

2023

## **Social Work's Unremitting Identity Crisis: Can The DSW Provide Answers?**

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*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Debra Joyce Hall

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2023

Abstract

Social Work's Unremitting Identity Crisis:

Can the DSW Provide Answers?

by

Debra Hall

MSW, University of Alabama, 2003

BSW, University of Montevallo, 2001

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

May 2023

## Abstract

This study is centered on a long-standing professional identity dilemma that poses potential problems for the future of the field of social work. Current literature points to specific shortcomings in the field that threaten the future of the profession. Some researchers also suggest that the reemergence of the Doctorate of Social Work (DSW) may be used to solve some of the identity concerns with the profession. The study further asserts that practicing licensed clinical social workers (LCSW) have not been a part of the conversation regarding the identity issues or the remedies that the field is considering. Using both a systems theory and relational frame theory as a framework, this study explores the history of social work, the present challenges, and future possibilities by engaging practicing licensed social workers using the focus group technique for data collection. Working from Zoom format recordings, both overt and latent themes emerged from the focus group conversations. Participants considered their roles as stakeholders in outcomes with the addition of the DSW, the relative value of the present-day push in the field toward a medical model, how the DSW might further define its micro, meso, and macro mandates in mission, value, and goals, how the profession might support current LCSWs in pursuing the degree of DSW, and lastly, what a DSW curriculum might look like in order to support its goals. As the field of social work continues to define itself as a profession, expanding the conversation to include practicing social workers, particularly practitioners who share a common community, offers the potential for positive social change through fruitful and meaningful suggestions for the field to consider.

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## Dedication

With humility and gratitude, I dedicate this work,

To the love of my life, my wife Deb, whose courage, support and unyielding encouragement sustained me in finishing this work,

To my daughter Randi, my soul, who remained

faithfully on speed dial for walking me through  
margins, headers, footers, and charts,

To my son Jeff, my heart, who is my inspiration, who taught me so much about life, love, courage and compassion,

To my daughter Abby, my mind mirror,

whose confidence in my ability to realize my dream never waned,

And last but not least, to my Dad, Jack, who left this world in my youth but is always by my side. If star dust can smile, he is smiling.

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## Section 1: Foundation of the Study and Literature Review

As the field of social work struggles on multiple fronts for its professional identity, the re-emergence of the debate over the utility of the Doctor of Social Work (DSW) degree is once again front and center in that effort (Anastas, 2015; Anastas & Videka, 2012; Bradley et al., 2021; Guerrero et al., 2018; Hartocollis et al., 2014; Howard et al., 2018; Thyer, 2015). In reviewing the literature, there is a substantial void in shaping many of the arguments framing this debate. That void represents a consideration or inclusion of the attitudes and perspectives of current master's level clinicians who are working/practicing in the field as this ongoing deliberation unfolds (Grady et al., 2018; Reisch, 2013). This reality is somewhat surprising if one considers social work's underlying inclusiveness and empowerment aims in all that it seeks to accomplish.

Not only infused in its Code of Ethics (NASW, 2008), these concepts of inclusion and empowerment underpin all levels of competent and comprehensive micro, meso, and macro social work practice. At the individual level of practice, clinicians understand that joining with a client or patient in empathically seeking to understand their narratives and perspectives is essential to facilitating meaningful change. In our individual umbrella settings of practice, understanding, defining, shaping, and adhering to agency mission and goals is imperative to competent, cohesive practice. And in our larger social endeavors, gathering and facilitating stakeholder perspectives and aims is essential to achieving the larger goals of any mission. As individual practitioners, these same

concepts represent a parallel process in terms of making sure that all voices are included in addressing the future of the profession we represent.

Currently, the Masters Social Work (MSW) degree in the field of social work is considered a terminal practice degree. Of note, however, is that leadership positions affording opportunities to shape mission and policy within agencies and institutions are increasingly requiring a doctorate degree in a management or social services field (Franklin et al., 2018; Knee & Folsom, 2012; Peters, 2018; Peters, 2017). Today, the social work PhD is enjoying favor in terms of pursuing a higher degree in social work (Thyer, 2015). The overarching aims of the PhD are in research and academia, however, and their ranks are not well represented in the arenas of practice level leadership (Berzoff & Drisco, 2015; Peters, 2017; Thyer, 2017). As a result, leadership positions in practice level agencies and institutions are quickly being filled by non-social work professionals such as doctors of psychology, education, public policy, and business administration (Franklin et al., 2018; Knee & Folsom, 2012; Peters, 2018; Peters, 2017). This leaves the MSW or licensed clinical social worker (LCSW) doubly limited with respect to inclusiveness in shaping the social work doctorate narrative as well as in infusing the social work perspective into expressions of leadership and policy making in their places of employment (Padilla & Fong, 2016). This study will explore the concept that the social worker with a clinical background, particularly the LCSWs who pursue the DSW, adds great depth, context, and a richness of experience that is equal to, or actually surpasses, the leadership potentials in other clinical or administrative professions.

Overall, there is a real shortage of social workers who practice at the doctoral level, and as the debate swirls regarding the relevance of individual degrees such as the Psy.D., Ph.D., or DSW, one emerging concept is that a clinical practice background of the DSW lends itself to more insightful and holistic approaches to current social problems in our states and nation (Anastas, 2015; Anastas & Videka, 2012; Acquavita & Tice, 2015; Guerrero et al., 2018; Howard et al., 2018). In terms of education, social justice and social welfare components are not only an historical and current focus of curriculum for the profession; there is also a greater push to inculcate more social justice programming in social work education (Shapiro et al., 2017; Shapiro et al., 2015). Peters (2017) went on to point out that social work leadership deficits have a negative impact for the professions as well as for the clients it serves.

Of further concern in an atmosphere of shrinking resources and the globalization of professional identities, the social work profession is at risk of being left behind as a legitimate profession ostensibly due to its lack of a cohesive, science-based foundation (Anastas, 2014; Brekke, 2012; Brekke, 2014; Cnaan & Ghose, 2018; Fong, 2014; Howard, 2016). Additionally, the sharp divide between the social work PhD researcher and the “ground level, at-the-coalface” clinician is rapidly broadening (Peters, 2017). Clearly the profession needs to have a research component as part of its professional identity. That research, however, is only made more relevant with its connection to clinical practice imperatives (Bellamy et al., 2006). Anastas and Vedika (2015) posed that while the profession as a whole must continue to pursue a science-based foundation

with apt stewards of the discipline, it must also demonstrate the ability to produce effective stewards of the enterprise in terms of social work leadership and practice.

Current literature suggests that the DSW could potentially provide an effective bridge between the social work researcher and the practitioner while at the same time elevate the stature of the social work profession in general (Gelman & Gonzalez, 2015; Goodman, 2015; Kurzman, 2015). These assumptions, however, have been researched and put forward almost exclusively by members of academia, generally educators and scholars possessing a PhD in the field of social work (Grady et al., 2018; Reisch, 2013). In general, and in particular with respect to the utility of evidence-based practice concepts, practitioner voices are starkly missing from this debate (Grady et al., 2018; Reisch, 2013).

This project addressed that void by using a qualitative action research model with a focus group data collection technique. Focus group members would be comprised of currently practicing LCSWs in various service settings in Maine. The paper will demonstrate ways in which the views and perspectives of this cohort add important context in accurately defining problems and developing solutions associated with social work's professional identity as well as in defining the potential utility of a practice doctorate. The underlying premise includes the concept that, because the outcomes in this debate will directly affect the practicing social worker in Maine as well as all other social work professionals across the nation, their voices are critical to the debate. Furthermore, including their voices reflects the inclusive nature of the social work profession itself and offers the opportunity for a more robust and fruitful consideration of the problem at hand.

The study is organized into four sections beginning with Section 1, which 1) defines the social work problem statement, 2) poses a purpose statement and research questions, 3) describes the nature and significance of the study, 4) outlines the theoretical frameworks that underpin the study, 5) explores the social work values and ethics expressed in the study, and culminates in 6) an extensive literature review that supports each of these headings. Within each of these headings, subheadings will include historical and relative current perspectives as well as relevant use of epistemological and ontological models in defining the material. Section 1 also includes a summary and introduction to Section 2.

Section 2 is focused on the research design and data collection methodology. Headings include 1) an introduction, 2) a description of the research design, 3) methodology [including subheadings a) prospective data, b) participants, c) instrumentation, and d) existing data], 4) data analysis, 5) ethical procedures, and 6) Section 2 summary. Section 3 is a presentation of the project findings and includes 1) an introduction, 2) data analysis techniques, 3) findings, and 4) a Section 3 summary.

Lastly, Section 4 is an application to professional practice and implications for social change. Headings in this section include 1) an introduction, 2) application for professional ethics in social work practice, 3) recommendations for social work practice, 4) implications for social change, and 5) a comprehensive summary of the completed study.

### **Problem Statement**

While the DSW practice degree has been offered as one pathway for addressing the chronic and critical identity crisis characteristic of the social work profession (Berzoff & Drisko, 2015; Drisko et al., 2015; Kruzman, 2015), currently practicing social workers at the master's level have not been formally included in the debate around this issue (Grady et al., 2018; Reisch, 2013). Neither the struggle for professional identity nor the debate around degree distinctions represent novel quandaries for the field of social work. Rode (2017) framed both as intrinsic and persistent dilemmas for over a century within the profession. What may be new to the debate, however, is the emerging critical nature of social work's identity crisis which holds profound implications for the profession in today's socio-political climate of globalization and neo-liberal challenges (Mullen, 2016; Newman & McNamara, 2016; Reisch, 2018; Rode, 2017).

Some specific issues include the debilitating divide between research and practice (Anastas, 2015; Kurzman, 2015; Tuten et al., 2016), sharp criticism of the value of social work research in general (Baker, 2015; Drisko et al., 2018; Ioannidis, 2016a; Mullen, 2016), the purported lack of a scientific base that underpins the profession (Gambrill, 2018; Goodman, 2015), the severe shortage of doctoral students, doctoral graduates, and teaching professionals at the doctoral level (Howard et al., 2018), and the rapidly growing practice leadership gap that is being filled by non-social work professionals (Peters, 2018; Peters, 2017; Franklin et al., 2018). From a systems theory perspective, these issues have the potential to gravely impact all levels of the social work profession from the micro-level practitioner to more macro institutional and governance levels.

Irrespective of the cogency of the arguments promoting the elevation of the DSW credential and its potential impact on the profession, it is very clear that each and every member of the profession has a stake in the outcome. In a 2015 profile of the social work workforce, one report to the CSWE and NWISC estimated a workforce of 650,000 to 672,000 practicing social workers in the United States. Of that number, some 352,000 held state licensure with 42.6% of the total holding a master's degree. Those who hold doctorate degrees in the field only represent 1% of the workforce total. In the same report's North American Industry Classification System, social assistance accounted for 38.8% of the workforce, administration 16.6%, medical 29%, and service 3%. Education represented some 6% of the workforce, but once broken down to exclude elementary and secondary school work, college and university educators represented a mere 0.8% (Social Workers Organization, 2015).

Research clearly indicates that the social work profession is in peril with respect to both developing and sustaining its professional status among and apart from other professional endeavors. This project focused on the emerging DSW degree and its possible utility in addressing some of these critical issues. More importantly, this dissertation research focused on the importance of including the attitudes, perspectives, experience, and expertise of currently practicing social workers as they struggle for position and place in expression of their distinctive social work skills, values, and ethics. Social work's collective destiny cannot be left in the hands of other professions or limited to a shrinking academic cohort alone. The master's level practitioner must not only be

made aware of the potential risks to their profession, but also take an active part in resolving this profession's critical identity predicament.

### **Purpose Statement**

One goal of this study was to enlarge the stakeholder pool and increase participation and contribution opportunities beyond that of social work academics in the debate around social work's future, particularly as the field considers the utility of the DSW. From a systems foundation, the study will demonstrate the importance of including currently employed practitioner's perspectives and their views in shaping that debate. Operationally, this systems approach addresses the macro-level creation and distribution of science-based research downward into the mezzo-level agency and institutional settings. Ultimately, this research-based material is offered in the form of best practice into the hands of micro-level practitioners. The study not only explored the efficacy of this model for transfer of knowledge, but also explored the utility and relevance of material that currently moves from researcher to practitioner through this traditional system.

Additionally, using concepts of contextual behavioral science, I sought to broaden the framework from which this debate is considered. The study built from a foundation of social work's rich and ever-evolving history and expand to include the power of language and cognition in shaping its future. The focus group technique to establish inclusion of practitioner voices potentially offers an untapped resource in etymological, epistemological, and intellectual approaches to problem identification and previously unconsidered remedies. Using both a systems and relational frame approach, the paper

will not only pose questions with regard to the profession's current pursuit of identity through a medical-scientific model as the foundation of its quest for legitimacy, but also explore alternatives to the top-down model of researcher to practitioner flow of information.

### **Research Questions**

The study was designed to answer the following research questions:

RQ1: How is an identity crisis in the social work profession relative to the master's level social work practitioner?

RQ2: How connected are practitioners to evidence-based treatment and practice?

RQ3: How might the DSW degree contribute to elevating the professional identity, mission, goals, and values of social work?

RQ4: How can the profession support LCSW practitioners in pursuing a DSW degree to meet administrative positions hiring requirements?

RQ5: What should be the distinguishing content areas of the DSW degree?

A foundational rationale for this study is that practitioners may not only be unaware of the current crisis in their profession's future, they also may lack the resources (including time and research capability) to either understand the breadth of the problem or to engage in affecting change based on their unique practice knowledge and experience. As the debate around social work's future unfolds, the profession must answer pressing questions regarding its quest for a science-based status. The typical practice level clinician may lack access to information and opportunities for dialog on this topic.

The NASW represents one of the few and most popular organizations offering a fairly accessible outlet of collaboration for social workers. That body, however, may not represent an outlet that is always as critical of the field's pressing problems and how they might be addressed. Consider, for instance, that the NASW chose to frame its March 2019 "Elevate Social Work" theme and rationale around social work salaries compared with other professions rather than focus on any of the issues critical to the profession's identity crisis (NASW, 2019). Even given the potential for its great influence, the state of Maine has no local NASW chapter of its own and "borrows" the leadership of neighboring New Hampshire for planning and implementing conferences and training.

With a force of over a quarter million master's level social workers in the United States alone, these voices are crucial to the eventual elevation or decline of the field at large. The literature is replete with both historical and current perspectives regarding the possible utility of the DSW as a way of addressing parts of this crisis. An unfortunate gap in the literature exists, however, that would suggest the perspectives of currently practicing social workers with regard to stepping up and addressing this critical issue has not been explored (Grady et al., 2018; Reisch, 2013). This study is an effort to fill that gap with the perspectives of master's level practitioners in the state of Maine.

### **Nature of the Doctoral Project**

#### **Action Research**

The design of this study employs an action research approach. Stringer (2007) defined action research as a specialized application of study that focuses on "specific situations and localized solutions" (p. 1). The study is designed to improve aspects of

efficacy in social work practice as related to an identified problem (McNiff, 2016; Stringer, 2007). As McNiff (2016) noted, action research is an interactive process that includes information gathering from existing works as well as collaboration with others in their definition of both problem identification and in the development of cogent solutions. Accordingly, this study explored aspects of the historical background of social work, gathered current information and perspectives in the literature on the subject, and used a focus group technique to add perspectives to the current knowledge base.

As outlined by Stringer (2007), action research is a form of research that involves the researcher as a facilitator among participants and subjects rather than simply a distant, removed, and objective observer as might be demonstrated in quantitative research. In action research, the primary purpose is to provide the “means for people to engage in systematic inquiry and investigation” and then to support these subjects and participants in designing ways of meeting goals and measuring the effectiveness of their plans (Stringer, 2007). Action research is situated on a foundation of the principles of relationship, communication, participation, inclusion of subject and participant working in concert to meet research goals and outcomes (Laureate Education, 2013; Stringer, 2007).

### **Participatory Action Research**

Participatory action research (PAR) follows these exact same guidelines with an added component that is specifically designed to address power and privilege, politics, and empowerment concerns of marginalized groups (Fenge, 2010). These groups whose voices, narratives, and experiences are all too often absent from traditional research

dialogue render research questions, remedies, and outcomes less effective. Culturally competent practice is mandated by the NASW Code of Ethics; culturally competent practice is less attainable without the knowledge and input of all voices (Adams, Blumenfeld, Castañeda, et al., 2013). Further, PAR's association with grassroots movements over time has proven crucial to the theoretical framework of social justice and change for the greater social good (Cahill, Quijada Cerecer et al., 2010).

While acknowledging that more traditional research methodologies have a critical role in the world of research and inquiry, Fenge (2010) completed a study in the UK that challenged their singular superiority with regard to philosophy around epistemology. Her argument aptly describes the usefulness of a PAR approach as a foundation for the study proposed in this paper. In her study aimed at improving the social lives of older individuals in one community in the UK, Fenge included in her focus group a cohort of older lesbians and gay men. In doing so, she demonstrated the unique challenge of positivist notions around knowledge and truth. She notes that by excluding certain voices from one's inquiry, one is excluding possible "untold truths" (p. 878).

Recognizing that power and privilege often exert control over what knowledge is acquired and studied, Fenge (2010) posed that resultant discovery and implementation of solution focused change may not reflect the true narratives or needs of all members of a group. These narratives and truths must be explored and utilized in developing the critical questions and answers inherent in any useful study. Consequently, PAR must include those voices, and in their inclusion, a greater measure of cultural competence is gained not only by the researcher, but also by all group members themselves (Fenge, 2010;

Laureate Education, 2013). Within these narratives, both discourse and language play an important role (Cahill et al., 2010). The authors note that by developing research “with rather than on” participants, all members avoid falling into the trap of discourse that privileges a status quo rather than emerging with change that reflects a large measure of social justice.

In this particular study, had Fenge (2010) used a less participatory approach, she may well have demonstrated a good outcome for improving the lives of seniors in the UK, and one could argue that the lives of some non-heterosexual seniors may have improved alongside the majority group. Attention to the nuances of PAR, however, allowed her and other group members to more clearly understand the cultural differences inherent in their own cohort. As an example, participants came into the research project for many different reasons. Some volunteered as a way of expanding social circles, some wanted to meet a partner, some wanted an expression of political activism, and some were just curious. Each of these brought a diverse perspective that might have been overlooked had they not been a part of the study. Without a doubt, diversity, cultural competence and social justice issues that were brought to the fore in this study might well have been missed without using action research; PAR made the experience all the more valid and enriching.

With respect to the study of the DSW and what role it might play in addressing the issues outlined in this study, the action research technique offers a greater opportunity for “ground up” exploration rather than relying solely on a centralized, “top down” transfer of knowledge (Schram, 2017; Ulvik et al., 2018). While many place much more

emphasis on the credibility of quantitative research under a positivist umbrella, action research reflects a post-positivist notion that represents a challenge to constructivist models, opting alternatively to search for the “possibility of untold truths” that, with participant inclusion, might bear more creative and effective solutions to everyday issues (Fenge, 2010). In effect, this perspective, while not disavowing the tenets of constructivist theory altogether, does challenge the idea of “how truth is constructed” (Christensen et al., 2019).

As another example of this concept, Cooper et al. (2016) pointed to correction practices based on the notion that “fear of incarceration is a deterrent to crime,” even though this conservative notion has been debunked by research. Action research applied with this population might have better supported the reality that poverty, racism, and social inequality are much better predictors with direct causality to crime and incarceration (Cooper et al, 2016; Reid, 2015; Welsh, 1997). Likewise, this study asserts that in order to address the overwhelming issues facing the social work profession, practicing social workers must be included in the debate for solutions. The PAR model offers a way for that to happen on a local level in Maine. By engaging currently practicing professionals in the field, this model not only offers an opportunity for practitioners to be educated about emergent issues in their field of practice, but it also offers the opportunity for their voices to be included in shaping solutions. The research questions that frame this study are most effectively answered by using the action research approach and the focus group strategy for gathering data.

As Ulvik et al. (2018) posed, action research in its critical form does not conform to other approaches of inquiry that may ignore larger cultural or organizational considerations; its resultant data may demonstrate overlap with other forms of study, but the added layer of voice in context clearly adds dimension and depth to study outcomes. For this particular study, that dimension and depth may offer new solutions for addressing the current disconnect between theory, research, and practice within the profession. As the PAR model also asserts, participants themselves are offered an opportunity to evolve in their own “knowing.” In sum, the action research method not only offers a way to broaden the conversation by engaging ground-level practitioners, but it also represents the best fit for the underlying premise of the study.

### **Focus Group Technique**

I employed the technique of a focus group in order to explore the research questions germane to this study. The use of focus groups to gather data was first described in 1946 by researchers Merton and Kendall, who applied the strategy in the medical education arena (Cyr, 2016; Stalmeijer et al., 2014). Rather than a methodology in research, the focus group is best described as a data collection technique, in fact, one of the most utilized techniques in qualitative research (Carey, 2016; Greenwood et al., 2017; Guest et al., 2017). As the social work profession in the 1970s began to turn its attention to more quantitative, evidence-based strategies in its endeavor to adopt a more “scientific” reputation, qualitative strategies, including the focus group data collection technique, fell out of favor within the profession (Henning, 2018). Today, a position which continues to promote evidence-based treatments and practices emerging from the

perceived superior quantitative clinical trial framework is being challenged on many fronts (Epstein, 2011; Gambrill, 2016; Gelman, & Gonzalez, 2016; Mullen, 2016). As will be described in much greater detail later in this paper, a “bottom up,” phronetic orientation is being explored in ever larger circles today and certainly fits with the premise of this study (Canterino, 2016; Flyvbjerg et al., 2012; Schram, 2017).

Applied phronesis suggests that the complexities of human existence and interaction, the problems and subsequent attempts at problem solving, can never be adequately reduced into a phenomenology that might be addressed using a purely scientific model (Schram, 2017). Qualitative action research using a focus group technique represents a method of research that reflects this line of thinking. The object of the focus group is to add a rich and colorful context to both defining and addressing complex issues. In this instance, garnering the thoughts, perspectives, experiences, and ideas of currently practicing professionals around the social work identity crisis, the utility of the DSW in addressing that crisis, and the future of the profession at large represents an effective, phenomenological research orientation.

For this project, a guided facilitation of open-ended questions holds the potential to open up not only new perspectives on answers to the research questions, but also the possibility of developing new and more focused questions for further research. This hermeneutic approach is another important feature of the focus group (Bynum & Varpio, 2018). According to Cyr (2016), the technique offers rich possibility for exploring individual and group responses, but also opens up many new avenues for inquiry as one explores the interactive process itself. Nuances of theme and data points may emerge

from analysis of group member interaction that the researcher may have failed to anticipate.

The focus group for this study was comprised of licensed master's level clinicians from various settings throughout Maine. The sample was purposive in nature, as it relied on the expert input of practitioners who can speak through the experiences of not only individual practice in the field, but also as practitioners operating under institutional and agency umbrellas. The goal was to have the group representation as heterogeneous as possible with age, gender, and expertise differences. Members were recruited by email with an ultimate goal of at least six to eight participants.

### **Data Analysis**

All focus group proceedings including the responses of participants to the focus group interview questions were audio recorded. Once the data were recorded, they were analyzed by coding emergent data points and themes. Repeated listening sessions of audio tapes is recommended as a way to add context to the nuances of language and the interactive processes emerging from the group (Cyr, 2016; Greenwood et al., 2017). While transcription analysis remains the most popular way of gleaning data from a focus group encounter, Greenwood et al. (2017) offered a study that demonstrated little variation in outcomes of analysis between transcription analysis and simply analyzing the recorded data directly from recordings. The authors asserted that listening to recordings offered the benefit of capturing emotion in words, nuances that are not available to the transcript method. Ultimately, the authors posed that using both methods allows for a much richer and accurate understanding of themes and data points. A variation of both

methods of data analysis was used in this study; repeated listening sessions and collection of quotations around each topic.

Both the action research methodology and the focus group technique demonstrate a good fit for the premise and research questions posed in this study. The premise asserts that the problems facing the field of social work can neither be framed accurately nor ameliorated effectively without the input of experienced, ground level practitioners. Including these voices not only represents the action research emphasis on inclusion, but it also offers the potential for greater understanding of the current gap between research and practice, a gap that might be eliminated or at least reduced with consideration of additional voices.

### **Significance of the Study**

In order to appreciate the possibilities inherent in this study, it is important to review some of the more significant evolutionary processes in the field of social work as a profession. Alexander (2008), a leading professional in the field of addiction, made the case that in order to understand complex social issues of any kind, one must first explore and fully understand the historical contexts in which these issues arise and are either maintained or remedied. In that spirit, examining some of the similar arguments over the centuries prior and since social work emerged as a profession is useful.

As a preliminary framework, consider both the origins of the social work profession alongside the evolution of social, political, and economic responses to addressing human suffering and injustice. As one reviews the history and evolution of social, political, and environmental challenges and responses to an ever-present

“underclass in citizenry,” one will note that, as far back as 1750 BC in the Mesopotamian Era, the Code of Hammurabi codified expectations around caring for those who are vulnerable or less fortunate (Dulmus & Sowers, 2012). This human phenomenon of caring for the poor and vulnerable has taken many twists and turns in terms of its intention, expression, and effectiveness over the millennia. With an understanding that many of these intentions and expressions have carried hidden agendas that covertly sustain the constructs of poverty and oppression (Alexander, 2012; Blume, 2016; Cooper et al., 2016; Chang & Thompkins, 2002), the efforts of the social work profession and the social work practitioner’s aims should be clear in the exposure of these hidden agendas and in the work to rectify their consequences (NASW, 2008).

### **The Evolution of Social Work Through a Socio-Political Lens**

Within this historical perspective, the origins of American social service ideals date back to the era of the European colonists who first came and settled on American soil. The uniquely American expression and evolution of the Elizabethan Poor Laws into the Social Welfare State offers tremendous insight into the structures of social responses and efforts to control as legislated and codified in our current welfare system (Trattner, 1999; Glicklen, 2011). The influence of Judeo-Christian traditions and values in the post-Protestant Reformation years in America are also of tremendous importance (Friedman, 2002; Deines, 2008; Dulmus & Sowers, 2012). One could argue that the social work profession itself has had to critically evolve in its own missions, motives, and values in defining and operationalizing its aims. Not unlike other historians, Germain & Gitterman (1980) view the early origins of social work as a time of ideological debate grounded in

firm religious traditions (as cited in Soydan, 2012). They sum up social work's historical origins as an ideological battle between those who centered on individual failure or "evil character" creating problems for society versus society promoting unjust, deleterious policy that is harmful to individuals and thus marginalizing great swathes of populations (Germain & Gitterman, 1980).

While the historical origins of addressing vulnerability are often traced back to their expressly religious roots (Dulmus & Sowers, 2012; Glicker, 2011), it is also true that ideological expressions of assigning "good or evil" labels to vulnerable populations was a debate among the early pioneers of the social work profession, as well. This social debate is well defined in the work of two of social work's earliest pioneers and seminal figures, Jane Addams (b.1860-d.1935) and Mary Richmond (b.1861-d.1928). Murdock (2007) writes that "Jane Addams remains, by all accounts the most famous and influential social worker this country has produced" (p. 212). She is noted for her leadership in the settlement movement and the founding of Hull House, a settlement house in Chicago. According to Murdock (2007), this movement was one of the first to focus on environmental causes of poverty as opposed to individual failure.

Mary Richmond held an alternative view and, through the auspices of her Charity Organization Society movement, sought to improve the lives of others by coaching and providing assistance through morality focused casework (Soydan, 2012, p.474). While both women made tremendous contributions to society at large and to the development of the social work profession, their differing views on the origins of the underclass, poverty, and crime are argued still today within our social and political process. As an example,

do we consider (and thus treat) substance abuse as an issue of individual criminality and poor character? Or, alternatively, do our social constructs create barriers to individual success and fertile ground for the rise of addiction? Should we address the addict with imprisonment? Or should we provide treatment and resources to assist the individual in recovery from addiction and provide a level playing field from which to launch a recovered existence? Again, these opposing ideas that posit the individual moral-deficit model versus a social etiology of poverty and distress can be studied through the ideas and responses of these two seminal figures in social work, Addams and Richmond (Soydan, 2012; Murdach, 2007). From both of these post-colonial ideals, one is able to trace the criminalization of poverty to present day expressions of oppression and social control.

Revolutionary America drafted a Constitution that designated African Americans as three-fifths of a person. The post-Civil War era gave us Jim Crow, and the post-Civil Rights era has given way to mass incarceration of minorities, immigrants, the mentally ill, and those who have lived in sustained poverty (Alexander, 2012). Current political, social, and environmental ideology seeks to sustain the criminalization of these populations, not only through governmental aims and arms, but increasingly through private and corporate arms of socio-political structures and institutions (Cooper et al., 2016; Chang & Thompkins, 2002).

As this debate continued into the twentieth century, consider FDR's New Deal that brought miraculous relief to millions after the Great Depression. During this period, even staunch promoters of the moral deficit model of poverty, addiction, and crime were

forced to admit that political policy could play a fundamental role in either supporting or subverting individual achievement and personal success. Of note, it was during this time that Frances Perkins, an activist social worker before, during and after the Great Depression, became the first social worker and first female cabinet member in the Roosevelt Administration. Of particular note to the social work profession, her position was in the President's Cabinet as Secretary of Labor and many of her achievements centered on the environmental and social contexts in which poverty manifests itself (Williams & Mills, 2017). Through her work in this position, Francis Perkins is fondly known today as "The Woman behind the New Deal" (Francis Perkins Center, 2018). Interestingly, her family originated in Maine and she is now buried in a Maine community, Newcastle, where her legacy is honored. Her Damariscotta, Maine homestead was designated as a National Historic Landmark in 2014.

After FDR, the Kennedy and Johnson years continued to enjoy a promotion of programs to end social injustice and inequality, but the shadow of civil unrest also began to take shape during this time. Political constituencies began to view social welfare programs as the opiate of the lazy and undeserving underclasses. Many view the Nixon Administration's "New Deal" as a way of appealing to these burgeoning biases. The Nixon Era marked a decline of socio-political willingness to address poverty (Spitzer, 2012), and a new "war" narrative began to take shape. The Civil Rights Movement played a role here, as well. As minority groups began to forcefully lobby for equal rights and level playing fields, the backlash played out in the Reagan/Bush Era. Couched as it

was in the mantle of public health and safety, the Reagan/Bush administrations responded swiftly with the heavy hand of oppression.

The Reagan/Bush Era ushered in the wholesale demonization and criminalization of poverty and welfare aims. Ronald Reagan's "War on Drugs" and Nancy Reagan's incredibly simplified notion of "Just Say No" served two subverting purposes. Mrs. Reagan's infamous slogan clearly implies collusion with the individual moral deficit model. President Reagan's "war" had implicit meaning, as well. Gustavsson (1991) effectively articulates the underlying philosophy of the "war" metaphor in political aspirations and affectations; implicit in the war metaphor is the idea of an explicit enemy and from the Reagan Era forward, individuals who suffered from addiction were swept up into this enemy label as surely as the producers and distributors of illicit substances and prescription chemicals. Gustavsson (1991) goes on to note that a better question may have been to wonder why people risked all manner of well-being with substances and what environmental issues might be changed in order to address this despair.

As one surveys the incredible increase in the prison population through the lenses of purposeful legislation and a conservative privatization agenda, the latest forms of oppression of the vulnerable come into sharp focus. The Reagan era "War on Drugs" set the stage for grand scale incarceration of America's most vulnerable and oppressed populations (Alexander, 2012). Today, the privatization of prisons effort is yet another way in which to increase and segregate that population. Additionally, the corporate agenda is actively seeking ways to exploit monetary gain through forced labor and in decreased services to inmates in prison (Cooper et al., 2016; Chang & Thompkins, 2002).

As an added layer of inquiry, Reiman & Leighton (2013) call into question our ideas about criminality at large and explore the concept that white collar crime often goes unpunished while the more vulnerable are targeted for incarceration (as cited in Gibson, 2013).

### **The Evolution of Social Work Through a Medical Model Lens**

Considering the current debate around professional identity by promoting the DSW degree, bridging a research to practice gap, and challenging the superiority of adopting a medical model approach, history once again plays a vital role in approaching and understanding these queries. In the midst of the profession's struggles centered on environmental versus the individual debate, the rise of two World Wars and a concurrent explosion in medical discovery had a profound effect on the profession's view of itself as well as how it was viewed by others. Medical discovery was viewed as no less than miraculous with the advent of penicillin and the effects that discovery had on helping to win a Second World War. A true scientific-medical model of treatment began to emerge, a prevailing paradigm of recourse for all that ails including disease, illness, impairment, disability, and ultimately death (Brady & Moxley, 2016).

The magic of the medical model has sustained itself in its address of disease; at the same time, the extraordinary success of the model overshadowed all other paradigms and effectively cemented a narrative of disease as the rationale for all forms of suffering (Brady & Moxley, 2016). In the years post Abraham Flexner's stinging reproach of social work as a true profession due to its lack of a cohesive, scientific foundation, the profession has forged forward with an adoption of the medical paradigm, one that some

view as ill-fitting to the collective aims and missions of social work (Flyvbjerg et al., 2012; Grady et al, 2018; Gelman, & Gonzalez, 2016; Schram, 2004; Schram, 2017).

The 1960s through the 1990s marked a period of the rise in the medical-psychiatric social worker, one of many of the profession's attempts to elevate itself among other professionals (Charles & Bentley, 2016; Henning, 2018). In an effort to embrace a more professional stance, the clinical psychiatric social worker surpassed the caseworker in professional status as well as in monetary remuneration. This status was fortified with the clinical certification governed by individual State Boards who conferred and monitored state licensure. According to the Association of Social Work Boards, the first clinical licensures were issued in 1983 in three states, Virginia, Oklahoma, and New York (ASWB, 2019). Social work's current adoption of a scientific framework of evidence-based practice and treatment orientation is considered the latest extension of the professional elevation endeavor.

Gambrill (2018) offered a succinct evolution of social work as a practice beginning with a focus on moral underpinnings, then moving to a framework of professional authority, and ultimately settling on its best expression, in the view of many, evidence based treatment and practice. This orientation, however is not without its detractors who pose that clinical trial settings for research cannot possibly account for the myriad of environmental contexts in which individuals exist in varying realities of lived experience (Flyvbjerg et al., 2012; Schram, 2017). Others went on to pose that topics of social work research not only lack relevance to the practical concerns of individual clients, they also lacked the strength of true research outcomes that often failed to

demonstrate adherence to replication standards (Baker, 2015; Ioannidis, 2016b; LeCroy & Williams, 2013; Moller et al., 2018; Mullen, 2016; Yaffe, 2019).

Irrespective of these emerging concerns, the gaps between what is researched and how that research is passed downward to practitioners in the field, the long lengths of time that passage entails, and the relevance of that research to a wide range of social work settings on all system levels remain prominent concerns for those in field who are actively studying the field's identity crisis. Many of these researchers view the DSW as a potentially effective "bridge" of sorts between research and practice (Howard, 2016; Knee & Folsom, 2012; Kurzman, 2015). To that end, this study offers a place for practitioner voices in shaping and supporting this critical debate.

In many ways, this short historical review offers a clear example of the parallel process of social work imperatives juxtaposed against social and political responses to human suffering. The review, even in its limitations, exposes the tremendous importance and significance of the social work obligation in accurately, informatively, and justly negotiating current narratives as well as shaping new, more informed and more powerful narratives in addressing social problems. Using this historical backdrop as a parallel framework for social work's identity crisis draws the importance of the profession's mandate into sharper focus. This example also points out the power of social and political forces in filling voids that the profession fails to address.

### **Theoretical Conceptual Framework**

The sheer numbers and complexities of institutional and socio-political systems potentially involved in this challenge may at first seem quite overwhelming. Defining

leadership roles in individual treatment perspectives, research topics, academic endeavors, and overall professional identity can be difficult when there remains so much professional disagreement around how to address the defining features of the profession (Mosley, 2017; Shotter, 2011). A closer look at these key issues reveals a compatibility with utilizing a systems theory approach in exploring this topic.

### **Systems Theory**

First established in the late 1800s to explore social evolution, systems theory has been instrumental in understanding complex frameworks in a wide array of the sciences (Walsh, 2013). Much of its utility is centered on exploring the relationships between the micro, mezzo, and macro levels of action and interaction within complex systems (Beirao et al., 2017). Using a systems theory approach in researching barriers and developing opportunities for the field allows for a comprehensive exploration of problems and possible answers.

Ludwig von Bertalanffy (1901-1972) first attributed systems theory to social work practice and Uri Bronfenbrenner (1917-2005) is best known for his application of the theory to human interaction within specific environmental contexts or ecosystems (Friedman & Allen, 2017). Murray Bowen (1919-1990) is a seminal figure quite familiar to most social work students and practitioners for his contributions to family therapy built on a framework of systems theory (Kerr, 2000; Walsh, 2013). Although trained in psychodynamic theory, Bowen, like others of the mid-20th Century, began to adopt a broader, less Freudian view of human behavior, one which focused not only on the individual, but also on the surrounding members of family and larger community

systems. Earlier researchers in the fields of communication/information technology, biology, and chemistry had already developed the concepts of “inputs, outputs, and feedback loops” within systems; these principles proved useful in Bowen’s family systems theory, as well (Walsh, 2013, p.115).

From a systems orientation, exploring the issues facing the profession from the perspectives of ground-level practitioners represents a micro-level inquiry. Using a focus group to flesh out answers to the proposed research questions allows for input, output, and feedback from one level to another. The exercise itself should not only help in identifying systemic barriers for the field, but also in generating fresh ideas in addressing those problems. As systems theory suggests, small changes in one part of a system tend to influence other parts of that same or larger systems. Additionally, this study sought to draw attention to the idea that the principles applicable to systems responding to imbalance or disruption actually demonstrate an opportunistic parallel course with respect to a renewed interest in the DSW. The concept that crisis often forms the foundation for change is not a new one in the social work profession. The essential fabric of social work intervention involves responding to human need when individual or systemic issues present problems that are beyond that individual’s or system’s ability to manage in an effective way. Broadly speaking, one might consider the age old axiom, “necessity is the mother of invention.” These foundational concepts apply to the profession of social work and to the profession’s responses to its identity crisis.

### **Relational Frame Theory**

A second theory which offers usefulness in this research is relational frame theory (RFT). RFT explores both language and cognitions in terms of motivation and energy toward change (Bordieri et al., 2016; Hayes, 2016; Hayes, et al., (Eds), 2001; Hayes et al., 2017; Wilson, & Whiteman, 2016). One of its more positive aspects is its focus on adding frames of reference to concepts of change rather than relying on a critical evaluation of current frames alone (Polk et al., 2014). Because RFT is centered on offering alternative approaches without necessarily upsetting generally accepted traditions, it is particularly well suited to shifting outdated perceptions in large, complex, institutional settings (Hayes, 2016; Polk et al., 2014).

Steven Hayes, along with various other fellow colleagues, is credited with the inception of RFT. Considered against the backdrop of 19th century Freudian theory and the 20th century concepts of behaviorism, cognitive theory, and cognitive behavioral theory, RFT's 40 year history is considered relatively young in terms of its full development and coincides with the conceptual framework of a third wave approach, namely contextual behavioral science (Hayes, 2016; Hayes et al., 2017). Hayes (2016) outlines the progression of researchers including Pavlov, Watson, Thorndike, and Skinner who broke away from Freudian thought and pioneered the first wave of behaviorism. He then outlines the 20th century ideas of Aaron Beck and others who initiated a second wave of behavioral science with the addition of cognitive theory. In the mid-1980s, Hayes and his colleagues began to posit that both theories were incomplete without the considerations of context and the impact of language on cognitive function as they relate

to behavior (Hayes, 2001; Hayes, 2016; Stewart, 2018). From a relational frame perspective, words become far more powerful than simply a collection of letters; words define both perception and response. Interestingly, in terms of the incorporation of system's theory, the researchers connected concepts of their theory to the science of evolutionary theory, an endeavor first proposed but not fleshed out by the seminal behaviorist, B. F. Skinner (Hayes et al., 2017)..

In his 2001 work, *Relational Frame Theory: A Post-Skinnerian Account of Human Language and Cognition*, Hayes acknowledged that his work stands on the shoulders of both behavioral and cognitive pioneers. At the same time, he notes that this third wave of contextual behavioral science and RFT offer a broader and more relevant view of human behavior, one that is far more open to the influences of context as well as generalizable to the individual, the community, the organization, and ultimately to larger institutions of learning and change (Hayes, 2016). This attention to systemic levels fits well with systems theory and offers a way to make connection or parallels between system dynamics and relational frames in language that either assist in effective change or present as barriers to shifting current narratives.

As was described earlier in this paper, take a moment to reconsider the linguistic power of the "war" metaphor. The thinking associated with thematic frames connected to the word "war" translated into specific behavioral responses. Likewise, in today's political climate, the use of "illegal alien" to describe large cohorts of immigrants, migrant workers, and asylum seekers demonstrates another example of specific verbiage eliciting certain frames of reference and resultant behaviors. In the same way, the

historical qualifiers of “moralistic” and “authoritarian” models of social work conveyed a certain meaning of superiority at the time they were used. As today’s field of social work seeks relevance and position through a reliance on science, evidence-based treatment and programing is its latest iteration. But are there other ways of viewing this new narrative? Is an evidence-based treatment that demonstrates increases in “resilience” a singularly favorable outcome, or alternatively, are treatment interventions in some cases simply helping to steel marginalized populations in the face of socially and politically unjust policy and institutions?

RFT is also the foundation for a popular therapy technique called acceptance and commitment therapy (ACT). The model is used to promote flexibility in cognition with greater ease in considering alternative options to perceived problems (Hermann et al., 2016). The importance of the verbal being is emphasized within both theory and model as language defines both perceptions and behavior (Association for Contextual Behavioral Science, 2019; Bordieri et al., 2016; Hayes, 2016; Hayes et al., (Eds), 2001; Hayes et al., 2017). The ACT model also uses a matrix that lends itself to the exploration of organizational and institutional change processes based both on language and cognition (Polk et al., 2014). Complex systems often resist change; the more one is able to understand this resistance through thought and language, the more effectively one might address those barriers to change.

### **The Parallel Process Model**

Additionally, the parallel process model offers a way in which to view the relatedness of the shifting perspectives both with the professional doctorate in social

work as well as in viewing shifting perspectives defining the profession at large. Parallel process is a concept used in many contexts ranging from teacher and student to contractor and institution (Cullen et al., 2017; Kosovich et al., 2017; McMillin, 2012; Ruiter et al., 2014). Understanding the dynamic transfer of energy in one system as that one system is shifted allows for anticipatory responses to the changes realized in another system. Each theory and model represent logical frameworks from which to explore this proposed study.

Preconceived notions, stigmatizations, biases, and efforts in maintaining the status quo of any system are always factors in considering large, complex systems changes. This concept applies to both the elevation of the social work doctorate as well as shifts in professional identity. Charles and Bentley (2016) speak specifically to the language of stigma and considering social problems from the person in environment stance, a concept framed in language that is distinctly associated with social work. My proposition is that cognition and, importantly, the language that supports cognition and behavior, is extremely germane to the change process. RFT supports that idea and is built on an exploration of language and thought as it applies to change and moving toward new goals within multiple systemic layers (Bordieri et al., 2016; Hayes, 2016; Hayes et al., (Eds), 2001; Hayes et al., 2017). Just as the ACT intervention sits within RFT which in turn rests upon contextual behavioral science, ground-level practitioners situated in larger level agency and institutional settings should be able to interface effectively with the academic and research arms of their field. From a systems perspective, this flow of

information should in theory demonstrate reciprocity at each level of the system as a whole.

As is noted earlier in this paper, the literature is fairly replete with articles discussing the DSW and is certainly abounding with articles noting a professional identity crisis. The concept of targeted strategies in shifting thinking around the utility of the DSW in leadership appears less explored. Likewise, the inclusion of the perspectives of ground level professionals positioned upon the foundations of systems theory and RFT as the basis for operationalizing these complicated shifts appears to be missing from the literature. My hope is to add a new perspective to the issue.

### **Values and Ethics**

The NASW Code of Ethics is a comprehensive document that offers well-established guidelines intended to both outline and govern best practice, principles, and values held within the profession of social work (Worker, 2008). The two social work values in the Code that are most relevant to this study are 1) the importance of human relationships particularly as they relate to change and 2) the importance of promoting social justice. The ethical standards most reflected in this study are in sections 5 and 6 of the standards section of the Code with 1) responsibilities to the profession and 2) responsibilities to broader society respectively. An exploration of the social work doctorate offers the opportunity for the elevation of clinical and organizational leadership and research contributions for social work's mission as the profession seeks to express and implement its core values and principles of social justice, dignity and worth of the

person, importance of human relationships, integrity, and competence (Elswick et al., 2018; Workers, 2008).

Beginning with the importance of human relationships in connection with change, it is worth noting that the same qualities and skills we bring to our individual work with clients is equally as powerful and apropos as we seek to make larger systemic changes. These broad changes are not made in a vacuum, but are made by influencing the thinking and behavior of individuals within the systems in which we work. Bringing the same passion and professionalism to our interactions with our colleagues, peers, professional associations, members of credentialing boards, and all other professional connections is a key imperative. Competent individual practice is built on the quality of a collaborative relationship; likewise, effective efforts to change any system must be built on the same relationship ideals.

The ethical standard of responsibility to the profession includes adding to the professional knowledge base through research and implementation of best practices. Interestingly, the NASW has issued its March 2019 Social Worker theme and objectives under the mantra “Elevate Social Work,” and includes imperatives towards the elevation of the profession (NASW, Social Workers.org., 2019). One of the highlights of this campaign was an offering of a tool-kit to assist in elevating the public image of the profession as well as calling for compensation parity with other professions including that of the psychologist. Adding to the research literature regarding the value of the DSW in leadership roles is important to that endeavor.

Lastly, the standard of responsiveness to broader society is represented in this study on both the public welfare and social justice fronts expressed in ethical standards section 6, subsections 6.01 and 6.04, respectively. Where social workers have the opportunity to make changes in both their own profession and in the populations they serve, they also create opportunities for change in greater society. As it relates to this study, one example might be a systems paradigm shift using the language and perspective of recovery associated with substance treatment as opposed to the current language of punishment for the substance offender. Shifts this large would benefit from the leadership of the social work perspective and clinical orientation toward underserved individuals in our society.

The purpose of this project is to assist in the elevation of the DSW degree among other professional degrees. In that endeavor, the purpose is also to explore ways in which a practice leadership focus for this degree might help improve some of the current identity issues with the profession at large. That exploration included a consideration of social work's journey from moral imperatives, to authoritarian imperatives, and today, its endeavor to define itself from a scientific, medical model orientation. Our future as a profession rests on our ability to define ourselves through the values and ideals expressed in our Code of Ethics.

### **Review of the Professional and Academic Literature**

The initial concept for this study emerged as a result of personally experiencing the reality of limited opportunities for agency/institutional leadership roles as defined to include agency policy-making roles for members of the social work profession in the

State of Maine. Maine is currently suffering a severe shortage of mental health treatment professionals in general and in the area of clinical psychologists in particular (NEPSY, 2017). Even so, local and state opportunities for employment are often centered on attracting doctorates in clinical psychology where a doctorate is identified as a criterion for employment. In her book, *Saving the Modern Soul*, Eva Illouz (2008) outlines a very succinct timeline ranging from the 1920s to the 1960s in which the field of psychology established itself as the ultimate authority on addressing human distress and suffering. Unlike the field of social work, the field of psychology positioned itself early-on to wholly embrace and endorse the medicalization of human difficulty and in doing so was the first profession to establish a clinical doctorate in its field (Illouz, 2008). In Maine, the DSW is not a degree that is frequently listed as meeting the doctoral requirement in areas of employment that require a doctorate. In an effort to understand this phenomenon, my preliminary literature review focused on the historical and current status of the DSW degree.

Central concepts in initially researching this topic included key words such as social work doctoral degree, DSW, social work history, systems theory, relational frame theory, action research, and focus groups. Each of these key words opened up investigatory routes in other key concepts such as social work research, evidence-based practice, positivism, post-positivism, constructivism, contextual behavioralism, hermeneutics, and phronesis. The search included filters for full text and peer-reviewed journals and was generally limited to the years of 2014 to 2022. Some older articles are part of the research for added context and historical value. Initial searches used the

Walden Library Thoreau database. Other databases include Academic Search Complete, Ebsco eBooks, Political Science Complete & Business Source Complete Combined Search, ProQuest Central, PsycARTICLES, Psychology Databases Combined Search, PsycINFO, PubMed, SAGE Journals, ScholarWorks, ScienceDirect, Social Work Abstracts, SocINDEX with Full Text, Springer e-books, Taylor and Francis Online, Thoreau Multi-Database Search, US Department of Health and Human Services, and International Federation of Social Workers Archives. Several e-books as well as other book form texts are included in the research items, most of which are texts from seminal writers in their respective fields. Research material includes a mix of scholarly articles, research studies, research reviews, and meta-analyses.

Using keywords “DSW,” “social work doctorate,” “clinical doctorate,” and “social work education” in the Walden Library Thoreau database, the theme of social work’s identity crisis began to immediately materialize. Several researchers who have written extensively regarding the DSW and the identity crisis in the social work profession include Jeanne Anastas (Anastas, 2015; Anastas, 2014; Anastas. 2012; Anastas & Kuebis, 2009; Anastas & Videka, 2012) , John Brekke (Barak & Brekke, 2014; Brekke, 2014; Brekke 2012), Ram Cnaan (Cnaan 2018; Cnaan & Ghose, 2018), James Drisko (Drisko & Evans, 2018; Drisko et al., 2015), Lina Hartocollis (Hartocollis 2015; Hartocollis 2014), Rowena Fong (Fong, 2014), Michael Reisch (Reisch, 2017; Reisch, 2013), and Bruce Thyer (Thyer, 2015; Thyer & Pignotti, 2015). Some of these individual researchers have even published together on the subject.

In considering the utility of the DSW, almost without exception, authors reflected on the fact that social work has struggled since its earliest days to define itself among and apart from other professions. These considerations inevitably led a great majority of them to the subject of science as a foundational remedy for professional status (Fong, 2014; Gambrill, 2018; Gelman & Gonzales, 2016; Gelman & Gonzales, 2015; Goodman, 2015; Howard et al., 2018; Kurzman, 2015). While the social work PhD is generally regarded as the degree most apt for the science of research (Goodman, 2015), further critique opened around the problem of huge gaps between social work research and social work practice; in other words, the time lapse between researched treatments filtering down to ground-level practitioners is often measured in decades (Tuten et al., 2016). In addition to troublesome timing issues with regard to evidence-based concepts filtering down to practitioner levels of intervention, several authors offered that the topics pinpointed for research at any given time may not necessarily reflect relevance to the practitioner on the ground level (Mullen, 2016; Reisch, 2018; Rode, 2017). Many attribute this phenomenon to organizational, institutional, and political pressures to publish in order to establish and maintain tenure exerted upon the PhD researcher, mandates that many argue supersede a specific focus on current relevance of research topics (Drisko et al., 2018; Ioannidis, 2016b; Mullen, 2016).

With further review of the literature in this vein, research material began to emerge that suggests the profession's quest for a science-based foundation may well be ill-conceived, that the natural sciences model lacks the ability to capture contextual complexities inherent in human interaction and behavior or to adequately study, describe

or predict either of these (Samatra, 2018; Schram, 2017; Schram, 2004; Schram et al., 2013). Researchers who hold this view often refer back to the social work profession's early and urgent response to Abraham Flexner's burning rebuke of the field at large for its lack of a scientific base (Brady & Moxley, 2016; Gelman & Gonzalez, 2016, Goodman, 2015; Howard, 2016). Additionally, researchers who hold this view point out that macro level challenges including mandates for social justice are often ignored in social work research and practice as a result of the field's sharp reliance on defining itself through a medical, disease focused, or scientific model (Anastas, 2014; Brady & Moxely, 2016; Gelman & Gonzalez, 2016; Howard, 2016; Lightfoot et al., 2018; Maynard et al., 2014; McGovern & Zimmerman, 2018; Reisch, 2017; Reisch 2013). This gap in research may represent an opportunity for the DSW.

As the unfolding of this literature review demonstrates, the serious issues confronting the profession of social work are quite complex, non-linear in nature, and far from settled. The initial query itself is indicative of the basic concept of the hermeneutic nature of this research (Bynum & Varpio, 2018); as one question is posed, yet another arises that shifts the context and contours of the original question. Each level, however, has a direct and profound impact on answers and subsequent areas of inquiry. Each level affects not only the micro-level of practice, but also mezzo-level agencies and institutions, and ultimately, macro-interpretations of the profession itself. In each level, a professionally focused language and cognitive framework must define our endeavors. Each level will require that all members of the profession at all levels of involvement play a part defining the field of social work. The hope of this project is to open avenues

of communication that ultimately increase our understanding and create more viable constructs from which to view the utility of the DSW in elevating the field of social work.

### **Summary**

From its earliest beginnings, the profession of social work has struggled in defining itself and in achieving a distinct professional identity that allows for professional parity with other fields of practice. In current literature, the DSW practice degree has been identified as one pathway for addressing the chronic and critical identity crisis characteristic of the social work profession (Berzoff & Drisko, 2015; Drisko et al., 2015; Kruzman, 2015). Currently practicing social workers at the master's level, however, have not been formally included in the debate around this issue (Grady et al., 2018; Reisch, 2013). The goal of this study is to enlarge the stakeholder pool to include the insights, perspectives, and experiences of currently practicing LCSWs. From a systems foundation and a relational frame perspective, the study sought to enrich the knowledge base around this critical issue.

Both the action research methodology and the focus group technique demonstrated a good fit for the premise and research questions posed in this study. The premise asserted that the problems facing the field of social work can neither be framed accurately nor ameliorated effectively without the input of experienced, ground level practitioners. Including these voices not only represented social work's emphasis on inclusion, it offered the potential for greater understanding of the current gap between

research and practice, possible alternative paradigms for addressing larger issues of social injustice, and elevating the stature of the profession at large.

The re-emergence of the DSW has many positive potentials. Realizing any of the potentials must include a consideration of the foundational emphasis of the doctoral distinction, the distinguishing educational goals of its curriculum, and a clear pathway for renewed leadership and practice imperatives. To these ends, this study represents an attempt to answer some of the many critical questions facing the profession of social work and add to the advancement of the field.

## Section 2: Research Design and Data Collection

Recognizing that the social work profession has in the past and continues today to struggle with its profession identity, this doctoral project was designed to explore the ways in which currently practicing social workers might not only add to the understanding of and defining of contributing factors to the problem, but also offer a relatively untapped resource in finding solutions. Section 2 includes the following topics: research design, methodology and prospective data, participants, instrumentation, existing data, data analysis, ethical procedures, and a Section 2 summary.

### **Research Design**

With the aim of gaining the perspectives of practicing licensed social workers in Maine as it relates to strengthening the profession of social work overall, a reminder of the several key factors to consider include: 1) the debilitating divide between research and practice (Anastas, 2015; Kurzman, 2015; Tuten et al., 2016), 2) sharp criticism of the value of social work research in general (Baker, 2015; Drisko et al., 2018; Ioannidis, 2016a; Mullen, 2016), 3) the purported lack of a scientific base that underpins the profession (Gambrill, 2018; Goodman, 2015), 4) the severe shortage of doctoral students, doctoral graduates, and teaching professionals at the doctoral level (Howard et al., 2018), and 5) the rapidly growing practice leadership gap that is being filled by non-social work professionals (Peters, 2018; Peters, 2017; Franklin et al., 2018). From a systems theory perspective, these issues have the potential to gravely impact all levels of the social work profession from the micro-level practitioner to more macro institutional and governance

levels. In developing the framework for the project, the following research questions were posed:

RQ1: How is an identity crisis in the social work profession relative to the master's level social work practitioner?

RQ2: How connected are practitioners to evidence-based treatment and practice?

RQ3: How might the DSW degree contribute to elevating the professional identity, mission, goals, and values of social work?

RQ4: How can the profession support LCSW practitioners in pursuing a DSW degree to meet administrative positions hiring requirements?

RQ5: What should be the distinguishing content areas of the DSW degree?

With each of these questions posed to LCSWs in a focus group format, my hope was to gain a better understanding of their views on the subject. While my own thoughts have centered on both the historical and political influences on our field as well as the implications of embracing a medical model of care, I had no doubt that fellow practitioners would have their own sets of concerns, experiences, perspectives and thoughts regarding both problems and solutions. This bottom up approach for gaining insight is not only supported by the literature (Schram, 2017; Ulvik et al., 2018), but also by the tenets of participatory action research (PAR) itself, which focuses on understanding all voices and honoring potential untold truths (Fenge, 2010). Each of these concepts, in turn, are reflections of the values and mission expressed in the NASW Code of Ethics as it applies to inclusive and competent practice.

Using repeated listening sessions of the taped focus group content as well as examining/collecting quotations, my goal is to not only identify manifest themes expressed in the group content, but also to pay close attention to latent themes, specific parts of language used, and semantics in order to capture the deeper essences of participant reflections. This focus on language and semantics is supported by concepts in RFT. As this study will demonstrate, in a larger sense, language can be used to weaponize one's own agenda in research or conversely to demonize the research agendas of others (Lincoln & Cannella, 2004). Deconstruction of these language elements is a crucial component of qualitative research and will prove instructive in this project. I used Microsoft Word as a tool for organizing this data in categories of overt themes, latent themes, semantic consistencies (or inconsistencies), strong emotional responses, and disagreement.

### **Methodology and Prospective Data**

The focus group technique is uniquely appropriate for the purposes of this study. The study is based on the idea that practicing LCSWs in general have not been included in the debate over the profession's future. To that end, the focus group provides a platform for a survey of their voices. By necessity, the member pool required a purposive sample which in turn, narrowed the options for recruitment, but also added validity to overall outcome. In other words, the perspectives were limited to a specific group of professionals in the social work field as opposed to other fields such as counseling or coaching.

The group was not pulled from underneath an agency umbrella which would have required agency permission; it was also not based upon any sensitive topics that might have posed psychological, relationship, legal, or privacy risks to any of the individual members. While informative in nature as a way of adding to the knowledge base related to this topic, the outcome data is not intended to be generalizable to any larger population. This concept will be addressed further in the next sections of this paper.

Participants were drawn from a Facebook group of LCSWs; this Facebook group is voluntary in its membership with the aim of sharing experiences, resources and supervision. There are approximately 50-60 members in this group. Once approval was secured from the Institutional Review Board at Walden University for this study and its constituent parts (see Appendix A, Original Approval for Study, page 114), I sent out an invitation through this professional group platform for any interested parties to participate in my study. The invitation included the volunteer nature of the study and the method by which interested individuals might join. If interested, members of the group were invited to private message me with their personal email addresses in order to receive a consent form for signature.

In terms of data collection and organization, participants were made aware that an audio tape of our complete conversation would be made for later analysis. Of particular note for the planning and execution phase of this focus group, the impact of the COVID-19 pandemic cannot be over-emphasized. Initially, my plan was to convene a live group encounter in order to complete the focus group. By the time I was in this part of the planning phase, it became very clear that a live group encounter was simply not safe or

possible. As a result, the invitation also included that this would be a 120 minute Zoom encounter rather than in person. Each member who received an invitation was made aware that although anonymity could not be achieved in a focus group nor in the Zoom format, names and other identifying information would not appear in the resultant research document. Anecdotally, it is important to mention that I did receive several personal decline messages that noted the overall overwhelm, stress and exhaustion associated with giving time particularly on a Zoom format as so many professionals had already been forced to resort to extraordinary measures to keep their work alive during the COVID-19 pandemic. This issue would eventually lead me to requesting an extension (See Appendix D, page 140) on my research and conducting a second focus group later in the following year in order to meet standards of participation.

### **Participants**

According to the literature, the best case scenario for using the focus group technique is to facilitate several groups in order to make sure that you have saturated the question and answer elements of your topic (Cyr, 2016; Krueger, 1998; Morgan, 2019). In this particular research study, the requirement was to conduct only one focus group. This requirement however did suggest a minimum number of participants at five. In the end, that requirement would necessitate that I conduct two focus group encounters in order to meet participant requirements.

With regard to the size of the group, the traditional thinking is that 10-12 members represents the optimum number of participants (Krueger, 1998; Morgan, 2019). Having said that, Krueger (1998) argued that a smaller size of group members allows for

a richer amount of input from each member and a better flow of ideas. He went on to note that if given the option, it is more beneficial to hold two small groups as opposed to one large one.

The recruitment process for this focus group began in late 2020 and the first group itself was conducted in March of 2021. My first invitation went out in October of 2020, and I resent invitations in December of 2020. My first invitation generated six interested parties for group participation, but I did not receive any signed consent forms in return. As the social media group membership tended to be fluid with new additions through the weeks, I sent out a second invitation. To my disappointment, this invitation too generated many comments of interest, but only one consent was returned from this invitation. By the first of the year, I had only three signed consents from three persons who expressed strong interest and excitement with the opportunity to participate in the group. After consultation with my doctoral chair, I decided to move forward with the group of professionals who had agreed to participate. While not an optimum number of participants, I was aware that each of them had an expressed interest in the topic and were professionals of high integrity and passion for the field, so I was confident that their participation would be meaningful.

As demonstrated previously in this paper, qualitative research has no small of number of detractors in the research community. Krueger (1998) and others effectively addressed many of these criticisms including ideas of soft research, lack of transferability and/or generalizability and absence of random sampling. With regard to small group size, Krueger (1998) references a statement by Michael Quinn Patton, a prolific publisher in

the literature as it relates to qualitative research. Krueger (1998) quoted Patton as asserting that Piaget's work was largely based on observing his own two children and Freud's work rested upon a foundation of work with only ten clients! Additionally, Morgan (2019) goes on to state that his research with dyadic groups "reveals more similarity than difference" in comparison with traditional focus groups (p. 58).

This study by stipulation required a purposive sampling and with only the two, small membership groups is not meant to be generalizable, transferable, or repeatable. Its purpose is to add knowledge and also to stimulate conversation and opportunities for action by its members. As Section 4 will demonstrate, that purpose was achieved.

The three participants in the first focus group all hold the LCSW qualification. Each of them practices in Maine. Participant 1 has 20 years of experience in a varied practice background and is currently in private practice. In addition to her LCSW, she is also a member of 2-year Certification Fellowship in Infant Parent Mental Health as a way to further her professional career. Of note, Participant 1 ended her introduction by noting that the "roots of social work are in relationship, so our interaction today is relevant." Participant 2 has also held many positions over her years in practice and is currently working with disabled adults; she too is an LCSW and has expressed an interest in pursuing her doctorate in social work. She is a mental health case manager trainer and has done some teaching at university level. Participant 3 holds an LCSW, and she currently works within the carceral system in Maine. She notes that COVID-19 has been very impactful in her work in the prison. Both the invitation and the consent form described the nature and purpose of the study; the consent form listed the questions that would be

asked in the focus group. Both invitation and consent form stated that the group would be conducted using the Zoom platform. By these means, each participant was fully aware of what to expect regarding the content of the focus group. In their respective replies to the invitation, each expressed a sincere interest in the topic.

There were four participants in the second focus group also holding the LCSW degree; each also practice in Maine. This group was comprised of members who have been in the field longer than the members in Group 1 with each member also being older in age than group. This difference was not by design and indeed as is acknowledged in the study limitation section of this paper, far less heterogeneous in nature than was hoped for as a goal of my focus group make-up (See Appendix C, Tables 1, 2 & 3, p. 118).

### **Instrumentation**

As referenced earlier, I was unable to conduct this focus group in a live, face-to-face format due to restrictions associated with the COVID-19 pandemic. Although the assumption might be that a live setting might have offered greater opportunities to observe body language and participant to participant interaction, the Zoom format did at least allow for some visual interaction. My first step was to secure a private, individually purchased Zoom account. This was an added expense, but it allowed me to acquire the adequate amount of time for the session, the ability to ensure a secure platform, and the ability to secure the recording safely on my password protected computer. Once completed, I was able to easily engage in multiple listening sessions with the recording.

Falter et al. (2022) reflected on the lack of research on the use of the Zoom format but did provide some interesting insights in their study. They noted that in analysis of

several studies, they found a common theme around limited interpersonal opportunities. As a result, they suggested greater efforts at rapport building, more active moderator involvement, and a more prolonged initial engagement of participants to be helpful. While the authors admitted that much more study is needed on this topic, they were able to add some positives such as the ability to incorporate shared video or Power Point presentation in the focus group format, maintenance of security, and an already existing general familiarity of the use of the platform.

### **Data Analysis**

Quantitative research rests primarily on positivist notions of a fully discoverable, objective reality. Validity and reliability are cornerstones of quantitative research and outcomes are reported in concrete numbers and statistical values. These same measures cannot be applied to qualitative research (Hadi & Closs, 2016; Howson, 2021; Noble & Smith, 2015; Smith & Noble, 2014), nor do many feel that it is advisable to do so in all circumstances. Clinical trial settings for research with outcomes reported in concrete numbers cannot possibly account for the myriad of environmental contexts in which individuals exist in varying realities of lived experience (Flyvbjerg et al., 2012; Schram, 2017).

Schram (2017) noted decisively that his concepts of applied phronesis strongly suggest that the complexities of human existence and interaction, the problems and subsequent attempts at problem solving, can never be adequately reduced into a phenomenology that might be addressed using a purely scientific model. Qualitative

research is uniquely positioned to accomplish these alternative aims, but qualitative research is burdened with its own set of detractors and questions.

Smith & Noble (2014) point out that both quantitative and qualitative studies are both subject to researcher bias. As an example of egregious bias, they cite the controversial quantitative study that suggested a link between the measles-mumps-rubella vaccine and autism. Researcher bias was exposed on many levels in that study, but by the time the study had been refuted and retracted, the damage had already become widespread with a significant reduction in the trust and engagement in vaccination and a resultant rise in the cases of measles in Britain (Smith & Noble, 2014). Anecdotally, most of us have heard of recalls of medical treatments and medications that were touted as “clinically proven” as effective only to later be demonstrated to be unsafe and ineffective after years of acceptance and use. Scientific support for the pain medication Oxycontin is yet another example. Flawed science in clinical trials and false assertions of outcome are attributed to the early stages of the opioid epidemic that initially began in Maine, Kentucky and Virginia. (Macy, 2018).

Bias is just one danger associated with all research, and in order to make research more sound, accounting for problems such as bias, poor ethics, transparency, rigor, justification of methods, and integrity of analysis, qualitative studies must adhere to their own sets of philosophies, theories, and rules. Those must be clearly defined throughout the study in order to support the reporting of results. This transparency is one of the key methods of ensuring true outcome results. Even with transparency in method and analysis, this type of research continues to be plagued with criticisms around

“establishing a consensus on quality criteria,” or even if such a consensus is advisable or attainable (Rolfe, 2006, p. 304). As examples of this argument, Smith & Noble (2014) outline concepts that are designed to minimize bias in qualitative research; they also write about alternative terminology that can be substituted for quantitative language such as validity, reliability, and generalizability. This language change in their words would encompass truth value for validity, consistency for reliability, and applicability for generalizable (Noble & Smith, 2015). Hadi & Closs (2016) mirror this view and add a glossary of terms including audit trail, interpretivism, member checking, negative case analysis, identification of paradigm, prolonged engagement with participants, realism, and reflexivity that can also add to the strength of qualitative research. They add that each study should contain at least two of these characteristics. Transparency and researcher reflexivity are examples of attempts to demonstrate rigor and trustworthiness of this study. These views support the idea that it is left to the reader of the study, not the researcher to determine the strength of the study (Hadi & Closs, 2016; Rolfe, 2006).

Rolfe (2006) goes on to assert however that this effort to substitute words in order to make a distinction between qualitative and quantitative research is neither clarifying nor the correct way to view the topic. He additionally poses that there is no universal paradigm that reflects the framework of qualitative research; that the two are not accurately described as opposites of one another, and that “the search for a generic framework for assessing the quality of qualitative research should be abandoned in favor of individual judgments of individual studies” (Rolfe, 2006, p. 309). Tong et al., (2012) complicate the argument further by writing that individual consideration of any study is

less effective than using synthesis techniques across multiple studies to strengthen qualitative research. Conceding that a general framework or paradigm is very unlikely, they prefer the idea of a continuum or “methodological pallet” that describes the differences in qualitative and quantitative study (Tong et al., 2012, p. 187).

Outlining these ambiguities and continuous critical considerations in research is not only relevant in the presentation of data and analysis for this study, the concepts are also congruent with the premise of the study itself. The study looks at the value of the DSW degree. The study asserts that practicing LCSWs have not been included in the overall debate around the future of the profession. Using both a systems and relational frame approach, the study not only poses questions with regard to the profession’s current pursuit of identity through a medical-scientific model as the foundation of its quest for legitimacy, the study also seeks to arrive at alternatives to the top-down model of researcher to practitioner flow of information. In other words, the study questions the status quo as it relates to current ideas of the profession as well as generally accepted future pursuits of the field. In asking many of the same questions posed here, Bradley et al., (2021) maintain that the DSW offers the possibility of a “researcher and practitioner combined in one;” they also note that this new professional is one that better “mirrors its 20th Century roots in innovative social practice that seeks to address some of the most pressing social problems of our time” (p. 8). As the focus group debate will reveal, this researcher engaged in transparency around my assumptions with regard to the overall identity problems with the profession. Participants were strongly encouraged to freely express their own views with regard to each research question. They expressed

disagreement along some of the researcher's suppositions, they interjected completely new ideas to the forum, and in a larger meta-analysis of their views, multiple latent themes emerged that not only supported the researchers premise around the field losing its macro focus, but they also engaged in new ideas around addressing the problems they identified. Again, the goal of this study was to enlarge the stakeholder pool and increase participation and contribution opportunities beyond that of social work academics in the debate around social work's future, particularly as the field considers the utility of the DSW.

Having outlined these general principles as they apply to data analysis, it is worth revisiting the nature of the focus group technique used in this study. Random sampling, generally accepted as the gold standard for clinical research, would not have met the stated aims of this study; the sample was purposive in nature by design. The main purpose of the group was to collect data on the thoughts, feelings, beliefs, experiences and perspectives of practicing LCSWs as it relates to the current trajectory of the social work profession. Both the introduction and the question portion of the meeting were designed to allow for a comfortable conversation about the past, present and future of the field.

The focus group began with an introduction of this writer's perspectives on the historical roots of social work models which included the evolution of the moral deficit model, the authority model and the medical model of practice. Review of founding pioneers, the evolution of theory, and political influence on the field rounded out the introduction. The group then considered and discussed each of the research questions.

Using the recording feature of the ZOOM format, I was able to have unlimited access to listening sessions of the focus group. The collection of quotations afforded an opportunity to categorize and organize language, topics, semantics, ideas and disagreement/agreement in a Word document. As noted earlier in this paper, while transcription analysis remains the most popular way of gleaning data from a focus group encounter, Greenwood et al. (2017) offered a study that demonstrates little variation in outcomes of analysis between transcription analysis and simply analyzing the recorded data directly from recordings. The authors assert that “working directly with recordings allows capture of the vocal nuances on certain words, the passion and interaction within the group,” nuances that are not available to the transcript method (p. 92). I also found this to be true and relied heavily on repeated listening sessions.

Originally, my plan was to simply organize my data as responses to each question individually. In other words, I planned to take each question separately and review and organize the data as it related to each individual research question. After analyzing the recording and quotations repeatedly however, I began to notice that there were also strong overt themes that repeated with each question as well as several broadly definable latent themes that both connected and transcended the distinction between questions. One such overt theme was “relationship.” No matter the question, ideas around relationship inevitably arose and thus presented a challenge in interpreting its relative meaning or valence within each topic. Other encompassing latent themes that arose were references that might well have been defined using feminist theory, patriarchal theory, and capitalist theory, theories not used by this writer in the development of this project, but a profound

testament to the fact that others' experiences bring extremely important alternative views and other perspectives.

In terms of rigor, both my listening experience and my reporting of the data was defined by direct quotation from each focus group member. To the extent that I made supposition or interpretation of these statements, I always identify that the interpretation as mine, an example of transparency in reporting. Revealing my own personal thoughts and beliefs around each topic also incorporates the concept of researcher reflexivity. Presenting the data in an organized manner by individual question and then redefining by latent themes allows the reader to interpret the information through his or her own experiential lens. These results ultimately allowed for a much deeper discussion on relevance of the study overall which is a topic that will be covered in section 4 of this paper.

### **Ethical Procedures**

Attention to ethical procedures is a theme that runs consistently throughout this study. The initial premise concept is one that required approval from the department chair of the Doctor of Social Work program. After that approval, the first section of the study along with a Power Point Presentation and Oral Defense of the proposed study was required. Once approved to move forward, the study was submitted to the Internal Review Board at Walden University for review and approval. Documents that accompanied that submission included a completion report of ethics coursework from the Collaborative Institutional Training Initiative and a comprehensive Ethics Self-Check Application for IRB approval, as well as a copy of the invitation and consent form to

participate in the focus group. IRB approval for this group is # 01-22-21-0668112 and is dated 1-22-21 (See Appendix A, p. 114). Finding that I would need to conduct a second focus group, I made changes to my invitation and consent form to indicate that I had already conducted one focus group of three participants and only needed two more participants to complete my study. While the second focus group might be made up of more than two members, I made sure to advise each candidate in the invitation and consent forms that a smaller two member group might be an outcome. For those who may have been uncomfortable in that small of a group, they were thus made aware ahead of time of the possibility and were free not to return a consent. With IRB Extension approval # 01-22-21-0668112 dated 6-13-22 (See Appendix B, page 116), I was once again able to move forward with the study.

All participants in the study were made aware that the study would be in a focus group through a ZOOM platform format and consequently, confidentiality within the group could not be offered. They were informed that all subsequent reporting of the focus group data would not include names or identifying information. They were informed that the data collected would remain secured in a password protected secure ZOOM account and would remain there for only the time required by Walden University. Each participant was also given an independent contact number to the University to report problems: Walden University's Research Participant Advocate at 612-312-1210.

The nature of this study did not include minors or pose any particular risk to participants. In the introduction of each group, this researcher strongly encouraged each member to freely express their own true opinions on the topic without regard to greater

consensus concepts. This writer reflected in each group that, indeed, the whole purpose of the study was in gathering the various thoughts and ideas of individual practitioners.

Every measure was taken to appropriately develop a context of safety in expression and content.

### **Summary**

Section 2 provided an outline of the research design for this study, the methodology, a description of the participant pool, a description of qualitative data analysis, ethical precautions taken into consideration, and this summary. Section 3 will move forward with a complete presentation of the study findings with an introduction, data analysis techniques defined, findings reported, and another summary.

### Section 3: Presentation of the Findings

Section 3 of this study begins as a reminder of the study purpose, a review of the research questions, the collection method, how data was analyzed, time frames and recruitment rates. The larger portion of this section will be made up of a report of findings, limitations, and problems with the study, as well as unexpected findings.

As is posed in Sections 1 and 2, the social work profession has in the past and continues today to struggle with its identity. This doctoral project was designed to explore the ways in which currently practicing social workers might not only add to the understanding of and defining of contributing factors to the problem, but also offer a relatively untapped resource in finding solutions. Current problems as outlined in the literature include 1) the debilitating divide between research and practice 2) sharp criticism of the value of social work research in general, 3) the purported lack of a scientific base that underpins the profession, 4) the severe shortage of doctoral students, doctoral graduates, and teaching professionals at the doctoral level, and 5) the rapidly growing practice leadership gap that is being filled by non-social work professionals. In developing the framework for the project, the following research questions were posed:

RQ1: How is an identity crisis in the social work profession relative to the master's level social work practitioner?

RQ2: How connected are practitioners to evidence-based treatment and practice?

RQ3: How might the DSW degree contribute to elevating the professional identity, mission, goals, and values of social work?

RQ4: How can the profession support LCSW practitioners in pursuing a DSW degree to meet administrative positions hiring requirements?

RQ5: What should be the distinguishing content areas of the DSW degree?

### **Data Collection**

The data collection method was the focus group technique using the Zoom format. Using the recording feature of the Zoom format, I was able to enjoy the benefit of unlimited access to listening sessions of the focus group. This feature also allowed me to create exact quotations from the group dialog. Repeated listening afforded an opportunity to categorize and organize language, topics, semantics, ideas, and disagreement/agreement in a separate Word document.

I began recruitment for the first focus group in October of 2020 and resent invitations in December of 2020. I was only able to obtain three consents by March of 2021 after twice sending out invitations on a 40-50 member LCSW Facebook group. As noted earlier in this paper, the effects of COVID-19 during this period cannot be underestimated both in terms of quantifying professional peers' level of overwhelm as well as consideration for my own reactions and at times, lack of resilience during the last extremely difficult 3 years. After conducting the first focus group, I, as well as some of my family members, contracted COVID-19, which slowed progress of this project considerably. By July of 2022, I resent invitations for my second focus group in the exact manner of the first and this time, I was able to obtain consent forms from four participants. This second focus group was also held in a Zoom format and was completed

on August 22, 2022. I used the same format in organizing and categorizing data as in my first focus group.

In terms of problems in this study, I would have to say that maintaining a stressful career while at the same time researching, and writing during a world-wide pandemic was the greatest stumbling block to this project. Recruitment for my focus groups was difficult, discouraging and, at times, disappointing. I had hoped to find a heterogeneous group of participants including male and female and of differing cultures or races. My final study turned out to be a homogeneous group of Caucasian women (See Appendix C, Tables 1, 2 & 3, p. 118). My own organizational unfamiliarity with developing and implementing a meaningful focus group likely played a large part in the starts and stops in the process as a whole. I do believe the process has proven itself extremely useful for me however and presents not only many learning opportunities ahead, but also has served to build confidence and open opportunities for future research not only for myself, but for others who find common cause with the topic. In terms of limitations of this study, the most obvious is its limited external validity. Having said that, the qualitative nature of this study combined with the PAR framework accomplished a great deal in terms of creating a local interest in further study around exploring and creating shifts in the profession. As a result of the local community interest, some modicum of success is plausible to assert.

By the end of my first group, all three participants who had never met one another committed to creating an email group to stay connected. During that first 2 weeks after the first focus group, all the members planned to gather together in person for the purpose

of continuing discussing and pursuing a collaborative of sorts. Each member, including myself, voiced comfort with considerable ambiguity around immediate goals for the collaborative; the connection itself in the beginning was the point. We continue to meet today, and although we meet less often than we would like to, the most surprising thing to come out of this study for me is the hunger for connection and discussion around this topic.

### **Data Analysis and Findings Focus Group 1**

Sheer enthusiasm was the foremost qualifier for this first group. Participant 1 began with, “Wow! Thank you so much for that awesome overview, Joy. You REALLY got me thinking!” Participant 2 states, “You know, I chose a social work degree over a psychology degree specifically because of the opportunities to address social justice and inequality, but I really worry that we have strayed from our roots in so many ways.”

Participant 3 expresses disappointment that business, financial and healthcare models often feel like they are focused on “treating a chart not a person! Social work values don’t always fit in these models!”

Beginning with Question 1, how is an identity crisis in the social work profession relative to the master’s level social work practitioner, all three participants point to the limiting nature of the terminal practice degree for LCSWs and note comparisons in the medical and psychology fields. Participant 2 complains that the social work field encompasses equivocal professional degree distinctions that seem to be “mixed licensures as opposed to the clear path of other practitioners.” She notes LCSWs, licensed certified professional counselors (LCPCs), certified clinical supervisors (CCS), and licensed

alcohol and drug counselors (LADCs) just to name a few. She continues that “there’s really nowhere to go for a social work practice degree higher than the LCSW.”

Participant 3 notes areas where the field and practitioners themselves tend to devalue their work. She mentions that the “NASW Code of Ethics suggests that practitioners engage in at least some pro bono work”; that practitioners are often self-deprecating citing the old axiom, “social workers don’t do math;” and lastly, she remarks that social work’s emphasis on relationship is often down-played by applying relationship building by gender roles- “psychologists study the brain and do the testing; women are perceived better at relationships.” Participant 1, who is pursuing a certificate in child and family studies, agrees that “the LCSW is limiting” and suggests that “advanced specialty practice, like in the medical field, makes the most sense in terms of expanding professional boundaries.”

Within this first question, all three participants mention relationships and relationship building. Clearly, this is an important and fundamental cornerstone in the practice of competent social work. Using the concept of parallel process, one might imagine its application in all areas of practice including micro, meso, and macro environments. Participant 2 notes the comparison of this key strength and attribute in the social work practitioner with the often held biased notion that “relationship is a quality for the home, not the work place.” Participant 3 adds that “relationship building is often thought of as an easy, feminine task” or that “conversation in the work place should be ‘palatable’ and perhaps ‘sanitized’ in order to remain congruent with your ‘gender role’.” Each of these are key concepts that all three participants express strong views around.

Participant 1 agrees that the female voice is often covertly “taught to keep a certain tone.” She notes, “This reality is actually giving me a body reaction right now that doesn’t feel good! How are our values being affected when we feel we must act a certain way based on gender?” Participant 3 concurs with the group and goes further by asserting that the power of perceived male superiority in leadership situations is by no means a “benign” gender imposition. Participant 1 remarks by wondering what effect this phenomenon has on “our firmly held social work values.” Without voicing the particular defining vocabulary, she is making reference to and wondering about moral injury within the field of social work which represents an example of latent theme making.

Having noted in my prior historical presentation that the premise of this study “not only poses questions with regard to the profession’s current pursuit of identity through a medical-scientific model as the foundation of its quest for legitimacy, the study also seeks to arrive at alternatives to the top-down model of researcher to practitioner flow of information,” I found it both surprising and yet pleasantly reassuring that the members of this focus group approached Question 1 in such a different way than I had. While focus group members challenged parts of the status quo as I had, they did so in a much more varied and personal way.

My stated focus at the start of the group was that “pursuit of a medical model perhaps at the expense of our macro, social justice/social environment roots,” and the absence of practitioner voices in shaping this debate contributed to an “identity crisis in the field.” The group however found consensus around the importance of “relationship,” whether at the client practitioner level, the clinical peer level, the practitioner in the

agency level, the practitioner in the community level, or on the practitioner in larger society level. Nested within each of these, discussion of disparities and inequality in gender roles within the field arose. Relationship and gender are both themes that will appear again in other questions as the group moved forward and while the words “patriarchy” or “patriarchal theory” were not uttered during the focus group, each member clearly eluded to or engaged latently in these larger, social frameworks and how each impacts our work on a daily basis.

Question 2, “How connected are practitioners to evidence-based treatment and practice?” was a question that once more was influenced by my own curiosity around how other practitioners felt about the field’s pursuit of legitimacy predominantly through the scientific/medical model. Without exception, each participant praised the usefulness of science, scientific theory, and medicine in pushing the field of social work forward. Participant 3 notes the improvement in treatment of mental health. She adds that relationship remains an imperative however and frames her thoughts stating, “Connect to me, connect to your world.” Participant 2 adds that trauma research has added immeasurable improvement in understanding and treating the ubiquitous and debilitating effects of trauma. Participant 1 asserts that this aspect of our profession “lends credibility” to practice. She further notes that she takes a great deal of pride in the fact that our profession is “grounded in medicine.” She once again brings up relationship and connection noting that brain research/brain scanning is able to locate and substantiate the value of connection to others within the human brain.

Each participant with their validations of science and evidence-based practice is equally as quick to name its problems, though. Participant 1 references distinct “holes in the medical model, one of which is its lack of ability to account for or address community social justice issues.” Participant 2 points to fact that the medical model is “deficit” or pathologically-based whereas the social work approach is to “embrace a strength-based orientation.” Participant 3 was in agreement with each of these positions, but she also opened the door for a more vigorous conversation around the divergence of the social work values and goals when filtered through a medical, scientific or “business model of treatment.” Participant 3 earlier complained of the phenomenon of “treating the chart, not the patient.”

This concept was easily and undeniably embraced by the other members. Participant 2 criticized the business management model that focuses on “liability which often constricts or impedes on my practice decisions.” Other language critical of the business model included, “is it billable, reimbursable, based on a specific diagnosis from the DSM-V, is it covered by insurance, compatible with a check box mentality, within projected profit margins, and does it fit into our health care model/financial model?” Participant 3 points out one of many incongruences of requiring evidence-based treatments such as Eye Movement Desensitization and Reprocessing therapy and then restricting or placing limitations on the number or length of sessions. She also points out the arbitrary nature of the “50 minute hour” asserting that this fits insurance parameters, not client needs.

Once again, with question 2 as with question 1, larger unspoken themes emerged as focus group members considered the direction of the field they work in. Spoken language in question 1 revolved around relationship and gender roles. Latent themes of feminist and patriarchal theory were not hard to miss in these discussions. Likewise, in question 2, spoken language around business and management models emerged often referred to as “the bureaucracy”. Profit margins and liability concerns, insurance company revenues rather than social work values determining treatment; each of these concerns could also be defined under a more latent but very broad theme of capitalism.

With this question, my own curiosity was focused on the medical model, on research that is top-down, and once again, the reality of practitioners on the ground level being left out of the conversation. While endorsing the medical model in places within the profession, the group was unanimously concerned about some of its deficits, many of which can be traced to the ideals of raw, unregulated capitalism. Like feminist theory or patriarchal theory, capitalistic theory was a broad idea that never entered my mind as I was conducting this study. These latent themes however may point the way to future studies around the path forward for the social work profession, particularly as it may relate to macro work for the DSW. At this point in my data analysis, I also cannot help but see the relationship between “the profession losing sight of its social justice roots” and divergence off the path of macro work and social justice. In terms of future research, I begin to wonder to what extent this divergence is purposeful.

Question 3, “How might the DSW degree contribute to elevating the professional identity, mission, goals and values of social work?” represents an interesting departure

from much of the former agreement and unanimity between each of the group members as well as presenting a challenge to the premise of the question itself. Participants 1 and 3 endorse agreement that a higher degree will translate into greater monetary remuneration. Participant 3 states quite positively that a doctorate in the field of social work “would be a level of education that would indicate superior clinical and leadership skills” to a potential employer. Participant 1 agrees that education beyond a masters in social work is a positive and necessary step, but she makes a strong case for the certification route similar to the 2 year fellowship she is pursuing. Her thoughts around the medical model included the idea of “specializing like medical doctors do in certain concentrated areas of social work” as a better way to move the field forward.

Participant 2 reports skepticism that a doctorate in the field of social work has yet to definitively translate into greater salary potential and points to the prohibitive cost aspect of continued education. She is also quite vocal on the distinction between a PhD and a DSW in social work insisting that the field itself has set up an “artificial dichotomy” between the two that make the distinctions “confusing.” Her opinion is that the programs are “equally as rigorous, both include elements of research, but that there has always been a perception that the PhD enjoys a higher status which is harmful to the reputation of the field at large.” Participant 3 expresses some agreement here and in comparing the psychology PhD to the PsyD notes that “the social work PhD and DSW would both benefit from developing a system of licensure” that would signify practice at a higher level of education. Participant 1 adds in that perhaps there is no need for a

distinction in the degrees. She continues to prefer the concept of specialized certificates perhaps delineated by research, academia, and practice.

In this research question as in others, I was surprised to find so much focus on the monetary reward associated with the profession. Early in my own thought process, I had criticized the NASW focus on increasing salaries of social workers as opposed to more cogent issues relating to identity in the field. With members of this first group however, the topic appears to reflect part of the larger concern of these practitioners. In terms of insights, this divergence of input represents once again the usefulness PAR and inclusion of as many voices as possible in conclusion making. As the facilitator of this focus group project, my transparency of opinion seemed to serve more as an invitation for others to express their own firmly held beliefs around this topic as opposed to encouraging the members toward conformity or group think. Having said that, the members were not able to express a consensus regarding a specific value of the DSW degree.

Research question 4 asks, “How can the profession support LCSW practitioners in pursuing a DSW degree to meet administrative positions hiring requirements?” Question 5 asks, “What should be the distinguishing content areas of the DSW degree?” I list these two questions together as they both represent commonality in mistaken assumptions made by this researcher. As questions 1 through 3 fairly clearly demonstrate, the first 3 participants did not necessarily embrace the pursuit of the DSW degree as an answer to identity issues in the field. As reviewed earlier, participant 1 clearly preferred distinctive certifications that followed the medical model tradition of splitting into professional specialty as opposed to following a doctoral path in social work. Participant 2

acknowledged the need for licensure at an advanced level, but did not feel that pursuing a doctorate in the field offered either licensure or in any way demonstrated the quality of improving salary commensurate with the amount of time and money it might take to achieve a doctorate. Participant 3 points out that there are so few individuals who hold a doctorate in social work, particularly a DSW, “it would be very hard to quantify its utility at this point in time.” All three participants agree that the PhD is particularly known for its focus on academia, teaching and research, but all three are unanimous in expressing a level of ambiguity in the value of the DSW in addressing identity issues in the field. In reviewing their responses to each of the research questions, all three participants focused more on the perceived value of the social work profession through the lens of gender, remuneration, its tendency to conform to capitalistic performance values, and/or feminist theory vs patriarchal theory in defining issues. In the end, it appears from the feedback from group 1 that defining the role, place, and opportunities afforded by the DSW is an important imperative. This group was defined by a younger group membership in comparison to group 2 (see Appendix C, figures 1, 2 & 3, p. 118), and I have no idea if that influenced the thinking of the group, but it remains concerning that so little is understood about the value of a doctorate in social work.

### **Data Analysis and Findings Focus Group 2**

Focus Group 2 was brought together in the exact same way as the first group. I used a Facebook group to issue invitations and consent. For this group, I quickly received responses from 4 participants. I sent 10 invitations on July 17th and received 4 replies

with consents throughout the first week of August. I held the group on August 22nd with 4 members.

Participant 1 in group 2 is a 40 year veteran of the field. She currently works in healthcare navigation with high utilization clients similar to the Assertive Community Treatment (ACT) model. She reports a 60% drop in ER visits with implementation of her navigation work. She has a short history with the Veteran Administration but states “for me, the bureaucracy was just too much!”

Participant 2 in group 2 is currently the Director of Children’s Services including Head Start in a small town in Maine. She has 30 years of experience in the outpatient setting, clinical work with adults, a supervisor role with an ACT team, and several administrative positions in other outpatient settings.

Participant 3 in group 2 has 47 years in the field including private practice, school work, substance counseling, and other outpatient settings. She is currently working out of her home due to COVID 19 and providing individual therapy. She brings the longest amount of time in the field compared to each of the other 6 focus group members.

Participant 4 in group 2 is in home health care, hospice, and palliative care. She has a history in several outpatient settings and also has some experience with management positions but states, “I do not enjoy management. I much prefer clinical work and particularly in the home setting.”

In response to Question 1) “How is an identity crisis in the social work profession relative to the master’s level social work practitioner?”, Participant 1 initiated a

conversation focused on technology and how technology has changed the field. She refers to technology and the electronic medical record as the “3rd person in the room in all levels of social work, and not necessarily invited by the people in the room!” She states that adding technology to the social work milieu has “contributed to the identity crisis.”

In juxtaposition to Participant 1’s focus on the 21st Century era of technology, Participant 2, declares that the “social work identity crisis is as old as the profession itself.” She notes that “few understand what we do even as our work is the cornerstone of human health; without solid mental health, you have nothing.” Adding that the field is made up of mostly women, she attributes gender inequality for the lack of respect for the field. She goes on to say that “globally, the mental health profession is in a crisis that continues to evolve and yet is always called something besides how the social work profession might describe it.” According to her, disproportionate wealth is a significant contributing factor.

With her many years of experience, Participant 3 focused on the deterioration of the middle class in America. Alluding to a lack of resources and less focus on community, she asks “where is the humanness that we used to bring to our work?” She notes that admiration for the field has declined. She too looks at technology as one of the “new forces that interfere with building relationship with our clients.” Participant 3 decries the decrease in respect for the field at large and states it is “no longer recognized as it should be.”

Participant 4 is keenly focused on the negative impact of technology as it relates to the largely geriatric cohort she works with. She notes that benefits are almost exclusively limited to on-line access and many of her clients lack the hardware and education around computer use to effectively access benefits they are entitled to. She further criticizes the medical model of mental health for “requiring the pathologizing of individuals in order to meet the requirements of needed assistance.” She frustratingly refers to the DSM and insurance companies as “social control mechanisms.”

In terms of common stated themes, Group 2 like Group 1 referenced gender inequality, the importance of relationship, and deficits related to the medical model. Group 2 also added ideas about disproportionate wealth, lack of resources, leavers of social control, and the dissolution of the middle class. These very specific themes emerged around capitalism although these were more latent themes around the marginalizing qualities of capitalism without any one of the participants actually using the word capitalism.

Another difference between the two groups was group 2’s intense focus on the impact of technology. Another form of capitalistic evolution from an industrial society to a technical service economy, adjusting to the science of technology is clearly not without its problems in the field. From complicating documentation, to security concerns, to the concerns around the loss of relationship, to the check-box mentality promoted by insurance and other payers, this group is clearly mixed on this new economy. Realizing that technology is here to stay, they wonder together how we might negotiate some of its less attractive properties.

Question 2, “How connected are practitioners to evidence-based treatment and practice?” was next for consideration. Participant 2 started off the conversation on this topic by stating, “Insurance companies regulate us not the other way around!” Participant 3 joins in the criticism stating, “I resent having to send personal information to people with no mental health degree and yet they hold the purse!”

Not unexpectedly based on her former comments, Participant 4 poses that “evidence-based research conducted in a sterile research setting does not transfer to the chaotic environments experienced by many clients. My work is in the home and it gives me a totally different perspective.” She too is critical of the insurance company dynamic as it relates to treatment.

Participant 2 asserts that the success or failure of evidence-based work is extremely dependent on a practitioner’s ability to employ the art and creativity involved in good social work.” She goes on to say, “How do we measure art? Check boxes don’t measure the art of our practice. And many agencies or practitioners do not measure outcomes at all. Do we wind up manipulating diagnoses in order to avoid problems or avoid rejection of payment for service?”

Participant 1 took an alternative view and challenged group members to view insurance payers as necessary to our field and that we need to “embrace that reality.” She notes that “we haven’t as a profession figured out how to collaborate with this institution and bring them to us instead of them bringing us to them.” She further maintains that the “field has to define who our services are important to; it goes back to science- there is a place for science and there is a place for art. It goes back to evidence-based treatment-

show me the proof of your work!” Along with this challenge however, she too describes evidence-based practice as often attempting to “put a square peg into a round hole.” She continues by calling the practice itself a “paternalistic system of male-modeled science.” Worse, she reflects, “we are stringently attempting to affix ourselves in a system that by its very nature has no respect for the female voice.”

As in the first group, gender roles, patriarchal social systems, and institutional bureaucracy outside of social work including insurance companies dominated the discussion. One exception was the challenge to figure out ways to be more collaborative with outside entities. This concept is certainly parallel with the values of social work and might lend itself to better outcomes for clients. One danger however would be making sure that we do not become collaborators with poor service values and goals. With these cautions in mind, however, future research on the utility of this type of collaboration might prove enlightening.

Question 3, “How might the DSW degree contribute to elevating the professional identity, mission, goals and values of social work?” Participant 1 offers that “social work is so many things delivered in so many ways. Maybe the DSW could help to elevate these multiple expressions by educating the community about the many facets of social work.” “One thing that really bothers me is how social work is portrayed in the media, especially in movies. They all look like uninformed young females here to take your kids.” Participant 1 continues that, “the win would be in networking all roles in social work together in solidarity as well as in their different expressions. Perhaps this is a place where the DSW might make a difference.”

Participant 2 starts the conversation complaining that people who call themselves social workers are often case managers who are not members of the social work profession. “They may not have the skills or professional ethics that govern the LCSW. By proxy, they may not represent the field well.” She offers that perhaps the DSW might inform and educate others around the layers of social work as they are represented to the community.

Participant 4 expresses fear that other workers or professions may be “watering down our profession. If you are not a lawyer, you don’t call yourself lawyer. If you are not medical doctor, you don’t call yourself a medical doctor.” She continues with the fact that an LSW can license with an undergrad in any field with 2 year mentorship in Maine.

Participant 2 concurs with the group stating that language matters. “So many people call themselves social workers and they are really not social workers.” She also brings up the distinction between social workers and LCPCs. Participant 3 interjects that she sees little difference in the LCSW in relation to the LCPC. Participant 4 offers that the LCPC licensing is different from state to state while the LCSW is under one licensing umbrella. She notes that “ethical standards are also different as is training in cultural awareness.” Participant 3 remarks off-handedly that “Maine has little cultural difference to worry about!” As if to drive her point home as it relates to the importance of training in cultural competence, Participant 2 mindfully and gently corrected her colleague reminding her of the various immigrant populations who have recently settled in Maine as well as the many cultural differences in Maine from county to county.

Within this question, Group 2 zeros in on the profession's ability (or inability) to define, describe, and present itself to the communities in which it serves. While Group 1 appeared more focused on remuneration and the relative worth of the DSW degree in general, Group 2 appeared more concerned about the community perception of the role of social workers and how the DSW might serve to educate communities around those roles. Either way, the two groups definitely added to the conversation in important ways.

Question 4, "How can the profession support LCSW practitioners in pursuing a DSW degree to meet administrative positions hiring requirements?" Participant 4 states that, "I didn't even know there was such a thing as a DSW until a couple of years ago." Participant 2, not to be outdone, says she "only learned of the DSW with the invitation to participate in this focus group!" It seems that might be a problem in promoting the degree. Much of the subsequent conversation revolved around questions for me, the writer, in terms of what I hoped to get out of acquiring a DSW. I was able to use this space in explaining my hopes for the future with my doctorate. Much of that for me is in research, macro work, and helping connect the LCSW to the DSW in advocacy with community endeavors.

Participant 1 offers that she has known a couple of DSWs over the years and notes that they never go by "doctor." She feels this speaks to our own discomfort with having a doctorate in our profession, "a by-product of the female voice involved in self-deprecating behavior." She adds lastly that the DSW should add credibility to research, but she also feels that larger agencies will not necessarily see the doctorate as a value added commodity. In agreement, Participant 2 wonders why an agency would pay more

for a DSW when they could employ an LCSW for less money. Having said that, she continues to state that “given the patriarchal society we live in, I would expect that a higher degree will automatically translate into a higher degree of respect overall.”

Once again, gender roles and issues of a male dominated social structure figured prominently in the discussion of support of the DSW. As in Question 3, issues of community unawareness of the roles and distinctions in the field of social work emerged. The concept that if roles are left undefined by the profession itself, others will make assumptions and claims about the profession in that vacuum and those assumptions may not necessarily reflect the reality of the profession. Group 2 appears to postulate that the DSW might be a useful tool for messaging within the profession and the communities we serve.

Question 5 asks, “What should be the distinguishing content areas of the DSW degree?” Participant 1 states that community organizing would make a good focus for the DSW curriculum. Participant 3 focuses on the interface between practicing LCSWs and the DSWs; “how could the two work more closely together; what would that relationship look like and how would one create that bridge between the two?” Participant 2 notes that social work is “about justice. And I can see you in front of a classroom of young students teaching them what it’s really like to be a social worker!” She too focuses on macro concerns. She uses the metaphor of “a student on the ground floor learning, the LCSW on a balcony supervising, and the DSW on the top floor in a position of power orchestrating the endeavors of the congregation.” Participant 4 concludes on a lighter note with, “you know, Joy, all the BIG STUFF! Somebody needs to do the BIG STUFF!” Group 2

demonstrated a much deeper focus on the possibilities for the DSW degree. Community awareness, options for advocacy, community organizing, bridging gaps between the LCSW and research just to name a few.

Ending on that less heavy note and with a few laughs, we ended our group with summarizing final thoughts. Each member expressed gratitude for being included in the discussion and felt that “they had each learned something today.” All agreed it was energizing to communicate with one another. Like all the members of the first focus group, they wanted to exchange emails and keep in touch with one another “to continue the conversation.”

#### **Data Charts for Focus Group 1 & 2 With Aggregate Chart of Both Groups**

Using the ZOOM platform listening technique as described previously in this paper, I was not only able to collect direct quotations from members of each group along with overt and latent themes, I was also able to categorize the direct linguistic use of words in each group. In order to categorize frequency of their use, I used a tally system and translated those data into three separate pie charts (See Appendix D, p. 120). Chart 1 defines Focus Group 1 (p. 120), Chart 2 defines Focus Group 2 (p. 121), and the final chart, Chart 3 (p. 123) is an aggregate depiction of both groups combined.

Chart 1 (p.120) demonstrates that by far, this group used language around social justice values (19%), relationship (15%), bureaucracy (14%) and inequality (12%) in the highest percentages. All other categories garnered less than 10% of the total of language used. Chart 2 (p. 121) represents data collected from Focus Group 2. While this group made mention of all the same topics as Group 1 except for remuneration and systems,

Group 2 undoubtedly focused the majority of its attention on the possibilities afforded the DSW distinction (21%), issues with professional identity (16%) and social justice values (9%).

I opened my focus groups with a historical review of our profession. My own thoughts questioned the tremendous emphasis our profession has placed on the medical model. While focus group members acknowledged the importance of a science-based practice and the use of the medical model, they also discussed its flaws in permeating all areas of practice. They too spoke of losses in the pursuit of macro work. I found it gratifying to note that the latent themes of capitalism and patriarchy in Focus Group 1 actually were congruent with my own suppositions of movement away from macro issues. Likewise in Focus Group 2, those same themes emerged as well as emphasis on bureaucracy and social injustice; but in this group, members actually fleshed out how the DSW might be helpful in revitalizing the macro service mandate. Overall, with such a small research project, I feel that both myself and my participants gained greater understanding of issues facing our profession as well as creating some answers both relevant to our own communities and to the debate surrounding an identity crisis.

### **Summary**

The messages of focus group 1 were not necessarily the messages that I expected to emerge from my research questions. Interestingly for this writer, I do not find that concept totally incongruent with my initial proposal that questions social work's pursuit of the medical model, its top down orientation to gathering data, or its failure to create students who possess both clinical knowledge as well as expertise is addressing larger

social issues. Without necessarily landing on particular remedies or solutions, and without expressly using the words patriarchy, feminism, or capitalism, each member of Focus Group 1 eluded to the larger issues of American society today; macro issues that have always been at the root of social work's founding ideals around equality and social justice. In this way, the conversation itself serves to remind the local practitioners of the importance of following each of the values of social work and in remembering our macro responsibilities. In anticipation of the second focus group opportunity, I was eager to widen the conversation.

Focus Group 2 did not disappoint. Like the first group, they centered on questions of gender equality, but unlike the first group, Group 2 actually verbalized quite distinctly and often the concept and language of "the patriarchy." Other common themes included discussion of wealth distribution, loss of relationship opportunities and expression of humanness, the decline of the middle class, and interference in treatment by outside bureaucracies, especially insurance companies. One theme discussed by group 2 and not group 1 was the advent and impact of technology on the field of social work. As the world becomes more connected globally, interfacing successfully with technology will be an imperative. At the same time, advocating against its use in less client friendly ways will remain a concern for workers in the field. Both Groups 1 and 2 brought up a variety of topics although they seemed to weigh them somewhat differently (See Appendix D, p. 123).

#### Section 4: Application to Professional Practice

The purpose of this study was to enlarge the stakeholder pool and increase participation and contribution opportunities beyond that of social work academics in the debate around social work's future, particularly as the field considers the utility of the DSW. From a systems foundation, the study demonstrates the importance of including currently employed practitioner's perspectives and their views in shaping that debate. The literature is replete with evidence of and for the profession's embrace of the medical model of practice promoting evidence-based research and practice. Literature is also emerging around some of the professional identity issues that plague the field. As stated earlier, these include the debilitating divide between research and practice (Anastas, 2015; Kurzman, 2015; Tuten et al., 2016), sharp criticism of the value of social work research in general (Baker, 2015; Drisko et al., 2018; Ioannidis, 2016a; Mullen, 2016), the purported lack of a scientific base that underpins the profession (Gambrill, 2018; Goodman, 2015), the severe shortage of doctoral students, doctoral graduates, and teaching professionals at the doctoral level (Howard et al., 2018), and the rapidly growing practice leadership gap that is being filled by non-social work professionals (Peters, 2018; Peters, 2017; Franklin et al., 2018). As observed earlier in this paper, these issues have the potential to gravely impact all levels of the social work profession from the micro-level practitioner to more macro institutional and governance levels.

As some researchers begin to turn to the possibilities inherent in a return of interest in the DSW designation, the principles of systems theory, qualitative theory, PAR and indeed, the very principles of inclusiveness in the NASW Code of Ethics itself

provide a foundation for practicing social workers' inclusion in this debate. My personal view of issues arising in professional identity focused on the pursuit of the medical model as viewed through the lenses of cultural, historical, social, political, and economic evolution. Using the focus group data collection model, I was able to expand my own understanding of the views of others as well as expand the views of the seven focus group members who participated. What follows in this final section of this paper is discourse describing the application for professional ethics in social work practice, recommendations for social work practice, implications for research, implications for social change, and a final summary.

### **Application for Professional Ethics in Social Work Practice**

The NASW Code of Ethics in many ways resembles a thorough and ongoing clinical assessment. The code should always be viewed as a “living document” that practitioners, educators and researchers return to for guidance. Like an assessment, the code unfolds over time in its usefulness in clarifying an ever-changing landscape of situations, problems and solutions. You could say one is never “done” with an assessment until interaction with the person being assessed has ceased. Likewise, one does not read the Code once and then bury it in a desk drawer. Its relevance in a countless number of contexts guide perspective and practice over time.

Separated into sections including 1) preamble, 2) purpose, 3) ethical principles (delineated by five values including service, social justice, the dignity and worth of the person, the importance of human relationships, integrity and competence), and 4) ethical standards consisting of five distinct ethical responsibilities to clients, to colleagues, to

practice settings, as professionals, to the social work profession and to broader society, the preamble defines the first application to this study:

A historic and defining feature of social work is the profession's dual focus on individual well-being in a social context and the well-being of society.

Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living. (NASW, 2008)

This “dual focus” is central to the premise of this study that questions a pursuit of a medical model that is ill-fitted in addressing larger, social issues. Social justice is clearly outlined as one of five value imperatives within the Code. As we seek to expand education with a DSW, how might LCSWs who have been practicing at the coalface add to that conversation in terms of promoting macro work? Within the integrity principle, social workers are encouraged to:

Uphold and advance the values, ethics, knowledge, and mission of the profession.

Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession. (NASW, 2008).

Many practicing social workers complain of little to no time for larger community or societal issues, much less time for research or discourse around critique of the profession. This opportunity is not only set out as an imperative in the Code of Ethics, but also is essential to engage a diversity of thought, experience and perspective including practicing LCSWs in shaping and advancing the field.

Lastly, the code mandates that “social workers should facilitate informed participation by the public in shaping social policies and institutions.” In this instruction, there appears an obvious discrepancy between ensuring that public or community members are included in the development of policy and institutions in the absence of including all members of the social work profession within those communities in shaping and developing the future direction of profession the itself. One criticism of social work research in general is that the topics chosen for research are often not relevant to the work that is happening in communities (Baker, 2015; Drisko et al., 2018; Ioannidis, 2016b; Mullen, 2016). Inclusiveness is a theme that runs throughout the ethics and ideals of social work. In this instance, including social workers who reside and practice within each community can only serve to enrich the questions that are asked and the answers that are discovered in supporting and improving the quality of life for all in each community.

### **Recommendations for Social Work Practice**

Social work practitioners likely find themselves connected to some form of feedback loop whether it is through association with the National Association of Social Workers, continuing education venues, or within any number of individual, group, or agency supervision/continuing education formats. The suggestion in this study is around a loss of engagement in macro concerns whether at a community or larger societal level. Meaningful conversations between practitioners at a local level not only promote the expression of perspectives and thoughts around the profession itself, it also leaves room for discussion of practice at a community level. In the two focus groups completed for

this study, Focus Group 1 expanded this conversation to the institutional level including concepts of patriarchy and capitalism. Focus Group 2 centered on the impact of technology on the field, but also fleshed out the absence of community understanding of the social work profession. The group also offered some concrete ways in which the DSW might address community connection. Within both groups, new ideas and knowledge are introduced into the questions of professional identity. Connection to the focus group proved to be stimulating not only to the individuals who participated, but also offered encouragement and a platform for further discussion on the topics at hand.

As noted earlier in this paper, two small focus groups are in no way meant to put forth ground-breaking or transformative knowledge for the field in general. The study does not claim to be transferable or generalizable in any way. What it does show is that when given a chance and a platform, practicing social workers have thoughts and perspectives that can be useful in shaping the future of the field. Further research might include expanding the use of focus groups to more communities around the nation. While there are always universal needs that should be addressed, expanding the concept of focus groups to meet local community needs would only serve to enrich the data sets used in directing the energy of social work in each locale.

The information in this study will be disseminated in several ways. First, the published paper will be available to others who are searching for literature on this topic. Secondly, the outcomes and results of both focus groups will be fully reported to each of its members. While the conversation in each of the focus groups flowed freely and without any discouragement of perspectives, members may be surprised at the final

outcome; they may also be inspired to move forward on some of the discoveries they made with each other in the group. As the groups as a whole have committed to continued discussion, my hope would be that more valuable insights arise and are acted upon by each group member. Ultimately, I find that this is a topic that I would like to investigate further as my own research continues.

### **Implications for Future Research**

In reviewing each section of this paper, several thoughts around future research emerge not the least of which is around my initial critique of the field following the science of medicine in order to validate its worth. In many ways, I initially viewed this as a rather dangerous road to travel in terms of challenging the status quo. The more I read around this topic, however, the more comfortable I became with asserting that we should do more research around the implications of adopting the medical model in our field at large. If one views the history of social work's initial attachment to a moral model of behavior within the context of today's understanding of human behavior, it is not so hard to imagine how future generations of social workers might regard our attachment to medicine as shortsighted or misguided. Throughout this paper, the concepts of phronetic social science represent the first challenges to the status quo for this writer. Reading from Gimbel (2013); Schram (2004); Schram et al., (2013); and Shotter (2011), I began to allow some of my instinctive or intuitive beliefs about the direction of social work to emerge in my thinking without criticism. It was refreshing to understand that the phronetic approach is all about the use of practical judgment, practical wisdom, common sense, and prudence. Further, these researchers insist that science and or medicine

unequivocally cannot define or measure contexts or environmental influences within the human behavioral arena.

Growing more comfortable with my own ideas, I then began to branch out my own personal research in harm reduction (HR), another difficult topic for many in the addiction field. HR as a practice is one that challenges the status quo of treatment which is embraced by most practitioners. Indeed, many view HR as simply a philosophy of sorts and not a scientific form of treatment. This line of thinking inspired my own study and exploration of Maia Szalovitz's two most recent works, "Unbroken Brain" (2016) and "Undoing Drugs" (2021). Both of these accounts are extremely critical of our current system of interpretations of illness through the medical model, especially of substance treatment. Beth Macy's "Dopesick" (2019) approaches the insidiousness of opiate addiction, but does so from a framework of the unregulated economics of the pharmaceutical industry. Dr. Bruce Perry, renowned child psychologist and co-writer with Maia Szalovitz, wrote "The Boy Who Was Raised as a Dog" (2017) and "Born for Love" (2010), both of which disparage our reliance on mental health labels interpreted in the DSM-5. When asked to participate in the editing process for the DSM-5, Perry declined noting his displeasure of our confidence is utilizing this tome so faithfully in our work. Perry and well-known peer Dr. Gabor Mate in "The Myth of Normal" (2022) embrace the concept of "toxic cultures" that need to be addressed in our society far more than the human pathologies that we chase. All of this is to demonstrate that challenging the status quo of any model or theory is absolutely one way of defining and promoting further research.

Focus Group 1 zeroed in on the importance of relationship in social work. As part of their discussion, they noted that gender roles play a part in this important function of social work. They also noted themes around bureaucracy and how that dynamic played a part in how we deliver our work. In examining the latent themes in this discourse, feminist theory, patriarchal theory and capitalistic theory become important topics within this discussion that could clearly be researched further around their impact on the field.

Focus Group 2 explored technology and its impact on service delivery. Further research on this topic would be an avenue of inquiry. They also focused on gender inequality, bureaucracy, and the creation of marginalized communities under the arm of capitalism. Researching these forces and their impact on social service delivery would be another avenue of inquiry. Like Focus Group 1, they acknowledged the positives of adapting the medical model along with some significant drawbacks in terms of addressing larger social issues and especially social justice work. By and large, both groups explored topics that might fall under the larger umbrellas of capitalism, patriarchy and feminist theory as they relate to the profession of social work.

As for this researcher, the focus groups served several purposes. In developing and carrying out the groups, both myself and all the members of each group discovered commonality in our desire for connection in our own communities. We each approached the topics differently, but we also each found a space for curiosity and passion in the quest. I have no doubt that each participant took away a renewed interest in some form after the meetings.

My interests in particular have turned to the mechanics and implementation of harm reduction in my clinical work. This interest is a direct off-shoot of my research around the DSW. In many ways, I was inspired by the ideas of others around the possibility of providing both community education around the practice of social work as well as developing a source of “connective tissue” between the LCSW and the DSW who operate within the same communities. Opportunities to not only educate community members, but also the clinicians who operate within those communities abound.

Ultimately, my hope is that other students who choose to explore this area of social work will come across not only the research material that I did, but also my own research on this topic. Perhaps they will be inspired to take up some of the topics I outline in my paper for their own research. Perhaps they will be inspired to continue along the same vein that I did and flesh out more creative ideas among other LCSWs who are in the field. Perhaps they might make greater discoveries around how practicing social workers can become more involved in shaping our own futures. Perhaps they too will offer fearless critique of the professional along with fresh ideas to move it forward through the 21st Century and beyond.

### **Implications for Social Change**

This study incorporated systems theory, RFT, and also the concepts of parallel process. Perhaps parallel process is most clearly demonstrated in the idea that practicing social workers should have a strong voice in helping to shape the direction and future of the profession. Traditionally, parallel process is associated with the student / supervisor dyad. The concept includes the idea that the supervisor influences the student’s

perspectives, but in a more complicated dynamic, the student also influences the supervisor's perspectives. This same process plays out on a much larger scale as well and can include both contractor and institution (Cullen et al., 2017; Kosovich et al., 2017; McMillin, 2012; Ruiter, et al., 2014). In the same way, currently practicing social workers have an opportunity to influence the research and the outcomes associated with change in their own profession.

In this sense, a clinician might search her own set of reactions and behaviors in relationship to the reactions and behaviors of her client. Likewise, the mission and values of an agency should run in a consistent direction with reciprocity according to the needs and values of the community it serves. Ultimately, the endeavors of the profession of social work would ideally demonstrate congruency with the desires and wishes of the larger membership that make up its ranks. Inherent in this idea of micro, meso and macro work is the concept of inclusiveness in learning what those actionable imperatives are. Do we allow a small group to speak for all of humanity, or do we look for ways to include as many voices as possible in our search for truth. This notion is as applicable to the supervisor/clinician dyad as it is to the clinician/client dyad. It is applicable to the agency/community dyad. And it is applicable to the profession of social work/members of that profession dyad in equal measure.

To the extent to which we can include the perspectives of practicing social workers in our discourse around the future of the profession at large, we can expect to arrive upon better answers for the field. This idea of inclusiveness is embedding in the Code of Ethics, in the principles of qualitative research, and in the standards of PAR.

There is no reason that it should not be included in the larger discussion of our professional future.

What might our profession look like if we were to, if not move away from a medical model orientation all together, at least explore and exploit larger avenues of social change and social justice in our own communities? What might the relationship between providers and insurance bureaucracies look like if we found more meaningful ways to collaborate with this institution? Each of these outline opportunities for areas of macro service in the communities in which we live as well as within larger institutions and policy domains we all labor under. Having a more macro focus for the DSW degree appears to be one avenue for a renewed interest in that professional mandate. Collaborating, guiding, inspiring, and leading for the benefit of the practitioners who do such selfless work in our communities is one area where this degree might make a profound difference in how we connect, understand, and perform best practice in as many ways as we can.

### **Strengths and Limitations of This Study**

As mentioned before, many in the world of science would identify the focus on qualitative research as the first limitation of this study. There are certainly others, as was outlined earlier in this paper, who would disagree. Our field has much to learn that can be gleaned from qualitative research. The emergence of praxeic social science poses interesting challenges to traditional ways of gathering and understanding knowledge and truth. Remaining open and curious is essential to learning; an ability to critique one's own work is equally as important. I would consider this a strength of this study.

This research began within a context of critique of one of social work's foundational paradigms, the medical model. It developed further within a hunch that practicing clinical social workers were not necessarily consulted nor contributing to the larger questions facing our profession. Working through the literature and research, I found some substance to that hunch. Finding that caused me to wonder how other practitioners viewed our field; if they too had thoughts and perspectives that might add to the resolution of the identity crisis we shoulder in our work. This inquiry is one that is not currently represented in the current literature. To that extent, the study does broaden the existing literature.

Alternatively, this was one study, and a very small one at that. Holding two focus groups is in no way representative of completing a study that might make world news or provide bold new directions for a profession. It is within these smaller steps, however, adding to an already budding literature on the subject that helps assure continued study. From the perspective of how the exercise influenced the members of these two groups and the communities in Maine in which they serve, it can be stated that these members were challenged to view their work in a new way with a renewed interest in critical thinking around the values they are or are not embracing in their work. Taking these ideas and challenges back to their respective practices and peers offers the opportunity for exponential growth and inquiry.

I have earlier reviewed what some consider the best case scenario for conducting focus group-centered research. My own intention in creating these groups was to have one larger group, heterogeneous in nature including gender, race, and culture. As it

turned out, I wound up with two very small groups both consisting of Caucasian women. This quality undoubtedly limited the perspectives I was able to capture in my data. It is worth noting that this issue of Whiteness and lack of inclusion in research in the profession is a well-documented phenomenon in the profession. This limitation is certainly characteristic of the State of Maine whose population of 1,386,000 is 94% White, 33% of whom hold a Bachelor's degree and just over 50% female (United States Census Bureau, 2022).

Overall, the study cannot be considered one that is generalizable to the larger profession. The study is unable to assert bold, researched data that might have a profound impact on the profession at large. It does, however, add to the literature one avenue of questioning that has not saturated the literature at present. Hopefully, others will find an interest in expanding on this data as the Social Work field takes a critical look at itself.

### **Summary**

Social work as a profession has had a long and colorful history. Having moved from a moral authority foundation to an evidence-based foundation, the field continues to struggle for its place among other science-based professions. In many ways, the echoes of moral authority remain in the ethos of our work. From the sinful other to the pathologized other, we have substituted morality with medicine. Many questions arise over the direction of the field and whether it can maintain its integrity as a profession in today's neo-liberal, globalized environment (Mullen, 2016; Newman & McNamara, 2016; Reisch, 2018; Rode, 2017).

Current literature suggests that the DSW could potentially provide an effective bridge between the social work researcher and the practitioner while at the same time elevate the stature of the social work profession in general (Gelman & Gonzalez, 2015; Kurzman, 2015; Goodman, 2015). These assumptions, however, have been researched and put forward almost exclusively by members of academia, generally educators and scholars possessing a PhD in the field of social work (Grady et al., 2018; Reisch, 2013). In general, and in particular with respect to the utility of evidence-based practice concepts, practitioner voices are starkly missing from this debate (Grady et al., 2018; Reisch, 2013).

This study is one that calls upon our most basic notions of inclusion of all voices in shaping and operationalizing our answers to the problems of humankind. The master's level student leaves the safety of seats of learning and ventures into the world armed with knowledge, but not experience. Over time, that practical experience lends itself to new understanding and perspectives of interaction within a complicated and oft-times unresponsive web of social, political, and economic influence. That new understanding is a deep well of knowledge and practice wisdom. As such, the profession is obliged to include that knowledge and wisdom as it continues to define itself and use its power among a sea of other professions.

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## Appendix A: Original Approval for the Study From IRB

**From:** IRB  
**Sent:** Friday, January 22, 2021 7:54 PM  
**To:** Debra Hall  
**Cc:** Savvas D. Georgiades  
**Subject:** IRB Materials Approved - Debra Hall

Dear Ms. Hall,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "Social Work's Unremitting Identity Crisis: Can the DSW Provide Answers?"

Your approval # is 01-22-21-0668112. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on January 21, 2022 (or when your student status ends, whichever occurs first). One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained on the Tools and Guides page of the Walden website: <https://academicguides.waldenu.edu/research-center/research-ethics/tools-guides> Doctoral researchers are required to fulfill all of the Student Handbook's [Doctoral Student Responsibilities Regarding Research Data](#) regarding raw data retention and dataset confidentiality, as well as logging of all recruitment, data collection, and data management steps. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

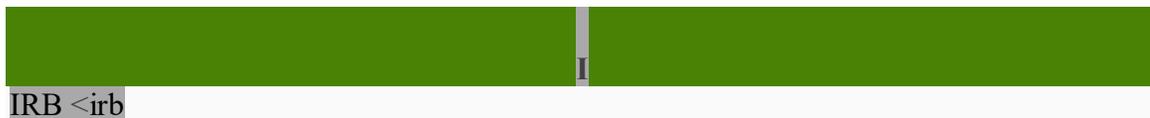
[http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d)

Sincerely,  
Libby Munson  
Research Ethics Support Specialist

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: <http://academicguides.waldenu.edu/researchcenter/orec>

## Appendix B: Request for IRB Approval Extension and Request for Change in

## Procedures - Approved



To:

• Debra Hall

Cc:

- Savvas D. Georgiades;
- IRB

Mon 6/13/2022 6:41 PM

Hall Consent Form.docx

Dear Debra,

This e-mail serves to inform you that your request to have an extension for the study # 01-22-21-0668112 has been approved. You thus have one year to gather the data for your study and your new expiration date is June 12, 2023. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you need to collect data beyond the new approval expiration date. Also attached to this e-mail is the revised consent form which contains the new **IRB** expiration date. If this consent form is already in an on-line format it will need to be revised to reflect the new expiration date.

This e-mail also serves to inform you that your request for a change in procedures, submitted on 3/26/22 has been approved. You may implement the requested changes effective immediately. The approval number and expiration date for this study will remain the same.

Both students and faculty are invited to provide feedback on this **IRB** experience at the link below:

[http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d)

Sincerely,

Libby Munson

Research Ethics Support Specialist

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this

link: <http://academicguides.waldenu.edu/researchcenter/orec>

## Appendix C: Sample Demographics

**Table 1: Sample Demographics in Focus Group 1**

<b><u>Sample Size</u></b>		
<b>N=3</b>		
<b><u>Gender Composition</u></b>		
Percentage		
Male	0	N=0 0.0%
Female	3	N=3 100%
<b><u>Age Group</u></b>		
20-35		N=1 33.3%
36-50		N=2 66.6%
51-70		N=0 0.0%
<b><u>Race</u></b>		
Caucasian		N=3 100%
Black or African American		N=0 0.0%
Asian or Pacific Islander		N=0 0.0%
Hispanic or Latino		N=0 0.0%
<b><u>Education</u></b>		
Master's Degree / LCSW		N=3 100%
<b><u>Location</u></b>		
Southern Maine		N=0 0.0%
Mid Coast Maine		N=2 66.6%
Northern Maine		N=1 33.3%

**Table 2: Sample Demographics in Focus Group 2**

<b><u>Sample Size</u></b>		
<b>N=4</b>		
<b><u>Gender Composition</u></b>		
Percentage		
Male	0	N=0 0.0%
Female	4	N=4 100%
<b><u>Age Group</u></b>		
20-35		N=1 25%
36-50		N=2 50%
51-70		N=1 25%
<b><u>Race</u></b>		
Caucasian		N=4 100%
Black or African American		N=0 0.0%
Asian or Pacific Islander		N=0 0.0%
Hispanic or Latino		N=0 0.0%

<b><u>Education</u></b>		
Master's Degree / LCSW	N=4	100%
<b><u>Location</u></b>		
Southern Maine	N=0	0.0%
Mid Coast Maine	N=3	75.0%
Northern Maine	N=1	25.0%

**Table 3: Aggregate Sample of Focus Groups 1 & 2**

**Sample Size**

**N=7**

**Gender Composition**

Percentage

Male	0	N=0	0.0%
Female	7	N=7	100%

**Age Group**

20-30	N=2	28.5%
40-50	N=4	57.0%
60-70	N=1	14.5%

**Race**

Caucasian	N=7	100%
Black or African American	N=0	0.0%
Asian or Pacific Islander	N=0	0.0%
Hispanic or Latino	N=0	0.0%

**Education**

Master's Degree / LCSW	N=7	100%
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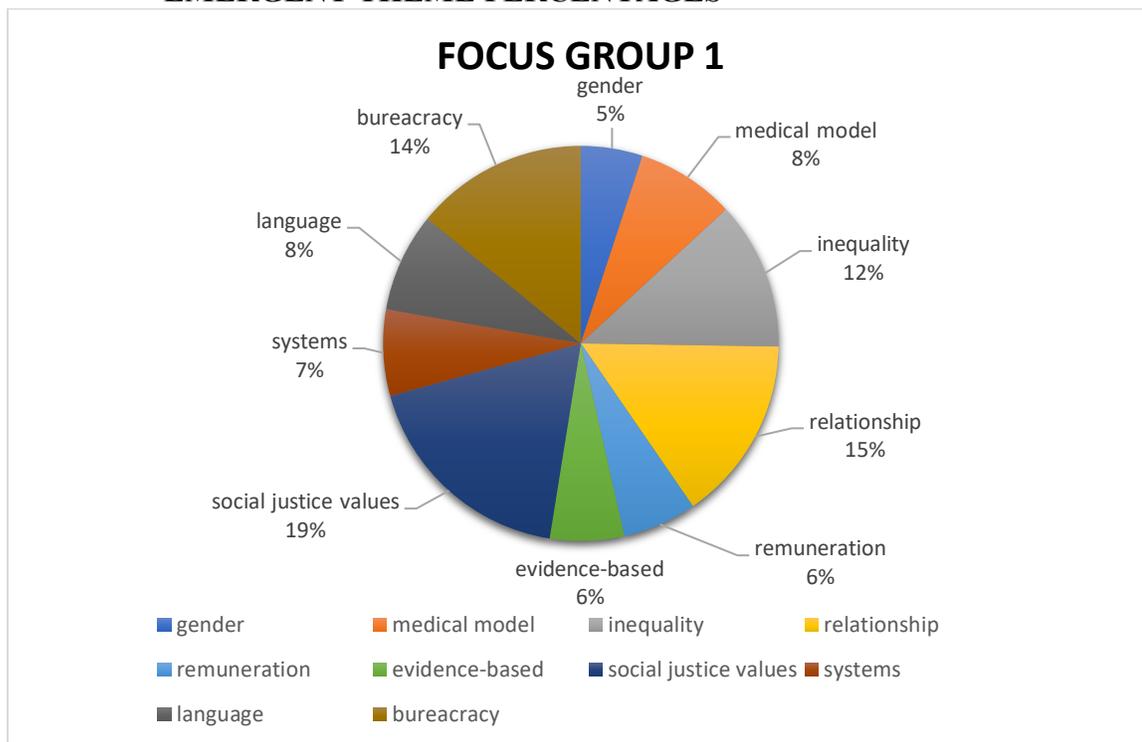
**Location**

Southern Maine	N=0	0.0%
Mid Coast Maine	N=5	71.5%
Northern Maine	N=2	28.5%

Appendix D: Emergent Themes

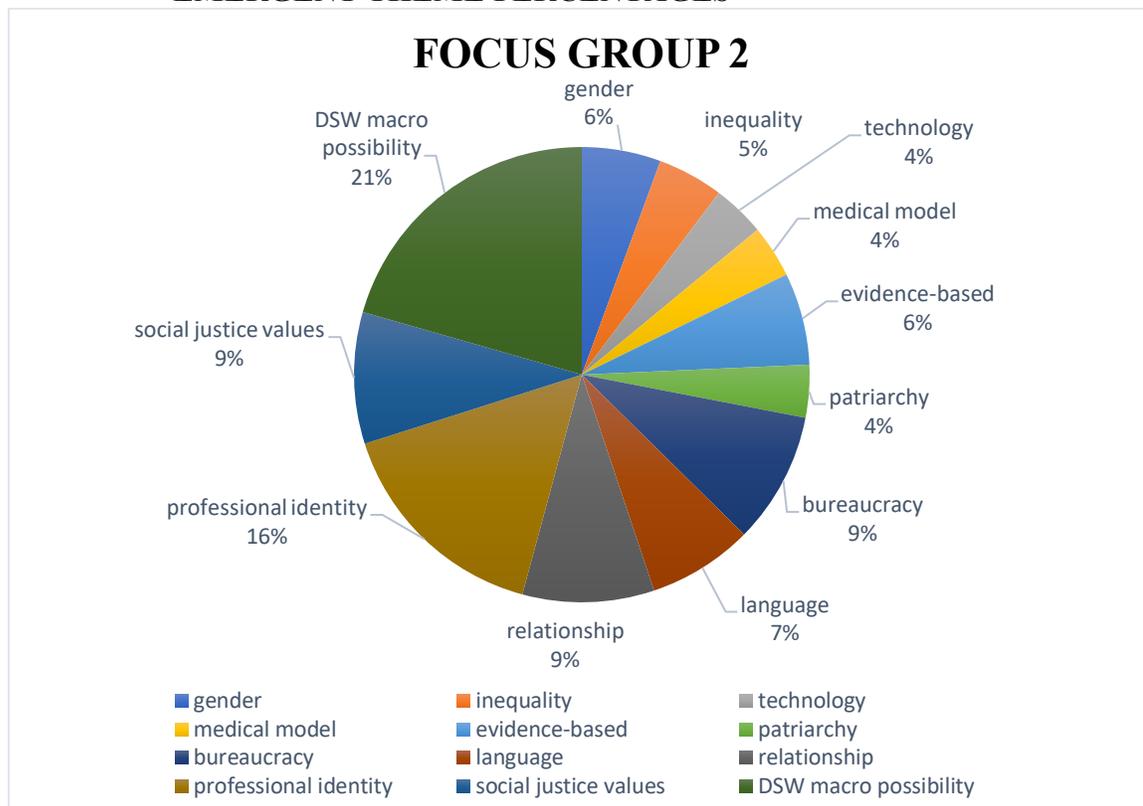
**CHART 1  
FOCUS GROUP 1**

**EMERGENT THEME PERCENTAGES**



**CHART 2**

**EMERGENT THEME PERCENTAGES**



**FOCUS GROUP 2**

**CHART 3 AGGREGATE THEME PERCENTAGES FOR  
FOCUS GROUPS 1 & 2**

