary support, however—practice experience, for instance, is one source of evidence on the efficacy of a therapeutic approach or intervention. Such practice experience might be obtained on a wide variety of clinical approaches.

Lord and Judice (2011) examined the practice behavior of private practitioners. Given the relative independence of private practitioners and lack of required supervision, there is a danger that their clinical approach might degenerate into something that ceases to be evidence-based (Lord and Judice 2011). However, their sample of respondents reported the following: 74.8% employed CBT often or as their primary approach, with 69.4% reporting that they used psychodynamic practices often or as their primary approach. Other approaches were used as well, but no respondents reported using the disturbingly evidence-innocent types of techniques identified by Cozarelli (1987). Eighty-three percent of respondents reported that they used evidence-based practices, while 62.9% reported using “practice based evidence (PBE).” Such practices have been defined as “practices that have demonstrated effectiveness within service settings that have not necessarily been researched.”

Practitioner use of social work research

An older study by Rosenblatt (1968) showed that social work practitioners are (or were) in large part not engaged in consuming evidence-based research, at least for the purposes of formulating diagnoses and designing treatment plans. This study asked respondents what type of activities they engaged in while formulating a diagnosis and treatment plan for clients. The convenience sample used in the study consisted of four different groups: university students at Adelphi University; two large social welfare programs in New York City; members of the

graduating class of 1956 from Columbia's graduate school; a random list of members from the list of NASW members. The first two respective sample subgroups were administered questionnaires, while the second two were mailed the questionnaire. The rate of return was 58% from those administered the study and 40% from those mailed the study. A total of 308 questionnaires were returned. 226 women and 82 men responded. The average age of respondents was 39.6.

The study showed that a mere nine percent of social workers read scholarly journals in this therapeutic context. It also found that social work students devalued the reading of research: they valued a consultation with a colleague or a supervisor more than they did the reading of research. They also rated their research class as the least helpful class in their educational curriculum (Rosenblatt 1968). Over the course of twenty years, the situation did not change much with respect to interest in reading scholarly journals. The NASW Council on Social Work Education reported in 1988 that merely five percent of practicing social workers read peer-reviewed journals (NASW, 1988).

In response to the unsuccessful push that followed these findings, there was eventually, in the words of one clinician, "a reluctant acknowledgment that practitioners were not, and were not likely to become, avid readers of research journals. Practitioners had neither the time, skills, nor incentives to synthesize the research literature" (Kirk, 1999, p. 14).

Rosenblatt's study is provocative, but not definitive. The context of the consultation of research must be remembered. The study does not show, for instance, that only nine percent of social workers read scholarly journals as a general point. The study only shows that nine percent of the social workers sampled read scholarly journals as a way to determine the diagnosis and

treatment plan for a client. What the social workers sampled did in other contexts is not measured by the study.

Another study by the Task Force on Social Work Research (1991) found that when confronting a problem in their clinical practice, social workers rarely turn to the relevant research literature. It was additionally found that only 40% of social work practitioners engage in research-related activities, if research is defined as the “systematic use of rating forms, questionnaires, single-subject or other designs, or statistical methods for analysis of client data” (Penka & Kirk, 1991).

Wharton & Bolland (2012) conducted a study on the behaviors of social workers in private practice. Given the limited amount of organizational structure and lack of requirement or easy opportunity for supervision, one might think that private practitioners would be the least involved in educating themselves about evidence-based practice. But the results of the study are a bit surprising as well as a bit more encouraging than some earlier studies on social worker research behaviors.

The study focused on master’s level social workers practicing in the United States. To reach participants, three methods were used: direct email, social networking site invitations, and direct mail. A convenience sample of 159 social work practitioners was used. Individuals in the sample were more likely than not to be female and white. Most respondents reported attending a continuing education conference at least once a year, and more than half reported reading journal articles at least monthly. 46% of respondents reported participating in supervision on a regular basis, which is, of course, one form of gaining knowledge. All participants said that they engaged in various kinds of continuing education, as it is required for state licensure. They reported attending conferences (90%), taking on-line courses (35%), reading academic journals

(75%), as well as other avenues like reading books, participating in service trainings, attending grand rounds, seminars and study groups. Interestingly, but consistent with earlier research, their study found that when their respondents were faced with a practice decision they were less likely to consult research in peer-reviewed journals than they were to speak with a mentor or a peer (Rosenblatt 1968, NASW 1992).

Wharton and Bolland's results suggest that social workers engage in more research-related activity than most other studies on the subject have shown. Her studies do not reveal what type of journals or conferences the respondents were reading, and so one cannot be sure that these attempts at continuing education fall under the scope of "evidence based" information. However, given the broad definition of "evidence-based" being used here, it is likely that these activities would in fact be considered evidence-based. It is important to note that the participation rate in this study was only 19%, and that the survey may have failed to representatively sample psychodynamic practitioners since they tend not to belong to NASW (the group from which the sample was drawn) as much as those who favor other approaches.

Conceptual Framework

The purpose of this section is to identify the theoretical lens through which this study has been conducted. The conceptual framework of a study shapes the researcher's views of the main themes of the study, and it shapes the way the researcher understands the research question. The conceptual framework I have chosen for this study is that of "best practices."

"Best Practices" is a familiar phrase in business, medicine, psychology, social work, and clinical practices across diverse contexts. Generically, if some practice is a "best practice" it is meant to instill confidence that one has good reason to engage in that practice. Just what one has "good reason" to do is of course a matter of dispute, as "good," "reason" and even "best" are all normatively inflected words.

The term "best practices" has become almost synonymous with "evidence-based practices" (Ferguson, 2003). Not all social workers accept this joining together of the two concepts. This is in part because "evidence-based practices" connotes for most the narrow range of practices whose evidence basis is primarily quantitative research. As such it is thought to exclude practices that fall outside the cognitive-behavioral umbrella. But as Ferguson (2003) notes, just what constitutes a best practice is itself "up for grabs." For instance, Ferguson argues that practice-based evidence—evidence that is based on the experiences of a practitioner—is another type of evidence that should be considered part of the evidence basis for a practice. Ferguson also argues that qualitative evidence should be included as "evidence" for a practice.

In short, those who take issue with best practices as the proper conceptual framework for social work practice may employ two main strategies. One is to object to it on the grounds that best practices excludes too many kinds of practices. Or one can argue that best practices,

properly understood, includes practices whose evidence basis is broader than the evidence obtained by quantitative research alone.

Methods

Research question

This study asks the following primary research question: how, and to what extent, do practicing social workers stay abreast of evidence based research in their field? A secondary research question is whether there is a correlation between the way practitioners use evidence-based research and the type of theory they practice as clinicians (cognitive-behavioral, psychodynamic, etc.). This study is exploratory in nature.

This exploratory study used a quantitative design to get a “snapshot” of the way social workers currently utilize evidence-based research in their field

Sample

Surveys were electronically sent out to a randomized list of 250 LICSWs practicing in the state of Minnesota. 80 individuals responded to the survey, and the response rate was 32%. All individuals were over 18 years of age. Convenience sampling was used in this study.

Data collection

Survey Monkey was used to post an on-line survey (Appendix A). Survey Monkey was used because of its usefulness in gathering a large number of participants who meet the eligibility requirements for this study. The questionnaire was anonymous, and participants were made aware of the fact that the researcher would be unable to learn the identity of the respondents. Data collected included questions about demographics (gender and geographical location), theoretical preferences or identities (e.g. psychodynamic, eclectic, strengths-based, behavior-based, cognitive-behavioral, etc.), the ways clinical research is accessed and used, and

the frequency with which research is accessed and used (Appendix A). In the survey participants also received a form stating the purpose of the study (Appendix B).

Measurement

The 10 question instrument focused on questions about demographics, theoretical preferences or identities, the ways clinical research is accessed and used, and the frequency with which research is accessed and used (Appendix A).

Protection of human subjects

To ensure that participants in the study gave their informed consent, several steps were taken. The purpose of the study was explained to participants on the first page of the survey. Participants were additionally told on the first page that by completing the survey they were agreeing to participate, and that participation was voluntary. Subjects were also told that they were undertaking no risks by participating in the study, and that their anonymity would be ensured. By clicking on the survey link, participants signaled their acknowledgement that they understood these statements. In addition to informing participants of these facts of the study, this researcher has in fact honored the informed consent agreement. With respect to anonymity, the survey instrument used on Survey Monkey made it impossible for this researcher to find out the identity of the subjects.

Data Analysis

Data collected from the survey were inputted from Survey Monkey into the Statistical Package for the Social Sciences software program. This data analysis included descriptive

statistics in the form of frequency analysis. Frequency measures were obtained on demographic information as well as on various professional behaviors and preferences. Inferential statistics were also obtained using chi square analyses. Analyses were done, for instance, on relationships between demographic factors and the ways and frequencies with which social work practitioners access clinical research. Analyses were also performed on reported preferences and research behaviors.

Findings

The primary aim of this study was to examine to what extent, and in what ways, licensed clinical social workers (LCSWs) are attempting to stay abreast of evidence-based research in the field. A secondary aim of this study was to determine what relationship, if any, obtained between preferred clinical modalities and research behaviors.

Descriptive findings

Frequency Distribution. Figure 1 shows the descriptive statistics of the frequency with which participants read scholarly journals on clinical social work practice. 80 participants answered the 10-item survey to completion. 20 participants (25%) answered that they rarely or never read scholarly social work journal articles. 39 participants (49%) read an article once a year or less.

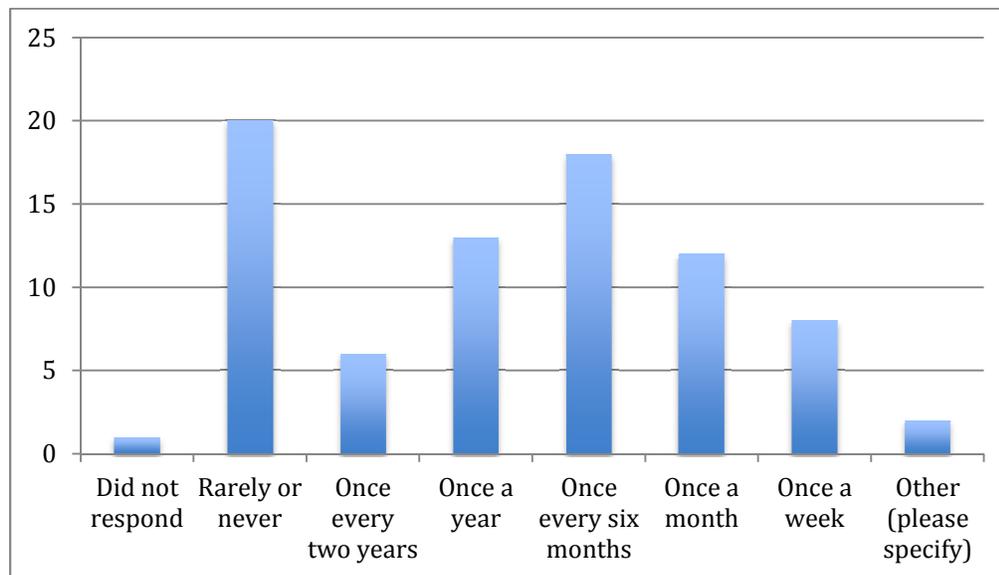


Figure 1. Frequency with which respondents read journal articles

Participants were asked how often, on average, they attended conferences related to clinical social work. Figure 2 shows the survey participant's response to this question. Over one-half of the participants (N=42) reported that they attended conferences twice a year.

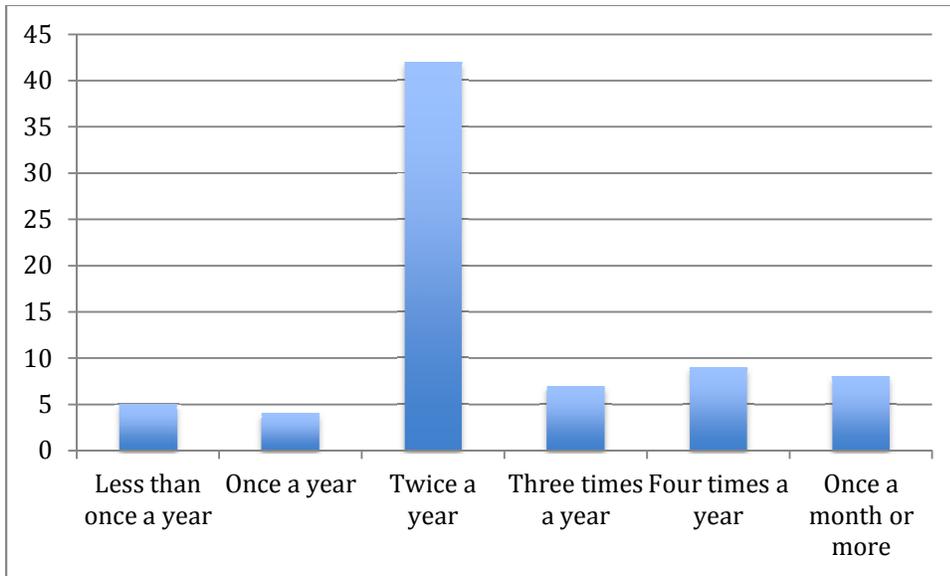


Figure 2. Frequency with which participants attend conferences

Participants were asked how often they attend conferences *not* required for the purposes of maintaining their licensure. Figure 3 displays participants' attendance at such voluntary conferences. Notably, more than half of the participants who answered this question (N=38, 51%) reported that they attend optional conferences rarely or never.

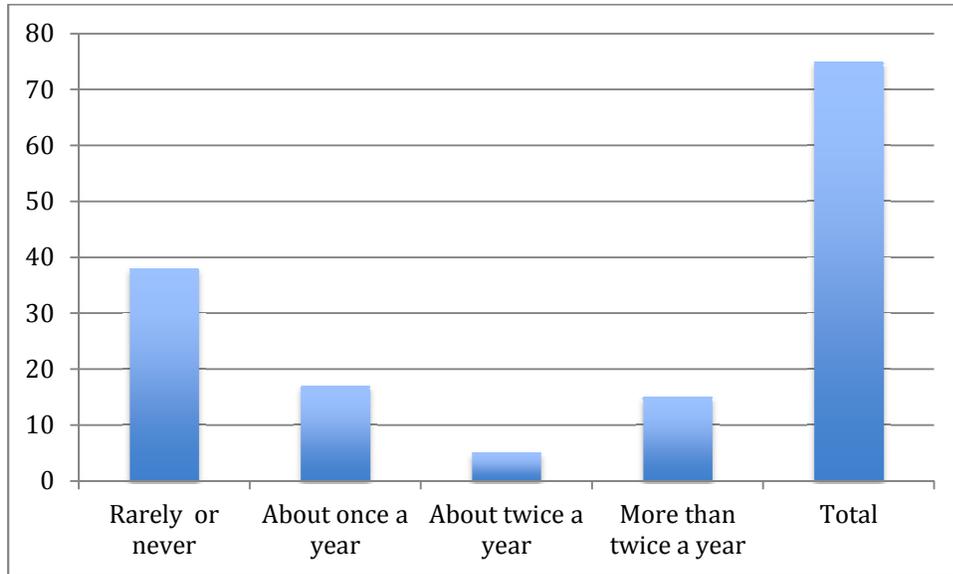


Figure 3. Frequency with which respondents attend academic conferences *not* required for continued licensure

Participants were asked how often they engage in supervision. Figure 4 displays participant responses to this question. 43 respondents (55%) received little or no supervision.

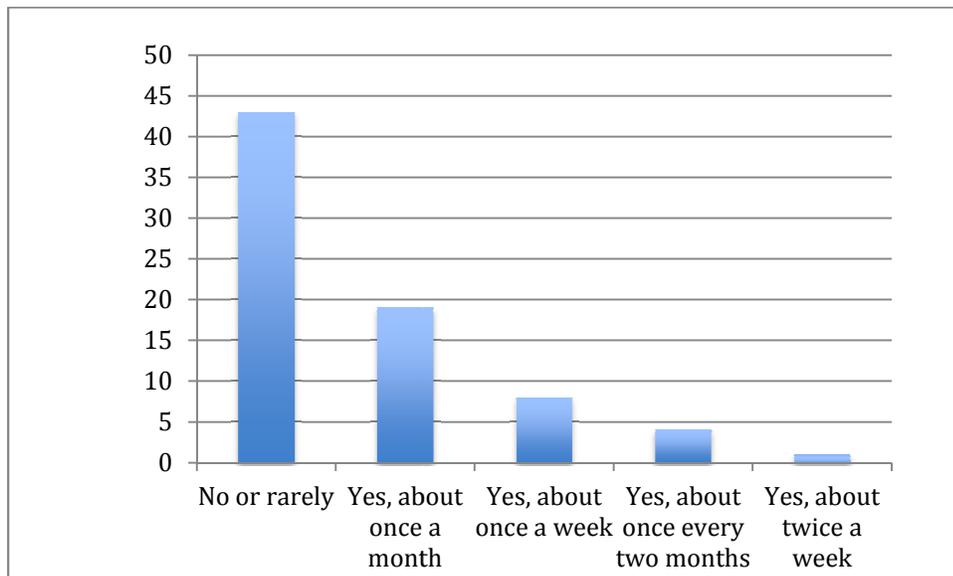


Figure 4. Frequency with which participants receive supervision

Participants were asked how informed they felt about current findings in clinical social work.

Figure 5 displays participant responses to this question. The most popular response to this question was “informed enough,” which was selected by 39 of the 80 (49%) respondents

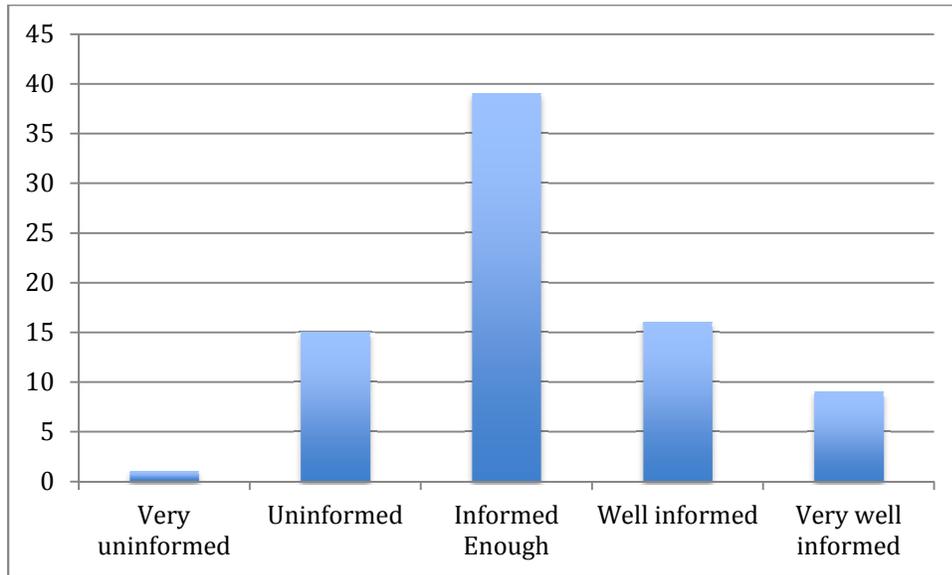


Figure 5. How informed do you feel about current findings in clinical social work?

Inferential Statistics

Association

Table 1 shows the result of a chi-square analysis of the relationship between therapeutic approach most often used and frequency of reading clinical social work articles ($X=3.05$, $p=.802$).

Table 1

**Which therapeutic approach most closely describes the approach you use with clients or patients most often? *
How often, on average, do you read a scholarly article about social work clinical practice? Crosstabulation**

			How often, on average, do you read a scholarly article about social work clinical practice?			Total
			Less than once a year	Once a year	More than once a year	
Which therapeutic approach most closely describes the approach you use with clients or patients most often?	cognitive-behavioral (CBT)	Count	8	6	13	27
	eclectic	Count	5	2	5	12
	psychodynamic	Count	1	1	4	6
	strengths-based	Count	6	1	6	13
Total	Count	20	10	28	58	

Table 2 demonstrates that there is no significant relationship between participant's therapeutic approach and frequency of participation at conferences not required for continued licensure ($X=6.80$, $p=.658$).

Table 2

**Which therapeutic approach most closely describes the approach you use with clients or patients most often? *
* How often do you attend conferences NOT required for Continued Education Credit? Crosstabulation**

			How often do you attend conferences NOT required for Continued Education Credit?				Total
			More than twice a year	Once a year	Rarely or never	Twice a year	
Which therapeutic approach most closely describes the approach you use with clients or patients most often?	cognitive-behavioral (CBT)	Count	4	6	14	3	27
	eclectic	Count	1	3	7	1	12
	psychodynamic	Count	2	1	1	2	6
	strengths-based	Count	1	3	8	1	13
Total	Count	8	13	30	7	58	

Table 3 demonstrates that there was not a significant relationship between respondents' therapeutic approach and the frequency with which they received clinical supervision ($X=6.04$, $p=.109$).

Table 3

**Which therapeutic approach most closely describes the approach you use with clients or patients most often?
* Do you receive clinical supervision? Crosstabulation**

			Do you receive clinical supervision?		Total
			1	2	
Which therapeutic approach most closely describes the approach you use with clients or patients most often?	cognitive-behavioral (CBT)	Count	17	10	27
	eclectic	Count	4	8	12
	psychodynamic	Count	2	4	6
	strengths-based	Count	9	3	12
Total		Count	32	25	57

Table 4 demonstrates that there was a significant relationship between respondents working for an agency that subscribed to a social work journal and participants journal-reading frequency ($X=6.69$; $p=.035$).

Table 4

Do you, or does the agency you work with, subscribe to a scholarly social work journal? * How often, on average, do you read a scholarly article about social work clinical practice? Crosstabulation

			How often, on average, do you read a scholarly article about social work clinical practice?			Total
			Less than once a year	Once a year	More than once a year	
Do you, or does the agency you work with, subscribe to a scholarly social work journal?	No	Count	22	9	21	52
	Yes	Count	4	4	18	26
Total		Count	26	13	39	78

Respondents were asked to rate how well informed they felt about current clinical social work research. The responses to this question were crosstabulated with frequency of journal article reading. The responses were recoded and divided into three groups. There was a significant positive relationship between respondents' frequency of journal article reading ($X=20.6$; $p=.008$).

Table 5
How often, on average, do you read a scholarly article about social work clinical practice? * How well-informed do you feel about current findings in clinical social work? Crosstabulation

		How well-informed do you feel about current findings in clinical social work?					Total
		Informed enough	Poorly informed	Very poorly informed	Very well informed	Well informed	
How often, on average, do you read a	1	Count 13	9	1	0	3	26
scholarly article about social work	2	Count 9	3	0	0	1	13
clinical practice?	3	Count 17	3	0	8	11	39
Total		Count 39	15	1	8	15	78

Discussion

This study sought to determine how, and to what extent, social workers stay abreast of research in their field. A secondary aim of the study was to explore whether the treatment modality used by clinicians had a statistically significant relationship to the way these same clinicians used clinical research.

This study found that about a quarter of respondents rarely or never read articles about clinical social work. This study also found that while licensed social workers do frequently attend conferences for the purpose of receiving continuing education credit required for continued licensure, almost half of respondents report never or rarely attending academic conferences that aren't required for licensure renewal. This study found that more than half of respondents receive little or no supervision as well. This lack of involvement in continuing education opportunities suggests that many social workers are not very well informed about current research in clinical social work. However, only one of the 80 participants rated themselves as "very uninformed" about current clinical research, and only 15 of the 80 participants reported that they were "uninformed." By far the most common response to this question was "informed enough," which—in light of the relative lack of engagement with current research—suggests a certain amount of complacency.

This study did not find that treatment modality used by clinicians had any statistically significant relationship to research behaviors. Research behaviors were fairly consistent across preferred treatment approaches. One might have thought that therapeutic approaches known most widely as paradigmatic "evidence-based" therapies would find the allegiance of practitioners who prioritized continuing education in the field. However, those who practiced cognitive behavioral therapy—a paradigm of evidence based techniques—did not have any

increased research activity relative to their peers.

The findings of this study are consistent with some of the previous research on social worker research behaviors, in particular the more recent research. The findings suggest—in conjunction with findings from other studies—that social workers engage in more research-related activities than they once did.

For instance, some of the more discouraging studies on social worker research practice found that less than ten percent of social workers read peer-reviewed literature. Rosenblatt (1968) found that a mere nine percent of social workers consulted peer-reviewed journals when making a diagnosis or deciding upon a treatment plan. A study published in 1988 found only five percent of social workers with an MSW read peer-reviewed literature (NASW). In comparison with these findings, the present study is encouraging: only 25% of those sampled reported that they rarely or never read articles about clinical social work.

Interestingly, the present study is quite consistent with the most recent literature on the subject, possibly suggesting that research behaviors of social workers have changed over time. Wharton & Bolland (2012) conducted a recent study on the behaviors of social workers in private practice. Wharton & Bolland found that master's level social workers practicing in the United States engaged in research behaviors very similar to what the present study found. For instance, 46% of respondents in their study reported participating in supervision on a regular basis, compared to 45% from the present study. 90% of respondents reported attending conferences in Wharton & Bolland's 2012 study, while 93% attended conferences in the present study. Wharton & Bolland (2012) found that 75% of respondents read academic journals, and in the present study 75% of respondents reported reading academic journals (about clinical social

work). The consistency between the findings of the two studies enhances the credibility of these findings.

Limitations of the study include uncertainty about the degree to which the findings can be generalized to the larger population of clinical social workers in the United States. The sample was drawn from LCSWs who live and work in Minnesota, so it is of course possible that the research behaviors of the sample do not reflect the research behavior of the larger U.S. population.

Limitations

Since the sample was not randomized it cannot be generalized. It is also important to consider how selection bias may have affected the results of the study. It seems possible that those who would decide to participate in an optional study would be more likely than those who do not so participate to engage in other optional social work activities (such as reading peer-reviewed articles and attending academic conferences). As a result, the research behaviors of study participants might reflect a higher level of engagement with research than one would find among the average licensed clinical social worker.

Conclusions and Implications for Social Work Practice

The present study suggests that nearly a quarter of clinical social workers don't read academic articles about social work practice, and that perhaps more than half of clinical social workers receive little or no supervision. Though academic conferences are regularly attended by most clinical social workers, more than half rarely or never attend conferences that are not required for continued licensure. At the same time, when asked about how informed they feel about current clinical research, the most common response was among participants was "informed enough." This suggests a certain amount of complacency in the field among many clinicians, and additionally reflects a disconnect between attitudes toward research and actual behaviors around research.

For a field where evidence-based practice is so often stressed, a surprisingly small amount of "evidence" for best clinical practices is acquired by social work practitioners once formal education has ended. There is considerable room to improve in the area of post-graduate, continuing clinical education among clinical social workers.

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Appendix A

Dear Recipient,

I am a student in an MSW program, and I am conducting a survey on the way social workers utilize research--through reading journals, conferences, and other resources. The survey is only 10 questions long, and should not take longer than five minutes. Your response would be very appreciated!

A more formal explanation of the survey follows. The link to take the survey follows this explanation. Click on this link to take the survey. Thank you again for your help!

Formal Explanation of Survey:

You are invited to participate in a research study of how, and to what extent, social work clinicians stay informed of clinical research. Requirements for participation are being a social work clinician, with English reading proficiency to participate in this study.

Background Information:

The purpose of this study is to gather information about the ways that clinical social workers make use of current research.

The study is being conducted by: Justin Jeffrey under supervision of Colin Hollidge, LICSW, PH.D. from the University of St. Thomas Social Work Program.

Procedures:

The survey you have been asked to complete contains 10 closed-ended questions. You will be able to complete the survey in less than 5 minutes.

Confidentiality:

I will assure confidentiality/anonymity of participants. No names will be asked for in the survey. The research study will be published in the University of St. Thomas Library. In the research study I publish, I will not include information that will make it possible to identify you in any way. I will follow confidentiality guidelines by ensuring all data is permanently destroyed after analyzed.

Voluntary Nature of the Study:

Your participation in the study is voluntary and you are free to withdraw at any time during the process of completing the surveys

Risks and Benefits of being in the Study:

No inherent risks associated with participation in this study have been identified. The benefit result of this study will contribute to better understanding of how social work clinicians keep abreast of research in the field..

Contacts and Questions:

If you have any questions or concerns please feel free to contact the researcher conducting this study, Justin Jeffrey. He can be reached by email at jeff4728@stthomas.edu. You may also contact my advisor Colin Hollidge at CFHOLLIDGE@stthomas.edu. Contact information for the University of St. Thomas Institutional Review Board is 651-962-6017

Statement of Consent:

You have read the above information. You understand by taking the survey you are agreeing to participate in this study.

Here is a link to the survey:

<https://www.surveymonkey.com/s.aspx>

This link is uniquely tied to this survey and your email address. Please do not forward this message.

Please note: If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.

<https://www.surveymonkey.com/optout.aspx>

Questionnaire

1. What state do you practice in?

New England (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut)

Mid-Atlantic (New York, Pennsylvania, New Jersey)

East North Central (Wisconsin, Michigan, Illinois, Indiana, Ohio)

West North Central (Missouri, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa)

South Atlantic (Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida)

East South Central (Kentucky, Tennessee, Mississippi, Alabama)

West South Central (Oklahoma, Texas, Arkansas, Louisiana)

Mountain (Idaho, Montana, Wyoming, Nevada, Utah, Colorado, Arizona, New Mexico)

Pacific (Alaska, Washington, Oregon, California, Hawaii)

2. Please select your gender.

Male

Female

Other

3. Which therapeutic approach most closely describes the approach you use with clients or patients most often?

psychodynamic

eclectic

behavioral

cognitive-behavioral (CBT)

attachment theory

strengths-based

dialectical-behavioral (DBT)

interpersonal therapy

narrative therapy

other

4. What therapeutic approach best describes the approach you use next most often?

psychodynamic

eclectic

behavioral

cognitive-behavioral (CBT)

attachment theory

strengths-based

dialectical-behavioral (DBT)

interpersonal therapy

narrative therapy

other

5. Do you, or the agency you work with, subscribe to a scholarly social work journal?

Yes

No

6. How often, on average, do you read a scholarly article about social work clinical practice?

Rarely or never

Once every two years

Once a year

Once every six months

Once a month

Once a week

Every day

7. How often (on average) do you attend academic conferences related to clinical social work?

Once a year

Twice a year

Once a month

Less than once a year

More than once a month

8. How often do you attend conferences not required for Continued Education Credit?

Rarely or never

Once a year

Twice a year

More than twice a year

9. Do you receive clinical supervision?

No or rarely

Yes, about once every two months

Yes, about once a month

Yes, twice a week

Yes, once a week

10. How well-informed do you feel about current findings in clinical social work?

Very well informed

Well informed

Informed enough

Poorly informed

Very poorly informed

