Theoretical Orientations to Social Work Practice:

An exploration of the phenomenon of how social workers select specific theories that guide their clinical practice

by

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DISSERTATION

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Abstract

Research has shown that a clinician's theoretical orientation influences how they are perceived by as well as how they engage with their client, and consequently, are important for client treatment outcomes. However, the literature regarding what inspires a practitioner's choice of theoretical orientation is scant. Hence, this study examined the factors clinicians perceive as having influenced their choice (and change) of theoretical orientation. In a qualitative, phenomenological research study, 38 members of a professional social work society were surveyed. Participants reported strong influences of a variety of factors based in their social work studies, outside studies, their own therapeutic experiences, mentors, and other factors outside of education. The themes with the most support from participants were the influence of life experiences, class content in their social work studies, their own psychodynamic therapeutic experiences, as well as mentors. In addition, half of the sample previously changed their theoretical orientation. The most frequently mentioned factors influencing clinicians' change of theoretical orientation were their experience with patients, life experiences as well as continuing education programs and clinical growth. Building on these findings, this work proposes that a guided process should be integrated into social work curricula to help clinicians identify the theoretical orientation(s) that best suit their work. Finally, this study concludes with a discussion of the implications and contributions of this work for social work education, social work practice, and policy.

Keywords: Clinical social work, theoretical orientation, social work education, phenomenology

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CHAPTER ONE: DISSERTATION OVERVIEW

Introduction

This study examined how social workers select specific theories that guide their clinical practice. This was a qualitative, phenomenological research study as defined by Moustakas, Creswell and Tashakkori (Creswell, 2009; Creswell & Tashakkori, 2007; Moustakas, 1994). Data were collected surveying 38 members of a professional social work society who were recruited online, and analyzed using open, axial, and selective coding. The study followed the NASW Codes of Ethics.

This chapter will provide an overview of the study, its significance to the profession, its anticipated knowledge contribution, and how the study is grounded in the NASW Code of Ethics.

Research has shown that a clinician's theoretical orientation influences how they are perceived by as well as how they engage with their client. For example, a recent study found a humanistic theoretical orientation to be related to empathy (Manzano Boulton & Davis, 2019), as well as clinician personality and world views (Ogunfowora & Drapeau, 2008). Similarly, Tremblay, Herron, & Schultz (1986) showed that humanistic therapists are more empathetic, flexible, more effective in constructing an intimate connection with the client and, implicitly, more effective in establishing a stronger therapeutic alliance, while cognitive behavioral therapists and psychodynamic-oriented therapists are more constrained by a dogmatic view of the therapeutic relationship and, therefore, are more prone to constantly question their and their clients' functioning in the therapeutic relationship.

The study described in this dissertation allowed a unique observation of the varying elements that influence social workers in their choices and changes of the theoretical

orientation(s) guiding their work. In addition, the participants' perception of how their theoretical orientation influences their practice was studied.

This study as designed as a phenomenological qualitative study as defined by Moustakas, Creswell and Tashakkori (Creswell, 2009; Creswell & Tashakkori, 2007; Moustakas, 1994). The phenomenological approach was selected because it allows for an unbiased observation of the factors that influence and shape social workers' core beliefs which then drive their practice behavior. This approach allows to observe the development of such core beliefs through the shared lived experiences of the participants.

The social work practitioner's theoretical orientation is relevant because it drives the practice belief system and the practitioner's understanding of how change occurs. More specifically, through practitioner's behaviors, the theoretical orientation can affect the therapeutic alliance and therefore client treatment outcomes. For example, it has been found that the client's participation in treatment (39.3% dropout rate) was directly linked to the client's perception of the therapist's behavior (Andrade et al., 2014). In other words, practitioners' behaviors are intimately connected to their theoretical orientation, and this affects client treatment outcomes. An increased understanding of how a practitioner selects a specific theoretical orientation can inspire changes in training and academic programs and further empower the clinical profession. Consequently, as the literature related to what inspires a practitioner's choice of theoretical orientation is scant, it is essential to continue to explore this area of practice.

The data were gathered using phenomenological interviewing via a structured survey containing open ended questions sent to clinical social worker (CSW) participants (Creswell & Tashakkori, 2007). Creswell and Tashakori (2007) outline a phenomenological sampling size of

between 5 and 25 participants. This study recruited 38 clinical social workers. The goal behind recruiting a larger sample was to allow for comparisons between different demographic groups such as younger and older, male and female, and more and less educated clinicians (see Hennink, Kaiser, & Marconi, 2017 for an in-depth exploration of the number of interviews required in qualitative studies). The sample method was volunteer sampling, a form of purposive non random sampling which entails sharing the study solicitation with the population of interest, based on which individuals self-select to become part of the study (Alvi, 2016).

Participants provided informed consent before filling out the online survey. Recruitment took place via the New York State Society of Clinical Social Work. Members of this organization were invited to participate via an advertisement of the study on their member email listserv, which the author of this study has access to.

The data were analyzed in the qualitative analysis software NVivo (by QSR International) using the methods of horizontalization, clustering, textural description, structural description, and description of essential, invariant structures as defined by Moustakas (1994) and Creswell and Tashakkori (2007).

This study was grounded in the Code of Ethics of the National Association of Social Workers (2017). In particular, the notion of competence (1.04 *Competence*) is relevant to this research, because it comprises the social worker's commitment to service, boundaries, training, and judgment (NASW Code of Ethics, 2017). Social workers' service to others is provided within specific boundaries, the nature and scope of which are acquired over time, via training as well as constant questioning and testing using clinical judgment. Theoretical orientations represent a system of core beliefs that influence social workers' attitudes and approaches towards their service, boundaries, training, and judgment. For example, to be of service to others,

clinicians need to have the theoretical tools to look within and understand themselves as much as others. Furthermore, clinicians need these tools to acquire the psychological and emotional strength to listen to their clients in a non-judgmental, empathetic fashion (Ungar, 2002). Lastly, a theoretical framework helps them process and understand their clients' needs and provide the therapeutic relationship with healthy boundaries, so that these needs can be constructively addressed, explored, and met (Ungar, 2002).

To achieve the goal of serving clients in a constructive fashion, i.e., to listen, to speak, to assist, and to interpret in a respectful, caring, and effective way, clinicians are taught a number of theories. Many clinicians choose one or more of these theoretical approaches as the guiding framework of their work. This study examined the intellectual, psychological, societal, spiritual, and emotional factors that influence clinicians' choice of theory.

Statement of Purpose

In the process of obtaining the education and training that eventually qualify an individual to be formally qualified with a master's in social work, the social worker is exposed to a number of theories that will allow her to develop an understanding of her clients' lives. Some theories, such as psychoanalysis, can assist the practitioner in developing a deep, existential form of understanding of his client, one which encompasses the intellectual, psychological, societal, spiritual, and emotional forces that have formed and affected the client's life. Other theories, such as cognitive-behavioral theory, can assist practitioners in identifying specific problem areas in their clients' lives and in providing clients with practical tools to manage problem areas. Theories also provide clinicians with the tools that will allow them to assist their clients in achieving the desired goals that the clients have set for themselves (Safran, 1990).

Though many social workers choose not to select a specific theory as the main point of reference for their professional practice, thereby drawing from varied theories as they assist their clients, many social workers do in fact select a specific theory that becomes the foundation upon which they build their professional interventions (Orlinsky, Rønnestad, Hartmann, Heinonen, & Willutzki, 2020). The focused utilization of only one theoretical orientation may introduce bias into the clinical work and affect client outcomes by directly limiting the assessment process and the approaches chosen for intervention (Waddington & Morley, 2000). There is currently no standardized curriculum in social work education that emphasizes and explores the potential risks of not selecting a specific theory or, conversely, to subscribe to only one theoretical framework (see Council on Social Work Education, 2020 for an overview of different course foci). This is due to the scant literature concerning how practice core beliefs are formed and how they influence practice outcomes (Arthur, 2001).

Contribution to Social Work

The literature to date that explores the process by which clinicians choose the theories that inform their practice is scant (Arthur, 2001). The information provided by this study further enhances our understanding of how practitioners exist and function as professionals. It provides greater insight into the factors that affect a practitioner's choice of theory or theories, as well as the impact of this choice on their practice.

Summary

This study explored what factors contribute to clinicians' choice of theoretical orientation. For example, it explored how a practitioner's choice of theory might have been

influenced by supervisors, additional postgraduate training, and/or further studies outside of social work, such as philosophy and theology. In addition, this study explored how clinicians' theoretical orientation translates into behavior in practice. Finally, this study sheds light on factors related to a change in theoretical orientation.

CHAPTER TWO: STUDY PROBLEM

Introduction

This chapter will present a clear statement of the problem to which the proposed research relates, as well as the characteristics and scope of the problem, the historical background of the problem, and its place in social work.

The prevalence of mental illness in the US is estimated at 51.5 million adults for the year 2019. Out of those, only about 44% received mental health services during the same year (National Institute of Mental Health, 2021). Professional social workers make up the largest group of mental health service providers in the United States (National Association of Social Workers, 2021a). 52-55% of those social workers are licensed clinical social workers (LCSWs). Importantly, the clinicians' theoretical orientations provide guideposts for practice, and patients' experiences within the treatment process impact important treatment outcomes such as dropout rates (Andrade et al., 2014).

Although there is a heavy emphasis on interventions in relation to client treatment outcomes, our understanding of how a clinician comes to choose specific guidelines to function within the therapeutic relationship is limited (Heinonen & Orlinsky, 2013). Therefore, this study explored the development of theoretical orientations in the clinical practice to gain a deeper understanding of how clinicians select practice theories.

This study was inspired by the work of Beder (2000) on the importance of integrating theory into practice and of using theory as a point of reference in the act of practicing. Beder (2000) posits that both supervisors and practitioners may find it difficult to identify the theoretical framework that guides their practices, to describe the fundamental principles of such

theories, and to explain how the theories in question influence their clinical interventions. Beder (Beder, 2000) notes that, though this lacuna may very well be caused by the stressful settings in which social workers function, it is plausible that supervisors might not have made a specific choice regarding a theoretical orientation. Building on the work of Mattaini, Lowery, & Meyer (Mattaini, Lowery, & Meyer, 2002), Beder also observes that though clinicians should in fact subscribe to the idea of selecting a theory to guide their practice intervention, they are often confused or incapable of explaining the foundations of such theories.

A theory is an explanation for a behavior or a phenomenon that has not yet been proven. Theories and theoretical frameworks provide us with structured ways to explore such behaviors and phenomena in order to prove or disprove them: once they are understood and proven, theories become facts (Popper, 1934, 1994). Greenwood (1957) has underscored the vital role of theory in social work, specifying that it is essential that clinicians rely on theory in their work, so as to be granted professional authority and community sanction. Within social work, theories are instrumental in predicting or providing explanations of human behaviors (Thyer, 2001); they also provide a structure via which clinicians can understand various aspects of their own as well as their patients' social and psychological lives (Rubin & Babbie, 2010).

Beder (2000) posits that theory helps us gain agency and mastery in identifying and understanding the pathological manifestations of clients, thereby gaining deep insight into how psychological suffering impedes clients' growth. She differentiates theory as formal and informal. Formal theory is text-based, argued, explored, and explained within academia. Informal theory, instead, comprises various theories as well as the ethical and moral values that exist within the fabric of our society and that result from one's personal and professional experience. Both formal and informal theory, Beder (2000) explains, provide clinicians with

conceptual frameworks that maximize their ability to identify issues and to act in constructive ways as practitioners and supervisors. Formal theory is founded on the explanation of specific theoretical texts, while informal theory provides clinicians with descriptions of how the theory in question can be applied within practice interventions. Most importantly, Beder (2000) addresses the role of theory in relationship to the notions of art and skill in social work practice. She underscores that though skill is an essential component in the process of understanding and integrating theory, it is art that plays the vital role in the clinical application of it within the clinical setting.

The implications inherent to Beder's (2000) work are that though social work practice must comprise the integration of academic knowledge with clinical experience, it ought to also include the clinicians' knowledge of themselves: who they are and how they function as professionals; whether they know what inspired them to choose a specific theory and how to apply it within the clinical setting; what in their personal life has inspired them to enter this profession; what boundaries they ought to set with their clients; and how their respective existences are intertwined.

Clinicians such as Freud (1919), Rank (1929), Winnicott (1957), Klein (1945), and Lacan (1966), Mahler, Pine, and Bergman (1975), among others, have described the vicissitudes and traumas of the human infant as they enter the world and learn to exist and function within it.

Rank (1929) identifies a birth fear that coincides with the experience of being born and precedes the anxiety that Freud (1899) associated with the Oedipal phase. These two initial childhood traumas, to which we are all exposed, mark us in a profound way, and, depending on how they are managed within one's families of origin, variably affect one's personal lives as well as one's professional choices. In this context, clinicians whose goal is to engage in an intimate

way with the outer as well as inner world of other human beings, ought to be encouraged, as they learn about formal and practice theories, to also explore their own selves, to assess the roots of the psychological and sociological foundations of their personalities. More specifically, they ought to be inspired to not only look at themselves, but also to study and explore the philosophical, theological, and societal components of the world in which they exist. Yet, though students receive supervision, there is no social work curriculum that urges students to engage in a therapeutic experience as a patient, or in the exploration of the philosophical and theological foundations of the society they find themselves in (Council on Social Work Education, 2020).

Characteristics of the Problem

The foundations of the clinical social work profession ought to be constantly reviewed, analyzed, and updated, to ascertain how clinicians function, what treatment approaches they prefer, and how their theoretical choices affect their clinical practice. This study explored how social workers choose the theories that guide their clinical practice, how these theories might change, and how they translate into behavior in practice. Moreover, it assessed whether additional material might be included in social work curricula in order to foster more creatively informed theoretical choices among social workers.

CHAPTER THREE: LITERATURE REVIEW

The research on variables influencing a psychotherapist's choice of theoretical orientation can be grouped into two categories: the influences of training, colleagues, supervisors, and initial clinical experiences, as well as the effects of personality traits, epistemological values, beliefs and philosophy (see Arthur (2001) for a comprehensive review of the literature), with generally a more significant influence found for the latter and research on the former being less prominent.

A considerable amount of work has focused on personality traits, epistemological values, beliefs and philosophy of clinicians, finding that, for example, clinicians' personality (Boswell, Castonguay, & Pincus, 2009), self-experience in close personal relationships (Heinonen & Orlinsky, 2013), their leaning style (Heffler & Sandell, 2009), temporal personality such as planning skills and time awareness (Roy, Fortin-Guichard, Tétreault, Laflamme, & Grondin, 2020), and death anxiety (Belviso & Gaubatz, 2014) as well as empathy (Manzano Boulton & Davis, 2019) were all related to clinicians' theoretical orientation. In contrast, one study by Freeman et al (2007) found that personality (as measured by the Myers-Briggs Type Indicator (MBTI)) did not have an effect on theory preference. However, this might be related to the lower reliability that has often been reported for the MBTI as a personality measure (Gardner & Martinko, 1996; McCrae & Costa Jr, 1989).

Less work has focused on aspects surrounding training, colleagues, supervisors, and the initial clinical experience and how those influence a clinicians' theoretical orientation. Ogunfowora and Drapeau (2008) found that years of clinical experience and participants' gender were related to theoretical orientation. Plchová et al (2016) looked at future trainees application materials and found that the choice of embarking on psychotherapy training is a process

comprising different phases such as critically comparing different psychotherapy approaches, identification via initial relationships with trainers, self-confirmation consisting of internally integrating information and emotions. Rihacek, Danelova, & Cermak (2012) conducted interviews with seven experienced therapists and reported that an integrative perspective emerged as an (unintended) consequence of developing an autonomous personal therapeutic approach.

Chwast (1978) identified the existence of two ways in which psychotherapists experience reality: an "inner" and an "outer" level of experience of it, i.e., a subjective and an objective experience of reality. He also found that the psychotherapists he studied were either idealists or realists. He specified that those psychotherapists who believe in intrapsychic determinism are idealists while those who believe that the outside world shapes the human experience are realists. His research demonstrated that all his subjects saw their individual personalities as being at the root of their choice of orientation, and that their personalities actively influenced their way of practice. The limitations of this study are that: a) although he planned to distribute the eight-item questionnaire he developed to 20-30 psychologists, he succeeded in securing only 5 respondents b) all the respondents were male; and c) all the respondents were psychoanalysts.

Building on the work of Halleck (1978), who found that outcome research had not yet provided guidance as to what specific forms of therapy were being applied to specific patients , Steiner (1978) surveyed 50 psychologists, to assess the factors that inspired psychotherapists to select a practice theory. Steiner's questionnaire examined variables such as the respondent's readings, belief system, life experience, professional experience, and bias produced by colleagues or supervisors. A 60% return response showed that the orientation of the therapists' therapist was ranked as the major source of inspiration for the choice of a theoretical orientation;

course work, readings, and instructors' and senior colleagues' orientation in graduate or postgraduate settings were ranked second; and supervisors' influence in such settings was ranked last. Steiner found that the majority of therapists interviewed selected a psychoanalytic/psychodynamic orientation while younger therapists opted to be eclectic or to utilize family systems and cognitive behavioral therapy.

Building on the work of Barron (1978) and of Walton (1978), who studied the structure of the psychotherapeutic process, Tremblay, Herron, and Schultz (1986) defined theoretical orientation as being self-designated and as being psychodynamic, behavioral or humanistic. They selected a group of 180 psychotherapists with a doctorate in psychology, whom they described as "believers," i.e., as clinicians who were professionally committed to one of the three above-mentioned orientations, and asked the following question: "Is there a relation between self-designated theoretical orientation and personality as measured on a standardized personality questionnaire?" Their study showed that humanistic therapists had the highest level of positive personality traits: they were more flexible, more "inner-directed" and sensitive to feelings and the development of intimacy, and more optimistic about the human condition. On the contrary, psychodynamic, and behavioral therapists were both externally oriented and struggled constantly towards establishing permanence and assessing understanding and validity.

Building on the work of, among others, Norcross and Prochaska (1983), who found that therapists rely on their clinical experience, graduate training, and personal values to select their practice theory, Murdock, Banta, Stromseth, Viene, and Brown (1998) measured psychotherapists' clinical experience, philosophical beliefs, and interpersonal style as variables related to what the authors referred to as the psychotherapists "choice of club." (p. 63) They found that the choice of theoretical orientation was intimately connected with the theoretical

orientation and philosophical values of the psychotherapists' supervisors, and the interpersonal relationship that the psychotherapists had established with them.

Bitar, Bean, and Bermúdez (2007) found that personal and professional development were both instrumental in the selection of a primary theoretical orientation among marriage and family therapists and noted that previous studies had not focused on the multiple factors that influence the process of choosing a theoretical orientations. They further noted that the variables that had been identified in previous studies – clinical experience, graduate and postgraduate training, the therapist's therapist, the supervisor's orientation, the therapist's personality, and personal philosophy and values – were limited by a paradigm that assigned too great an influence on personality-related values. Additionally, they noted a gap in previous studies, as marriage and family therapists, i.e., "systemic" therapists had not been included and that their emphasis on family experience and types of patients worked with had not been taken into consideration (Vasco & Dryden, 1994).

Using the inductive approach upon which the grounded theory developed by Strauss & Corbin (1998) is based, Bitar et al. (2007) conducted a pilot study among five licensed marriage and family therapists in private clinical practice. Their work was structured upon the constant comparative method formulated by Strauss and Corbin (1998) and it upended Creswell's (1998) approach to use "open coding to form the initial categories of information, axial coding (...) to relate the initial categories to larger categories, and selective coding (...) to develop a proposition that integrated the categories and subcategories into a cohesive 'story line'" (p. 112).

Their findings showed the emergence of six major categories related to the personal world of the psychotherapists: personality, personal philosophy, values/theology, family of origin, the therapist's own therapy, and the therapist's own marriage. As to the professional

domain, they identified five major categories: college level and graduate levels studies and training, clinical work and clinical sophistication, and post-graduate professional development They concluded that the selection of a theoretical orientation was inspired by both professional as well as personal endeavors.

Lastly, Rice, Gurman, and Razin (1974) explored how theoretical orientation and gender might affect psychotherapists' behavior within the therapeutic relationship. They found that the psychotherapists' selection of a practice theory does appear to influence some in-therapy behavior. They also found that, as they become more experienced, male and female clinicians self-report similar in-therapy behaviors than inexperienced therapists, and that, depending on whether they are males or females, clinicians might still function within a stereotypical masculine/paternal or a feminine/maternal paradigm. This study focused on 39 female respondents and 47 male respondents; 78% of respondents were social workers and they completed a 23-item self-report questionnaire. The authors noted that a limitation of the study concerned the issue of generalizability associated with the process of self-reporting.

Applegate (2000) provides a history of social work practice during the last century and argues that the behavioral theories upon which clinical social work is founded are limited by the historical context, personal values, and life experience of their authors. He supports Stolorow's (1997) assessment that subjectivity is all too related to theoretical considerations and recommends further reflection on how subjectivity might negatively affect clinicians' ability to function objectively as they apply their "favorite" theories (p. 141-142).

Oceja and Salgado (2013) building on the work of Batson (1994, 2009, 2011) identify egoism, altruism, collectivism and principlism as the four motivational forces that can inform prosocial action. They note that the fundamental characteristics of these forces are, respectively,

to reduce pain and maximize pleasure (egoism), to assist others in a state of need (altruism), to connect to a specific group that represents a person's own values (collectivism), and to stand for specific moral values (principlism).

In this context, it is not surprising that in the course of the last century a number of researchers have explored the topic of what motivates mental health professionals to choose a specific theory orientation. Though the literature specifically relating to social work is scant, the body of research concerning the fields of psychology and counseling is more considerable. Therefore, this proposal outlines a study to address the knowledge gap within the social work profession by exploring the factors that influence the development of a clinician's theoretical orientation.

The majority of the findings to date are based on medium-sized survey samples (Belviso & Gaubatz, 2014; Freeman et al., 2007; Heffler & Sandell, 2009; Ogunfowora & Drapeau, 2008), as well as a small set of larger scale survey samples (Heinonen & Orlinsky, 2013; Orlinsky et al., 2020) of primarily clinical trainees. Very little qualitative work has been done to date. Experienced clinicians are rarely interviewed and there is a lack of diversity of methodology. Plchová and colleagues (2016) looked at future trainees application materials, and Rihacek, Danelova and Cermak (2012) conducted interviews with seven experienced therapists.

CHAPTER FOUR: THEORETICAL FRAMEWORK

This study, in order to explore what motivates clinicians to choose specific theories, will rely on the complementing interaction between intellectualistic theory (Locke, 1976 - originally published in 1690) and self-theory (Dweck, 1999).

The intellectualistic theoretical framework emphasizes that beliefs are formed in response to exposure to information that is presented to a person and that the person believes to be true (Leicester, 2016). Social work clinicians are exposed to information in the course of their training and practice that can affect the acquisition of a specific theoretical belief regarding the process via which pathology develops and change can occur. The intellectualistic theory provides a framework to understand how social work clinicians may develop their theoretical orientation for practice. This theoretical framework informs this study in the development of research questions and study approach. Specifically, the study questions and phenomenological research approach were designed to explore the lived experiences that might translate into a driving factor of the clinician's selection of a theoretical orientation. Some question examples include: 1) Have your social work studies influenced your change of theoretical orientation(s)? If so, how? 2) Have you had your own therapeutic experiences with any of these orientations? If so, how has that influenced your change of theoretical orientation(s)?.

Self-theories are theories held by people about what competence is and what it means for the self (Teunissen & Bok, 2013). These often-implicit theories are important for goal setting, one's emotional experience, as well as 'meaning making.' Dweck's work on students' reaction to failure identified two characteristic patterns of behavior – helplessness and mastery-orientation –

which became the foundation of the idea that different underlying ways of thinking about oneself led to different behavioral responses (Dweck, 1999; Dweck & Grant, 2008).

Following this line of thinking, self-theory argues that a specific belief is what informs the clinician's choice-making process, such as practice behaviors (Teunissen & Bok, 2013). For example, within practice theories, the clinical approaches of Buber (1923) and Rogers (1951) posited the vital role of dialogue within the therapeutic relationship and developed the notion of person-centered therapy. Both were humanists who stressed that the construction of a therapeutic alliance is a crucial component of treatment outcomes. It has since been argued that the therapeutic alliance is a greater contributor to client treatment outcomes as compared to the intervention approach itself, suggesting that a compromised alliance could impede positive treatment outcomes (Cronin, Brand, & Mattanah, 2014).

Within the self-theory context, the humanistic theoretical orientation would emphasize the therapeutic alliance. The foundation of the kind of therapeutic alliance conceived by Rogers and Buber is not materialistic and it is not predicated on the client's ability to succeed in achieving specific practical goals; rather, it is a wholesome human experience, founded on warmth, empathy, communication, and trust, and, most importantly, on the unconditional positive regard for the client, independent of whether the client achieves, or not, specific goals. The cognitive behavioral approach (Beck, 1975) focuses on unhelpful current behaviors and thoughts, how they affect each other, and how to challenge and change them through rewards and consequences. This approach does not explore the history, experience, and deeply felt perception of the client, but rather emphasizes the connections between thoughts and behaviors: it is an action-oriented approach based on the notion of "Do this, don't do that" and focuses on the production of practical results on the part of the patient. While the therapeutic alliance can be

strong, this cognition and behavior focused approach does not have the same emphasis as the humanistic orientation and therefore could generate different outcomes for the client.

Consequently, the clinical actions and beliefs that are driven by the theoretical orientation can influence any number of the factors that affect the development of the alliance; hence, the importance of researching what informs the choice of theory by clinicians.

Self-theory argues that beliefs drive behaviors. Therefore, a theoretical orientation would influence practice behaviors and might generate biased practice behaviors. Social work has not been studying the development of practice beliefs (theoretical orientations) and how that affects social work practice.

Self-theory complements intellectualistic theory (Leicester, 2016) as an explanation for how practice behaviors, and thereby client outcomes, would be affected by the theoretical orientation of the clinician. As intellectualistic theory outlines how a practice belief, such as a theoretical orientation, is formed, self-theory outlines how the theoretical orientation drives practice behaviors such as assessment, intervention, interpersonal styles. Self-theory informs this study because it underlines a developmental process that is intimately associated with the intellectualistic process of acquisition of information.

Specifically, self-theory informed the creation of research approach and study questions. The phenomenological qualitative approach will allow for the exploration of clinicians' lived experiences to inform our understanding of how their theoretical orientation influences their practice. Some examples of self-theory informed questions include: 1) Does your theoretical orientation(s) influence(s) your behavior in individual practice? If so, please describe how. 2) Does your theoretical orientation(s) influence(s) your behavior in group practice? If so, please describe how. If you do not use group therapy, please state so.

To conclude, the intellectualistic and self-theory frameworks will assist us in the process of investigating how clinicians select specific theoretical orientations and how their choices might affect practice behaviors.

CHAPTER FIVE: RESEARCH QUESTIONS

The focus of this study was to explore the theoretical orientations of clinical social workers and the factors that influence their choices. The study's objectives were a) to provide an understanding of what presently informs the theoretical choices that social workers make; b) to explore what additional material ought to be included in social work curricula in order to foster a more informed, holistic choice process among social work students; and c) to explore the impact that theory has on practice. Theoretical orientation was operationalized as the type of intervention the clinician employs according to a specific theoretical foundation of how change occurs. For example, Cognitive Behavioral Therapy is an intervention based on the idea that the process of restructuring thoughts facilitates desired change in everyday life. The research questions for this qualitative study were based on the literature that notes the lack of information about theoretical practice and the importance of understanding the professional practice work of social work clinicians, and explored the following questions:

Overall Research Question (1):

How do clinical social workers arrive at their current primary theoretical orientation?

This first research question investigated what leads to social workers' choice of theoretical orientation. It explored how social workers' studies in and outside of social work, their own therapeutic experiences, relationships with mentors, and other factors such as life experiences or interactions with patients might be influencing their choice. To the best of the author's knowledge, there is no recent qualitative work on this subject, hence this investigation

was aimed at closing an important gap in the literature to date on how clinical social workers arrive at their current primary theoretical orientation.

Research Question (2):

How does theoretical orientation translate into behavior in work with clients?

The second research question explored how social workers' primary theoretical orientation(s) influence(s) their behavior in practice. A phenomenological investigation of clinicians' experiences was designed to provide valuable insight into the factors social workers deem impactful and how they experience the connection between theory and practice. Results of this investigation can help develop further research ideas as well as recommendations for how to best support social workers in their choice of theoretical orientation and how to translate the same into practice.

Research Question (3):

Are there differences in applying orientations between work with individuals and groups in group therapy?

The third research question explored how social workers' primary theoretical orientation(s) influence their behavior in individual compared to group practice. Group therapy has some fundamentally different dynamics compared to individual practice (DeLucia-Waack, Kalodner, & Riva, 2013). As such, group members might develop or work on their relationships, learn from and support one another, but the therapeutic alliance is also potentially less focused on the therapist and interpersonal dynamics must be managed carefully. This study helps

illuminate how clinical social workers perceive these characteristics to interplay with their theoretical orientation(s).

Research Question (4):

Do social workers change their theoretical orientation?

To the best of the author's knowledge there is no prior work on the processes and considerations that lead clinical social workers to change the theoretical orientation that guides their practice. As such, the fourth research question assessed to what extent clinical social workers in this study sample have previously changed their theoretical orientation(s).

Research Question (5):

If social workers change their theoretical orientation, what factors are associated with such a change?

This fifth research question explored what factors are associated with such a change, and asked participants to reflect on the same potential influencing factors as those studied in Research Question (1): social workers' studies in and outside of social work, their own therapeutic experiences, relationships with mentors, and other factors such as life experiences or interactions with patients.

Research Question (6):

Are there demographic differences related to the selection of clinical social workers' theoretical orientation?

The sixth research question explored whether social workers change their theoretical orientation, and, if so, to what extent social workers' studies in and outside of social work, their own therapeutic experiences, relationships with mentors, and other factors such as life experiences or interactions with patients influence such a change. In addition, differences in those factors between recently graduated social workers and more experienced clinicians, male vs female, and younger vs older clinicians, as well as clinicians of different races and ethnicities were explored. This will help gain insight into how social workers' perceptions are impacted by their age, gender, practice experience, race, and ethnicity, how enduring an initial choice of theoretical orientation might be, and whether different factors seem influential to clinicians of different demographic profiles.

Research Question (7):

Does social workers' theoretical orientation influence their work with diverse patients?

To the best of the author's knowledge there is also no prior work on the relationships between social workers' theoretical orientation and their work with diverse patients. The seventh and final research question therefore explored to what extent social workers feel that their theoretical orientation influences their work with diverse patients.

CHAPTER SIX: RESEARCH METHODOLOGY

Research Design

The major goal of the study was to investigate how clinical social workers arrive at their current primary theoretical orientation. To this end, this study aimed to understand and describe, from the perspective of clinical social workers: 1) current theoretical models driving social work clinical practice, 2) factors that influence the selection of a theoretical orientation, and 3) outcomes associated with different theoretical orientations.

Phenomenology

Hegel (1967- originally published in 1807) describes the human psyche as an entity capable of consciousness, of intentionality, and of learning from direct experience. Reality being a product of one's consciousness is a fundamental philosophical assumption of thinkers such as Husserl and Heidegger and provides the foundation for the phenomenological analysis (Creswell & Poth, 2016). A phenomenological approach to research within a social work context comprises the study of a number of individuals' life experience – such as the experience of grief, childbirth, or illness (Pascal, 2010). The phenomenological qualitative approach of this study illustrated what the participants have in common as they experience the same phenomenon (Creswell & Poth, 2016). The goal of such studies is to extract the deepest possible meaning of that phenomenon, exploring the lived experience of participants alongside the corresponding situations and conditions (Giorgi, 1985; Moustakas, 1994; Van Manen, 1990). Data for phenomenological studies are typically collected with the help of interviews containing open-ended questions that are directed at participants who have experienced the phenomenon in

question, focusing on the "what" and "how" of their experiences (Creswell & Poth, 2016; Padgett, 2016). Analysis typically involves generating themes from the interview transcriptions, which are then written up in a description of participants' experiences, and then condensed into a report with the goal of understanding the 'essence' of the phenomenon (Creswell & Poth, 2016).

Population, Sampling, and Recruitment

The study procedure was submitted to Western Institutional Review Board, Yeshiva University's Institutional Review Board (IRB) prior to beginning the research and was determined to be exempt on July 15, 2021 (WCG IRB Work Order #1-1453948-1).

To recruit English-speaking clinical social workers currently providing therapy as participants, the study solicitation was emailed to members of the New York State Society for Clinical Social Work (NYSSCSW; see Appendix A for membership details and listserv guidelines). In accordance with the society's guidelines, the final survey was first shared with the NYSSCSW Executive committee for approval before posting. The email solicitation included a brief description of the research study as well as a link to the survey. Participants were invited via email to the society's listserv (see Appendix B). Upon clicking on the link, the study information sheet as well as a consent page was displayed (see Appendix C). Only after agreeing to participate, the survey was displayed.

A contingency plan had been made in case this approach had not resulted in sufficient responses to solicit participants from other relevant clinical societies, such as societies of clinical social work in other states, as well as the New York chapter of the National Association of Social Workers (NASW). Because of the broader scope and membership base of the NASW, this option

would have required more careful prescreening. However, as a sufficient number of participants could be recruited via the NYSSCSW these avenues were not pursued.

To preserve confidentiality and anonymity, no identifying information was collected. The participants were also informed that they could withdraw at any time without penalty. Each respondent was assigned a number in chronological order of receipt of their responses as a participant ID. Participants had the option to provide an email address if they wished to receive a copy of the results after completion of the study. If participants chose to provide their email address for this purpose, it was stored separately from their survey responses. In the same manner, participants were able to provide their email address to receive a $10 Starbucks gift card as compensation for their contribution to the study.

The notion of saturation comprises a concept that defines a stage of data collection where the emerging insights and issues produced by the data have been exhausted (Hennink et al., 2017). Saturation is also used to define an approach to determine a priori the needed sample size. Hennink et al. (2017) underscore that saturation cannot be predicted and that it can be operationalized only via coding of the data. They conclude that code saturation can be achieved via 16-24 interviews (Hennink et al., 2017). With a final sample of 38 participants, this rule of thumb was exceeded.

Data Collection and Management

A survey questionnaire was created to capture the nature of the thought and experiences of the clinicians. The questionnaire was created in Qualtrics, and the document has been provided as Appendix C. The qualitative questions explored the varying factors that may contribute to a clinician's selection of a theoretical orientation and the individualized practical

application of it. This qualitative research approach involved a series of open-ended questions allowing participants to communicate their own unique experiences.

Trustworthiness

To establish trustworthiness of a qualitative study, Guba (1981) defined four criteria – credibility, transferability, dependability, confirmability. Shenton (2004) proposed specific strategies to satisfy these criteria. For example, to achieve credibility, Shenton recommends developing familiarity with the participants, using random sampling as well as triangulation, and adopting well established research tools such as interviews, which are a well-established method in qualitative investigations (Padgett, 2016). Moreover, the author's professional experiences resemble those of the participants in this study, hence ensuring familiarity with the participants' lived day-to-day experiences on the job as well as their educational background. Random sampling is not practical in this particular study as it would a) require a complete list of clinicians including contact details and years of experience and, b) as response rates for such enquires are typically low (Baruch, 1999). Participants will be self-selecting into the study by responding to the email solicitation, which is a widely adopted procedure to secure participants (Padgett, 2016). While random sampling would be preferable, and participants willing to participate in research studies are typically more likely to display certain characteristics such as being female and agreeable (Gosling, Vazire, Srivastava, & John, 2004), no researcher bias is expected as could be the case in e.g. in-person recruiting. Triangulation may – according to Shenton – involve the use of various data sources by employing a wide range of participants, which will be established via reporting of the demographic characteristics of the recruited final sample. Transferability is concerned with the degree to which the study results are applicable to

other situations. Due to a lack of cross-cultural studies in this area, it is difficult to assess in what ways insights gleaned from this study might be limited to the North American or Western sphere. Dependability will be ensured by describing the research design, implementation, operationalization in detail, as well as providing a reflective appraisal of the procedures undertaken. Confirmability will equally be ensured by describing in detail procedures and decisions made, allowing for the development as well as replication of the work to be tracked ("audit trail").

Study Definitions

The following section describes definitions central to this work.

Social Workers

According to the U.S. Bureau of Labor Statistic (2021), " Social workers help people solve and cope with problems in their everyday lives.". According to the NASW (2016 p. 10), "a social worker is an individual who possesses a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education." In the United States, there are more than 700,000 jobs held by social workers, who take on varied roles in the community, including in mental health clinics, private practices, the military, schools, companies (National Association of Social Workers, 2021b). This study focused on clinical social workers who provide mental health services, including helping people who experience anxiety, depression, and other metal health disorders. This work is often performed in solo or group private practices. This study defined practitioners involved in 30 or more hours of clinical social work-related activities as working fulltime, and those who are involved in less than 30 hours as working part time (see Internal Revenue Service, 2021).

Social Work Education

Social workers might hold a Bachelor of Social Work (BSW), a Master of Social Work (MSW), or a Doctorate (DSW) or PhD in Social Work. With an MSW social workers can become Licensed Clinical Social Workers (LCSW), who can provide psychotherapy and advanced clinical services in a one-on-one setting (National Association of Social Workers, 2021c). In addition, many schools will offer one-year post-MSW certificates in specializations such as gerontology, child welfare, or school social work. For the purposes of this study, we focused on practitioners holding MSW degrees or higher.

Theoretical Orientations

Therapeutic orientations differ in treatment-specific characteristics such as intervention techniques, fundamental views of human nature, and mental health, the processes that lead to mental health outcomes (e.g., Messer & Gurman, 2011). In their study of over 4,000 therapists, Heinonen and Orlinsky (2013) identified the following theoretical orientations: **Cognitive-behavioral** therapists have been found to be more rational, conscientious, and empirical (Arthur, 2001; Poznanski & McLennan, 2003); **psychodynamic** therapists have been found to employ a more intuitive, abstract-analytical thinking style, that is less conforming and conventional (Arthur, 2001; Buckman & Barker, 2010) ; and **humanistic** therapists have been found to be more inner-directed, and self-actualizing (Poznanski & McLennan, 2003; Tremblay et al., 1986). **Integrative-eclectic** therapists indicate that three or more different orientations are influencing their practice (Heinonen & Orlinsky, 2013)). Heinonen and Orlinsky also allowed for an "Other" rating. Responses in that latter category were recoded (e.g., a Freudian or Jungian orientation was counted as Analytic-Psychodynamic). This category is therefore omitted for the purposes of the work described in this dissertation.

Study Questionnaire

I developed the study questionnaire based on the research questions and the literature that supports the value of knowing the theoretical practices of social work clinicians. It asked participants to report the primary theoretical orientation(s) that drive their practice, and to describe how their social work studies, as well as studies outside of social work (e.g., philosophy, theology), their own therapeutic experience, mentors, and factors outside of their social work education (e.g., specific individuals, life experiences, interactions with patients) influenced their choice of theoretical orientation.

In addition, participants were asked to reflect on how the same factors influenced a – if any – change of theoretical orientation of theirs. Participants also described how their theoretical orientation influences their behavior in their individual as well as group practice, and they reported demographics (age, gender, race, years practicing, social work and continuing education, job focus). The complete study questionnaire is found in Appendix D.

Data Analysis

Descriptive statistics were computed for the demographic data. The collected qualitative data were analyzed using NVivo, a software built by QSR International to process, manage, organize and structure vast quantities of written and visual data. The data were coded to identify themes, and appropriate visualization tools were implemented as the data demands.

In order to access/extract meaning, the present study utilized the concept developed by Husserl (1911) of *epoche* (bracketing), whereby the researcher contains (brackets) any prior view regarding the phenomenon of her/his interest, suspends judgment, and, to the greatest extent possible, places her/his self in what Moustakas (1994) refers to as a “transcendental” state in

relationship to the phenomenon that is being studied. The process of open, axial and selective coding will be utilize as proposed by Creswell & Poth (2016) and Miles and Huberman (1994) to organize, reduce and compartmentalize qualitative data collected from the survey.

In open coding, the data are coded for its major categories. Based on open coding, axial coding asks the researcher to identify one open coding category, and then to create related categories around this. Finally, in selective coding the researcher uses the model to develop hypothesis for the different categories in the model as well as their interplay. Special attention will be paid to how diversity of the practitioner and his/her might impact decisions, processes, and therapeutic success.

All participant voices were included in the analysis for further discussion. Minority submissions were included as well as clusters of themes in order to address the contributions of every participant in the sample. In qualitative data analysis, a small sample allows for a discussion of a potentially diverse data set and its implications.

CHAPTER SEVEN: RESULTS

The following chapter provides a description of the sample as well as an exploration of the themes emerging from participant responses relevant to the different research questions.

Sample

See Table 1 for a demographic breakdown of the study sample surveyed in this study. Most respondents were white (89.47%; N = 34), while a small number reported to be Hispanic (N = 1), Black or African American (N = 1), or Asian (N = 2). In addition, most respondents were also female (94.59 %; N = 35). Only two participants (5.41%) reported being male, and one other participant did not report their gender. Participants' age ranged from 23 to 66 years old. The average age was 53.03 years (SD = 14.84) old with 78.95% (N = 30) participants being 43 years or older.

The majority of participants had an MSW (94.44%; N = 34), but a small number of participants also held a DSW (N = 1), or a Ph.D. (N = 1). Most participants (86.11%; N = 31) reported having completed additional training after graduating from their MSW. Examples of such further training included a Doctorate in Social Science, or specific therapeutic certificates such as a Certificate in Psychoanalysis, or other professional training.

Table 1

Demographic breakdown of the study sample

Gender	
Female	94.59 %
Age	53.03 years (SD = 14.84)
Education	
Ph.D.	2.78 % (1)
DSW	2.78 % (1)
MSW	94.44 % (34)
Ethnicity	
Asian	5.26 % (2)
American Indian or Alaska Native	--
Black or African American	2.63 % (1)
Native Hawaiian/Pacific Islander	--
White	89.47% (34)
Other	--
Hispanic	2.63 % (1)

Note. $N = 38$.

Participants reported that a variety of primary theoretical orientations drive their practice (see Table 2).

Table 2

Frequencies of theoretical orientations mentioned by study participants

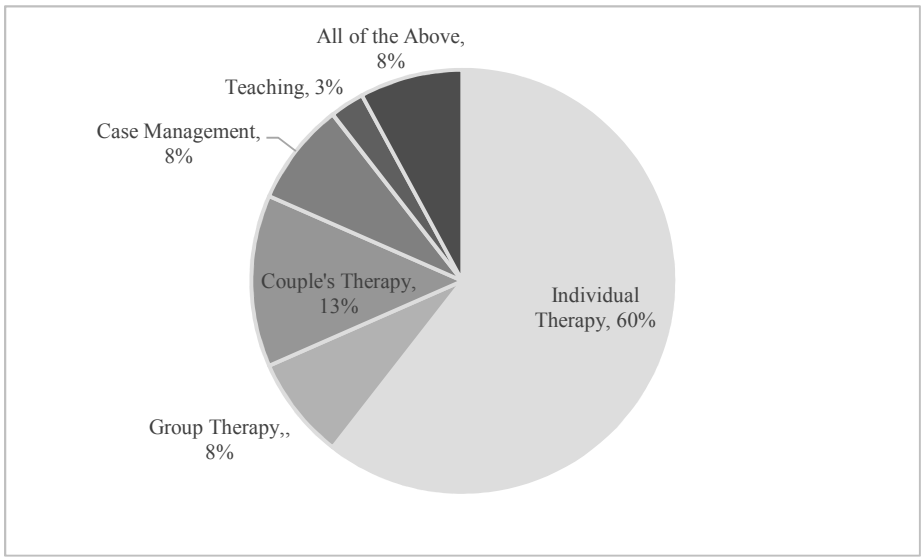
Theoretical orientation	Frequency of mention
Psychodynamic	20
Cognitive-behavioral	7
Integrative	7
Humanistic	5
Systems	3
Gestalt	2
Imago Relationship	2
Trauma informed	2
Acceptance and commitment	1
Anti-oppressive	1
Character analytical	1
Interpersonal	1
Modern and real life	1
Somatic therapy	1

Note. The sum of the frequencies is greater than the study sample ($N = 38$) as participants may have mentioned more than one orientation guiding their work.

Twenty-seven participants (71.05%) reported informing their patients of their theoretical orientation while 9 (23.68%) reported not to do so. Participants reported that their jobs focus on individual therapy (60.52%; $N = 23$), couples therapy (13.16%; $N = 5$), group therapy (7.89%; $N = 3$), case management (7.89%; $N = 3$), teaching (2.63%; $N = 1$), all of the aforementioned (7.89%; $N = 3$). No-one reported to be focusing on supervision (see Figure 1).

Figure 1

Job focuses of participants included in the study

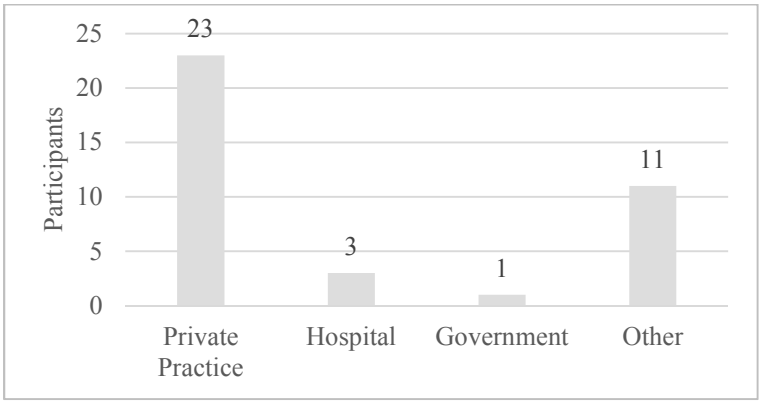


Note. $N = 38$.

They reported their primary work setting to be a private practice (65.79%; $N = 25$), a hospital (7.89%; $N = 3$), a clinic (7.89%; $N = 3$), or a government agency (2.63%; $N = 1$). A group of participants reported having a different work environment from the listed options (15.79%; $N = 6$) and mentioned nonprofit, being retired, or working at a higher education institution (see Figure 2).

Figure 2

Work settings of participants included in the study



Note. $N = 38$. Labels on bars indicate the count of participants who have indicated that they work in the respective setting.

Participants reported to be spending an average of 27 hours per week on their work as a clinical social worker ($M = 27.14$, $SD = 10.48$). For their work, 89.47% of participants ($N = 34$) reported being based in New York state, while four participants reported working out of New Jersey, Pennsylvania, Michigan, and Tennessee, respectively. On average, participants had 20.87 years ($SD = 16.79$) of experience.

The focus of this study was to explore the theoretical orientations of clinical social workers and the factors that influence theoretical orientation as it relates to client outcomes. The study's objectives were a) to provide an understanding of what presently informs the theoretical choices that social workers make; b) to explore what additional material ought to be included in social work curricula in order to foster among social work students a more informed, holistic choice process; and c) to explore the impact that theory has on practice.

Factors Influencing Choice of Theoretical Orientation(s) (RQ1)

This research question was aimed at investigating what led to participants' choice of theoretical orientation. In particular, participants were asked whether – and if so, how – any of the following influenced their choice: Social work studies, studies outside of social work, their therapeutic experiences, mentors, any other factors outside of their social work education. In the following, I will describe themes that emerged from participants responses with regards to each of these potential influences.

Social work studies

Twenty-seven participants reported that their social work studies had influenced their choice of theoretical orientation(s). In particular, they reported that class content, the teaching faculty, as well as field placements they undertook as part of their social work studies formed their orientation.

Class content. A third of all participants ($N = 13$) mentioned class content in their responses. For example, Participant #7 wrote "yes, when I was studying for my MSW that was the major orientation taught", and Participant #9 stated "In graduate school, which was very clinical, and in the 1980s, ego psychology was primarily taught. I found that focusing on Freud's structural theory gave me structure." This underscores the outstanding importance of class content on social workers' choice of theoretical orientation.

General influence. The second most prominent theme was one of general influence, which was found in the responses of nine participants. For example, Participant #22 stated "Yes through exposure to several orientations and exploration of which ones felt like a fit for me" and Participant #15 reported "Yes, by giving me a Broad view of what's out there." While this group of participants does not share details about which elements of their social work education they

found most influential, they clearly state an influence of their social work education on their choice of theoretical orientation.

Faculty. A third theme emerging from participant responses, that was mentioned three times, is the influence of faculty. As such, Participant #36 said "Yes, I had one professor who introduced us to supportive and psychodynamic work.", and Participant #33 reported "Yes. My two most wonderful professors happened to be psychoanalysts. Their classes were deeply impactful in their depth, knowledge, and use of analytical principles in discussing cases." These participants' responses suggest that individual faculty can have a significant impact on a social worker's theoretical orientation.

Field placements. A fourth aspect of their social work education that influenced their choice were field placements, which were mentioned by two participants. For example, Participant #25 wrote that "Internship experience has influenced my choice. Regardless of their illnesses, everyone wanted to be treated as human beings first." This underlines the importance of practical experiences alongside theoretical studies when making the decision for which theoretical orientation should primarily rule one's work as a social worker.

Finally, eleven participants reported no influence of their social work studies on their choice of theoretical orientation. As such, Participants #6, #8, #19, #24, #35, #37, and #38 simply stated "No".

No participants reported to have been influenced by their postgraduate training.

Studies outside of social work

In addition to their social work studies, participants reported various influences of studies outside of social work. Emerging themes were trainings or workshops, philosophical,

theological-religious studies, other professional training, clinical experience, general outside studies, self-guided studies, postgraduate training, and personal therapy and analysis.

Trainings or workshop. Seven participants reported having been influenced by trainings or workshop. For example, Participant #12 stated "yes -- supervisor was very Gestalt, additional trainings in trauma, EMDR, some CBT, more body-oriented work.", Participant #28 reported "Yes! Advanced training in psychoanalytic psychotherapy and reading other analytic material", and Participant #24 wrote "Yes - external trainings".

Philosophical, theological-religious studies. A further six participants stated that they had been influenced by philosophical, theological-religious studies. For example, Participant #6 wrote "yes, eastern philosophy, buddhism [sic]", and Participant #33 described "Yes. I was a Catholic studies minor in undergrad. The idea of the unconscious, exploratory work, and non-symptom driven treatment that taps into the deeper meanings of living a meaningful life speaks to me."

Other professional training. Other professional training influenced five participants. For example, Participant #16 wrote "Yes, as a theatre performer I learned the power of empathy, play and the great joy being silly can bring to an adult who forgot.", and Participant #4 stated "Yes, as a sociologist and gerontologist, and as someone who values the societal influences on development, I have always considered the role of environment and social and political factors that inform each person's development. […] "

Clinical experience. Four participants described that clinical experience they had influenced their choice of orientation. For example, Participant #22 stated "Yes probably more so than school. Reading social work books was influential, then my supervisors and mentors, and then primarily experimentation with my clients to gradually find what worked for me - what felt

intuitive and exciting in the work." Participant #14 reported "Yes. I've participated in many trainings while at social work jobs, as well as been required to practice using certain modalities at one of my jobs. These helped me identify the theoretical frameworks and clinical interventions that resonated most with me."

General outside studies. Another reported theme related to general outside studies. As such, four participants reported influence of general studies outside of their social work studies to be influencing their theoretical orientation(s) and work. Two participants simply responded "Yes" (Participants #1 and #29), while Participant #15 wrote "Of course. I think everything we learn about the world influences how we inform our practice. Telling it here would take a thesis in itself. "

Self-guided studies. Three participants expressed that self-guided studies influenced their choice of theoretical orientation(s). For example, Participant #21 noted "Personal readings in my youth." as influential. This was echoed by another participant (Participant #22) who shared that self-guided reading had also influenced their choice of orientation.

Postgraduate training. For a small number of participants ($N = 2$), postgraduate training was influential as illustrated by a comment from Participant #37 who wrote "Yes I went to an analytic institute for postgraduate training".

No influence of outside studies. Notably, nine participants commented that social work studies did not influence their selection of theoretical orientation.

Therapeutic experiences

In addition to their social work studies and studies outside of those, participants also reported their own therapeutic experiences to have influenced their choice of theoretical

orientation(s). Several themes emerged from their responses around different approaches to psychotherapy.

Psychodynamic psychotherapy. The theme with the most support ($N = 13$) emerging from participants' responses was psychodynamic psychotherapy. One participant (Participant #2) described that "Yes, I was in psychoanalytic psychotherapy for 15 years with two different therapists. The first one was a clinical psychologist the second was a clinical social worker at my institute." Another participant commented that "Yes, I have been in individual and group therapy, always informed by an analytic/psychodynamic framework" (Participant #4).

Non-descript therapy. The second largest theme was non-descript therapy and supported by 11 participants. As such, Participant #15 described that "Yes of course my own therapy has influenced me most of all. My choice of theoretical orientation is also based on the supervision I could or could not afford to pay for. I am the ever patient, loving, clever, cautious and self-reflective person that MY therapist of 20 years is (while in session).", and Participant #12 responded "yes, most of what I practice I have experienced myself". This was echoed by Participant #9 who responded "Yes, greatly. I was influenced by my own personal therapy and analysis." The strong support for this theme suggests that the specific kind of therapy might be less important than the introspection – at least to this group of participants.

Alternative therapies. Five participants said that their choice of theoretical orientation was influenced by alternative therapies they engaged in. Participant #26 commented that "Yes many alternative methods, dance, biofeedback, yoga etc.", and Participant #27 shared that "Yes, in a crisis I went to a therapist who used Somatic Experiencing and that led me to train in the field."

CBT training. Two participants thought that their experiences with CBT influenced their choice of theoretical orientation. “Yes, with CBT, and the modality fits my personal and professional orientation” (Participant #5). Another clinician (Participant #30) noted “Yes. I suffered from panic attacks before I became a social worker, and I went through therapy with a CBT therapist.”

Gestalt. Two further participants credited Gestalt therapy in their choice of theoretical orientation. Participant #14 said that “Yes. While undergoing advanced training in gestalt, I was in therapy with a gestalt therapist, which I found to be very helpful.” And another participant (Participant #34) commented “Yes, a Gestalt therapist who was wonderfully helpful. “

Eclectic psychotherapy. Another therapeutic approach that was mentioned by one participant was eclectic psychotherapy. Participant #28 commented that “Yes, although my early analysts were pretty eclectic (use of body-oriented modalities and hypnosis as well as psychodynamic approaches).”

DBT and EMDR. Thinking about the influences of their own therapeutic experiences on their choice of theoretical orientation, one participant also mentioned DBT and EMDR: “I have experienced both psychodynamic and behavior-based interventions (DBT; EMDR). I essentially believe that the success of an intervention is 90% conditioned on the sophistication and expertise of the clinician and less on the theoretical inclination.” (Participant #30).

Internal family systems. One final therapeutic approach was mentioned by one participant. Participant #24 stated that “Yes – IFS” had influenced their choice of orientation.

No influence of own therapeutic experiences. Finally, five participants commented that their own therapeutic experiences did not influence their selection of theoretical orientation.

Mentors

In addition to their social work studies and own therapeutic experiences, participants also reported mentors to have influenced their choice of theoretical orientation(s). Several themes emerged from their responses around mentors' teaching, guidance, and supervision.

Teaching. Twelve participants reported that their choice of theoretical orientation was influenced by the teaching of mentors. For example, Participant #3 wrote: "Yes. I believe professors have taught more of the framework they are familiar with so perhaps I know more and am more comfortable with certain theoretical frameworks and practices because of them.". Similarly, Participant #17 described "Yes, I have had several mentors, one of whom was a DBT facilitator/teacher and whose work in academia has been a major influence on me." This underlines the importance of knowledge transmission through other pathways than classroom teaching.

Guidance. The second most supported source of mentor influence was guidance (N = 10). As such, Participant #6 mentioned: "yes - powerful mentoring and guidance." Participant #22) commented: "Yes - I have had several mentors and supervisors and I think I take pieces of all of them to integrate into my work through trying things they suggest and discarding what has not been a good fit, and continuing to use the things that were." These statements illustrate the importance of mentor guidance.

Supervision. A third theme, supported by seven participants, was mentor supervision. One participant (#10) said: "I have had amazing supervisors. Helped normalize traumatic reactions and counter transference." Another participant (#22) responded: "Yes - I have had several mentors and supervisors and I think I take pieces of all of them to integrate into my work through trying things they suggest and discarding what has not been a good fit, and continuing to

use the things that were." This highlights the important influences supervision sessions have on social workers in training.

Mentors did not influence. Finally, a group of eleven participants reported not having been influenced by mentors. Six participants responded with "No.", while, for example, Participant #37 provided a more detailed explanation: "No, I was really born that way! I have been interested in intrapsychic and interpersonal dynamics and the unconscious since I was a teenager." This highlights the fact that, while mentors can be very powerful influences for some people, others primarily might learn in other ways.

Factors outside of social work education

In addition to their social work studies, studies outside of social work, their therapeutic experiences, and mentors, participants also reported other factors outside of their social work education to have influenced their choice of theoretical orientation(s). Life experiences, interactions with patients, and specific individuals emerged as themes.

Life experiences. The theme with the most support from participant ($N = 20$ – over half of the study sample) was life experiences. Asked whether any factors outside of their social work education influenced their choice of theoretical orientation, Participant #36 said: "Yes, my own childhood experiences have influenced my work with children in families esp. in helping parents see their child as a person with his own ideas and feelings." Participant #16 responded that: "Yes, my intersectionality has heavily influenced my orientations, as well as my personal history/life experiences. I have come to understand the importance of unpacking one's childhood and early relationships." This contribution highlights the strong influence of a diverse background. Participant #4 responded that: "Yes, of course. My family, my education, and

experience of living in different parts of the country and the world have all influenced how I think about my work."

Interactions with patients. A second theme, supported by nine participants, emerged around interactions with patients. For example, Participant #1 wrote "Experience with patients", and Participant #38 responded with: "Fellow therapists. And my clients teach me a lot." In combination with the previous theme around life experiences, this underscores the importance of encounters, interactions, and lessons learnt outside of the classroom.

Specific individuals. Six participants reported having been influenced by specific individuals, forming a third theme. For example, Participant #17 stated: "Yes. My aunt was supportive at an integral time in my life.", and Participant #34 commented: "Not really besides my previous therapist in my early 20s." This highlights that – presumably untrained – individuals can take the role of a mentor, including influencing a social worker's theoretical orientation.

Other factors did not influence. Seven participants reported not having been influenced by factors outside of their work study. Six participants said "No", and a seventh responded with "Not sure."

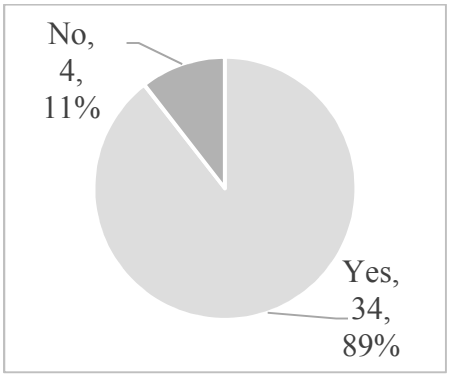
Influences of Theoretical Orientation(s) on Individual Practice (RQ2)

The second research question explored how social workers' primary theoretical orientation(s) influenced their behavior in practice. Participants were asked whether their theoretical orientation(s) influence(s) their behavior in their individual practice, and if so, to describe how that is the case.

Figure 3 shows the distribution of participants who report that their orientation(s) do(es) influence their practice behavior (89%; $N = 34$) compared to those who report that that is not the case (11%; $N = 4$).

Figure 3

Distribution of participants whose orientation does (not) influence their practice behavior



Note. $N = 38$. Labels indicate whether participants indicated that their orientation influences their behavior (Yes vs No), followed by the absolute count, and percentage of that group within the sample.

Clinician intervention. Thirteen participants reported influences on clinician intervention. For example, Participant #14 wrote that "Yes, my clinical interventions draw from these orientations.", and Participant #10 reported "Yes in terms of mindfulness practice as well as values of peace, humility etc."

Clinician behavior. Another group of thirteen participants reported influences on clinician behavior. As such, Participant #27 wrote "Yes, I am not as stiff as I was in analytic work. I use my personality and beliefs and tools to powerfully work with clients.", and

Participant #25 wrote "Yes, active listening is critical in expressing my respect and interest to the clients."

Overall practice. A group of nine participants reported a very general influence. Three participants (#28, #29, and #32) simply responded "Yes" to the question whether their theoretical orientation(s) influence(s) their behavior in their individual practice. One participant said: "Yes it informs my practice." And another stated: "yes in many ways to [sic] many to have time or space for now."

Interactions with clients. Five participants described influences on their interactions with clients. As such, Participant #1 described: "Yes, the trainings I do as well as how I interact and work with clients." Participant #33 explained: "Yes. I focus on building a strong therapeutic alliance (humanistic) and also do a lot of exploratory work related to psychodynamic work (influences of the past, attachment styles, transference)." These participants feel that their theoretical orientation influences the way they connect and communicate with their patients.

Clinician assessment. Three participants reported that their clinical assessments are influenced by their theoretical orientations. For example, Participant #16 described: "Yes, it informs the type of questions I ask and interpretations I make." And Participant #6 reported: "yes, address thought/emotional pattern leading to undesired behaviors."

Trainings. One participant (Participant #1) reported an influence on the trainings they decide to do. They wrote: "Yes, the trainings I do as well as how I interact and work with clients."

No influence on practice. Finally, three participants reported not having experienced any influences of their theoretical orientation on their clinical practice. Participant #3 simply

responded “No”, Participant #26 said “Not sure”, and Participant #9 wrote: “Not really. I usually put my patient first and meet them where they are.”

Influences of Theoretical Orientation(s) on Group Therapy (RQ3)

The third research question explored how social workers’ primary theoretical orientation(s) influenced their behavior in individual compared to group practice. Participants were asked whether their theoretical orientation influenced their behavior in group practice, and if so, to describe how. Participants were also instructed to state if they did not use group therapy.

Three areas of influence emerged from participant responses – a general influence on group therapy, an influence on clinician behavior, and an influence on interventions used.

Clinician behavior. Seven participants described an influence on clinician behavior in a group therapy setting. As such, Participant #37 described that “Yes, I am always studying the intragroup transferences and helping members do the same.” Participant #17) wrote “Yes. I try to always keep in mind my opportunity to be a substitute securely attached caretaker.” And Participant #4 responded “Yes. I am trained in Modern Analytic group practice, and use this orientation in both analytic and support group settings.” The responses underline the breadth of behaviors clinicians might display in group therapy (e.g., helping members study intragroup transferences, compared to taking the role of a securely attached caretaker), and consequently the powerful influences theoretical orientations can have.

Yes overall. The second most supported theme ($N = 5$) was one of general influence. For example, Participant #32 wrote: “Yes. I utilize different schools of thought.” And Participant #8 responded: “Yes because I have group members empowered by their own positive thoughts.” While the exact elements of their group practice that are influenced by their theoretical

orientation is not clear, these participants undoubtedly feel like their theoretical orientation has an influence.

Intervention. Three participants provided support for the third theme around interventions. Participant #9 stated: "It depends on the type of group work I'm doing. I will use my various training to suit the needs of the group or an individual who will help the group." And Participant #26 described: "I think so, breath work, presence, mindful lenses positive psychology." This final theme gives another indication for how varied the tool kits of group therapists can be, and how the therapist's theoretical orientation can play a major role in the composition of that tool kit.

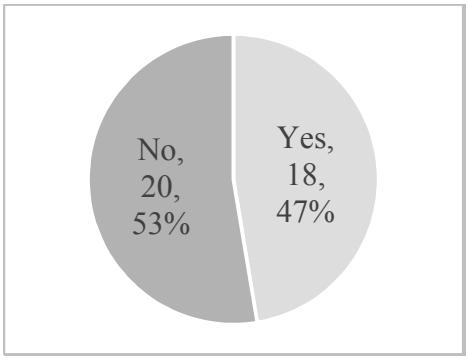
No influence on group practice. Most participants reported to either not be engaging in group practice, and/or not to be influenced by their theoretical orientation. Two participants (#6, #29) simply responded "No", indicating that either there are no differences in applying their orientations between work with individuals and groups in group therapy, or potentially that they do not offer group therapy. 22 participants explicitly stated that they do not practice group therapy. For example, Participant #33 stated "I do not use group therapy.", and Participant #28 reported "I'm not currently running any groups".

Change of Theoretical Orientation(s) (RQ4)

This investigation sought to assess to what extent clinical social workers have previously changed their theoretical orientation. In the present sample, 18 participants (47.37 %) reported to have changed their orientation, while 20 (52.63%) reported never having done so (see Figure 4).

Figure 4

Distribution of participants who have and have not changed their orientation



Note. N = 38. Labels indicate whether participants indicated that they changed their orientation (Yes vs No), followed by the absolute count, and percentage of that group within the sample.

Factors Influencing Change of Theoretical Orientation(s) (RQ5)

The fifth research question was aimed at investigating what led to participants' change of theoretical orientation. In particular, participants (who had previously confirmed to have changed their orientation in the past) were asked whether – and if so, how – any of the following influenced the change: Their social work studies, studies outside of social work, therapeutic experiences, mentors, and any other factors outside of their social work education. In the following, I will describe themes that emerged from participants responses with regards to each of these potential influences.

As seen in Figure 4, only 18 participants (47% of the sample) reported having changed their orientation. Consequently, the following sections refer to the answers of that subset of 18 participants only.

Social work studies

First, participants were asked whether their social work studies had influenced their change in theoretical orientation. Three themes emerged around continuing education, a deficient curriculum, and work settings that I will describe in more detail in the following.

Continuing education. Six participants made statements regarding continuing social work education that contributed to their decision to change their theoretical orientation. For example, Participant #14 stated: "Yes. I started out using a psychodynamic approach, but learning and using other modalities caused me to change." And Participant #17 wrote: "Yes. I am very interested and spend a lot of time reading and studying Attachment Theory and modes that utilize it."

Deficient curriculum. Three participants made references to having experienced a deficient social work curriculum. As such, Participant #9 said "Yes, in graduate school, there were not many theories taught because there was so much more that needed to be studied, for example community, group, statistics." And Participant #10 commented: "The demands of the populations served necessitated practical and medical interventions as I saw trauma in many if not most of my clients" further underlining the need for comprehensive continuing education programs available for different needs and interests.

Work setting. Two participants made reference to their workplace influencing their decision to change. Participant #3 said: "Different workplaces have influenced my changes." And Participant #29 wrote: "Yes, exposure to multiple theories."

No influence of social work studies. Finally, eight participants indicated that their social work studies did not influence them in their decision to change their primary theoretical orientation. For example, Participant #22 said about their social work studies: "No - those

occurred prior to changing [sic].” Similarly, Participant #36 stated: “They did not, readings, conferences, talks with other therapists and my own experiences have made the change which is ongoing.”

Studies outside of social work

Second, participants were asked to report whether studies outside of social work (such as philosophy or theology) had influenced their change in theoretical orientation.

Clinical growth – skills development. Six participants voiced thoughts related to clinical growth and skills development. For example, Participant #38 described: “Yes, many factors go into my ever-evolving orientation.” Participant #9 said: “Yes. What felt right within me to grow and understand.” And Participant #35 wrote: “Yes, it was provided by disciples [sic] other than social work”, indicating that disciplines other than social work influenced them in their decision.

Increased existential awareness. Two participants described that studies outside of social work had led to increased existential awareness which inspired their change of theoretical orientation. Participant #6 said: “yes, eastern philosophy re human condition, source of suffering”, and Participant #22 wrote: “Somewhat - some writers like Yalom were influential in helping me to revise my perception of social work, primarily by accepting uncertainty in the work and moving away from trying to measure everything.”

No influence of outside studies. Ten participants indicated that studies outside of social work did not influence them in their decision to change their theoretical orientation.

Therapeutic experiences

Third, participants were asked to report whether their own experiences with any of these orientations had influenced their change in theoretical orientation.

Advance clinical skills. Four participants described that their own therapeutic experiences advanced their clinical skills which influenced their decision to change their theoretical orientation. For example, Participant #36 wrote "Yes, being treated by a psychoanalyst affected my understanding of treatment and patients' needs." Participant #14 described: "Yes. I was in therapy with someone who worked primarily psychodynamically. A few times she used CBT interventions, and I found these CBT interventions to be the most effective and ones I still remember years later."

Personal development. Another four participants described their own therapeutic experiences having led to personal development which influenced their change of theoretical orientation. As such, Participant #27 shared: "Absolutely. Traumas in my life made me seek out different types of treatment and some really resonated with me."

Yes, without explanation. Another two participants stated that their own therapeutic experiences had had an influence ("Yes") but did not provide further details.

No influence of therapy. Seven participants stated that their own therapeutic experiences had not contributed to their change in theoretical orientation. For example, Participant #17 wrote: "Not really. I was blessed with a securely attached mother."

Mentors

Yes, without explanation. One participant stated that "Yes", mentors influenced their change in theoretical orientation, but did not specify further.

Encouragement-support. Four participants mentioned the encouragement and support they received from mentors to have influenced their change in theoretical orientation. For example, Participant #6 wrote "yes, influential mentoring." And Participant #22 stated:

"Somewhat - as I began to approach the work differently mentors tended to be supportive and provide me with space to explore my ideas."

Teaching. Five participants credited their mentors' teaching for their change in orientation. For example, Participant #14 said: "Yes. Therapists I respected led me to study gestalt." Participant #15 wrote: "Definitely yes. I learn techniques during conversation and groups experiences with other therapists." And Participant #27 shared: #Yes. They made sense, they worked for me, they were excellent teachers, therapists and colleagues."

No influence of mentors. Six participants stated that they were not influenced by mentors in their change. For example, Participant #17 wrote: "No, but I have had my ideas reinforced my several mentors."

Factors outside of social work education

Interactions with patients. Regarding factors outside of social work education, seven participants mentioned interactions with patients as having influenced their orientation change. For example, Participant #3 wrote: "Interactions with patients have influenced my change of theoretical orientation because patients are not one size fit all." And Participant #14 described: "As stated earlier, using different modalities with clients led me to change."

Life experience. Six participants described life experiences relating to factors outside of social work education that influenced their change in orientation. For example, Participant #27 wrote: "Being a parent of a difficult child helped me become more direct and less frightened of direct confrontation." And Participant #38 wrote: "Raising children with separation anxiety and other issues."

Specific individuals. In addition, three participants mentioned specific individuals outside of their social work education that influenced their decision to change their theoretical

orientation. Participant #2 mentioned: “Yes both my therapists were psychoanalytic.” Participant #18 credited their “Doctoral classmates”. And Participant #23 wrote: “I worked with a therapist who practiced EMDR. I took the training for EMDR, but only used it for a short time.”

No influence of factors outside of social work education. Lastly, two participants indicated that they were not influenced by factors outside of their social work education. For example, Participant #17 wrote: “No, but they have reinforced my ideas and interests.”

Demographic Differences in Theoretical Orientation(s) (RQ6)

Finally, this investigation aimed to explore whether the factors motivating social workers’ choices in, and changes of theoretical orientation differ systematically between recently graduated social workers and more experienced clinicians, male vs female, younger vs older clinicians, as well as those of different races and ethnicities. Unfortunately, however, there was not enough demographic variation within the sample to do so. Only 3 participants reported having 1 year of experience or less (6 participants reported having 2 years of experience or less). Only 2 participants reported being male, and only 7 participants reported being 35 years or younger. Finally, only a small number of participants reported to be Hispanic ($N = 1$), Black or African American ($N = 1$), or Asian ($N = 2$), while all others reported being white (89.47%; $N = 34$). As defined by Hennink et al. (2017), subgroups of approximately 16 participants each would allow to compare groups with each other - which was not the case for any of the demographic variables. In addition, the younger and less experienced practitioners also appeared to have provided generally shorter responses, further limiting the possibility for such explorations. This could, for example, be due to them not having thought about these questions during their early post graduate school years, or they may not feel confident in describing how they currently think

about these issues. As such, no statement can be made about how social workers' perceptions might be impacted by their age, gender, and practice experience.

Influence on Work with Diverse Patients (RQ7)

A final research question was aimed at whether theoretical orientations influence social workers' work with diverse patients. 28 participants (73.68%) stated that their theoretical orientation influenced their work with diverse patients, while 10 participants (26.32%) denied this being the case. The analysis of the survey answers of participants who feel that their theoretical orientation influences their work with diverse patients revealed multiple themes including an overall influence, and effects on clinician awareness as well as clinician behavior.

No effects

Ten participants reported their work with diverse patients to not be influenced by their theoretical orientation. For example, Participant #23 explained: "regardless of race, gender or sexual orientation I used CBT", and Participant #9 stated: "No. I can be eclectic with various populations as needed." Most other answers were simply "No", making it difficult to explore why participants felt this way, and whether, for example, a heightened awareness or individualized approach is part of their tool kit. As such using an eclectic technique "as needed" (Participant #9) could potentially indicate a differentiating approach.

Overall effects

As such, a subgroup of six participants made broad sweeping statements confirming effects on their practice. For example, to the question "Do(es) your theoretical orientation(s) influence your work with diverse patients (e.g., race, gender, sexual orientation)?" Participant #26 said "Absolutely", and Participants #5, #28, and #32 said "Yes". While these participants

provided no further detail, they seem to feel that there is an obvious influence of their theoretical orientation on their clinical practice.

Clinician behavior

A second theme that emerged from the data analysis is clinician behavior. 12 participants gave responses indicating that they perceive an impact on their behavior. For example, Participant #33 stated "Yes. I find that marginalized communities (LGBT, people of color) respond better to non- directive approaches.", and Participant #3 answered: "Yes. Some frameworks are simply not forged for diverse patients in which case they aren't always best to use." These examples show that participating social workers report that their theoretical orientation(s) lead them to adapt their approaches in specific ways when working with diverse patients. This might include the use of different analytic techniques as well as shifting to an entirely different framework.

Clinician awareness

In addition to overall effects and effects on clinician behavior, a third theme emerged from participants' responses indicating an effect on clinician awareness with regards to their work with diverse patients. This theme was supported by the responses of ten different participants. For example, Participant #27 said "I learn as much as I can of the ethnic groups, health conditions, traumas of my clients", and Participant #1 said "Yes absolutely it helps me to be more aware of others diversity and cultural influences", underscoring that a substantial part of the sample feels that their theoretical orientation has helped them consider and explore the individual circumstances of a patient's background.

CHAPTER EIGHT: DISCUSSION

The study's objectives were to provide an understanding of what presently informs the theoretical choices that social workers make; to explore what additional material ought to be included in social work curricula in order to foster a more informed, holistic choice process among social work students; and to explore the impact that theory has on practice.

This study conducted a qualitative investigation into the factors clinicians perceive as having influenced their choice (and change) of theoretical orientation. Notably, participants reported strong influences of a variety of factors based in their social work studies, outside studies, their own therapeutic experiences, mentors, and other factors outside of education. Interestingly, the theme with the most support from participants that emerged from the qualitative data analysis was the influence of life experiences (mentioned by 20 out of 38 participants). The second most common themes were class content in their social work studies as well as their own psychodynamic therapeutic experiences (both mentioned by 13 participants). In addition, mentors were also a powerful influence with mentors' teaching mentioned by 12, and guidance provided by mentors mentioned by 10 participants.

About half of the sample previously changed their theoretical orientation. These participants also described the factors influencing their decision to change. Perhaps unsurprisingly, the most mentioned factor influencing clinicians' change of theoretical orientation was their experience with patients (mentioned by 7 participants), followed by, again, life experiences as well as continuing education programs and clinical growth (all mentioned by 6 participants, respectively).

These findings illuminate the many different pathways that lead social workers to the experiences and exposures that eventually culminate in their choice and/or change of theoretical orientation, and are particularly interesting given the way social work education is structured today.

Prior work had shown that both supervisors and practitioners may find it difficult to identify a theoretical framework to guide their practice (Beder, 2000). This might be particularly applicably recently graduated clinicians with relatively little experience – which is being corroborated by this study where it was observed that more experienced clinicians shared more information while participating – , and further exacerbated by stress which is also likely particularly applicable to recent graduates. One possible cause for this, put forward by Beder, might be that many clinicians struggle to explain the foundations of theories available to them.

Limitations of the study and areas of future research

The following section describes different limitations of this study, as well as areas of future research that present themselves as promising.

Sample size. The smaller sample size limits the representativeness of the sample but allowed for more open-ended questions and in-depth analysis of the responses. Generally, qualitative research designs concentrate on small purposive samples (Malterud, Siersma, & Guassora, 2016; Marshall, Cardon, Poddar, & Fontenot, 2013).

Sample composition. In addition, the sample consisted of primarily experienced, older (M = 53.03 years), white (89.47%), female (94.59 %) clinicians, limiting the possibility to compare responses of participants of different demographic profiles. This is in line with prior research indicating that participants willing to participate in research studies are more likely to

display certain characteristics such as being female and agreeable (Gosling, Vazire, Srivastava, & John, 2004). However, this could also be an effect of the sampling strategy, and could be overcome in future work with the help of targeted recruiting efforts. For example, a follow-up study could utilize additional recruiting channels to recruit currently underrepresented demographics by targeting younger, and less experienced clinicians via ads placed on social media pages of organizations and institutions that are likely being followed by recent graduates of social work programs.

Another study limitation is that all participants were English speaking. Clinical social workers come from and work with a wide array of cultures, especially in the New York area. The complexities involved in including languages other than English are prohibitive for a study of this size that lacks outside funding. On a similar note, more work is needed to study theoretical orientation in non-Western samples of clinicians. As such, some initial work has studied clinicians' theoretical orientations in Malaysia (Sumari, Al Sayed Mohamad, & Ping, 2009), Turkey (Demir & Gazioğlu, 2017), and China (Liu et al., 2013), but more work is needed to capture the diversity across the world, as well as to understand cultural influences, and compare orientations across different political, cultural, and geographical contexts.

Relatedly, this study was not able to answer the research question regarding whether different factors seem influential to clinicians of different demographic profiles, which could also be investigated more closely in a follow up study.

Participant guidance. Notably, participant responses did not always align perfectly with the question asked; i.e., some participants seemed to write down multiple thoughts regarding factors influencing their theoretical orientation in response to the first questions displayed as opposed to sorting them into the respective sections for influences relating to social work studies,

mentors etc. Relatedly and understandably, participant responses then tended to get shorter towards the end of the survey. This could indicate that the set-up of the survey could be optimized to guide participants through the process, but it could also indicate that fatigue could have been an issue and that future work might want to consider the length and expected completion time of a survey in addition to the aforementioned factors. For example, without the restrictions of an ongoing COVID-19 pandemic, this study could have also been conducted as via in-person interviews, which might allow participants to voice their thoughts more freely and quicker compared to documenting them in writing. However, this would come with other tradeoffs such as the need to organize and code larger amounts of data.

Some participants also seemed to not have engaged with the provided materials and read the instructions carefully. For example, Participant #15, in response to one of the final questions, said "Perhaps I am misinterpreting your meaning of orientation." Without further information, it is impossible to say what exactly caused the participant confusion.

Client characteristics. Moreover, this study did not address how the specific characteristics of the clients influence the clinician's choice of a theoretical orientation (see Petronzi & Masciale, 2015), another area for future study.

Time horizon. Complementing the cross-sectional study presented in this dissertation, a longitudinal study could investigate how enduring an initial choice of theoretical orientation might be and at which point in the trajectory of a clinician a change might occur. This would also help prevent biases such as survivor bias or hindsight bias which are likely present when studying more experienced clinicians and asking them to reflect on a process that could have taken place a considerable amount of time ago.

Implications and contributions of the study

This study adds to the limited knowledge base about what informs social workers' choice of a theoretical orientation. This information can foster further development of social work curricula, identify potential target areas to improve the therapeutic alliance, and provide more insight into the clinician's contribution to treatment outcomes. In addition, the findings from this study inform a new path of research inquiry for social work practitioner development and client care.

For social work education

The findings from this study provide a basis for recommendations for social work practice curricula, including how different theoretical orientations are presented, taught, practiced and "tried out" by clinicians in training. In particular, this study highlights the importance of understanding the different theories of practice and hence the importance of directing students for postgraduate education, so they have clarity about the path they are committing to.

There is currently no standardized curriculum in social work education that emphasizes the potential risks of not selecting a specific theory (see Council on Social Work Education, 2020 for an overview of different course foci). Given the importance of theoretical orientations – for example, client dropout rates have been found to be directly linked to the client's perception of the therapist's behavior (Andrade et al., 2014) – this is an unacceptable status quo. I wish to propose that a guided process should be developed and integrated into social work curricula that helps clinicians identify the theoretical orientation(s) that best suit their work. Importantly, this process should draw on the factors that have been identified in this study as having had a significant impact on clinicians – namely, clinicians' life experiences, and interaction with

mentors, that are accompanied by formal teachings and classes without placing the emphasis on the latter. In addition, such a framework should also contribute to educating students for ethical practice. Social workers should be transparent towards their clients with regard to the theoretical orientation(s) guiding their practice. Educating social workers in training about different theoretical orientations and their implications, advantages and disadvantages will equip them with the knowledge and tools needed to be transparent towards their patients.

Self-theory argues that beliefs drive behaviors, which is well supported for clinicians' theoretical orientations, further underlining the fact that supporting social workers in making their choice of theoretical orientation – as well as how to translate the same into practice – is paramount to ensuring a high-quality education for social workers, as well as a positive, rewarding, and constructive experience for both clinician and client.

For social work practice

Importantly, this study also shed light on how clinicians already in practice can use different theoretical orientations in their day-to-day work. Moreover, I wish for this work to be motivating more transparency with regards to practitioners basing their work in different theoretical orientations. As such, clients should be made aware which focus they are selecting for their treatment, and practitioners should be made aware of the theoretical focus their mentor has/their mentors have.

For policy

Finally, this work could inform policy recommendations, such as regarding how government entities and insurance companies should decide which types of mental health treatment to recommend (such as duration of sessions and treatment courses). A more detailed understanding of the differences between different theoretical orientations in practice could

guide how funding is being allocated to further develop their scientific understanding, train practitioners, and make therapy guided by different orientations available to patients.

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APPENDIX A New York State Society for Clinical Social Work (NYSSCSW)

Membership with the NYSSCSW

New York State Society for Clinical Social Work, Inc.
55 Harristown Rd, Suite 106
Glen Rock, NJ 07452
Tel: (800) 288-4279; Email: info.nysscsw@gmail.com; Fax: (718) 785-9582
Website: www.nysscsw.org; Facebook: www.facebook.com/NYSSCSW/info

February 4, 2021

Dear Adolfo,

Welcome to the New York State Society for Clinical Social Work! You have joined our Society which consists of over 2000 members. Please visit and enjoy our website at www.nysscsw.com.

You have chosen to become a member of the Metropolitan Chapter. The Chapter President is Helen Krackow and her email address is hhkrackow@gmail.com. Please feel free to contact her with any questions you may have.

The Clinician, as well as a bookmark which contains valuable member benefit information will be sent next week.

Please visit our website at www.nysscsw.com to view all of the Society's latest news and events. To view the Society's code of ethics please go to: http://www.nysscsw.org/assets/docs/2010ethicscode.pdf

You will begin receiving a Friday E-News email which will contain the latest meetings and programs available to you.

Your Username and Password for the website are as follows:

USERNAME: adolfo.profumo@gmail.com
PASSWORD: The password you created upon joining

If you are interested in earning contact hours, please visit the ACE Foundation website at: www.ace-foundation.net

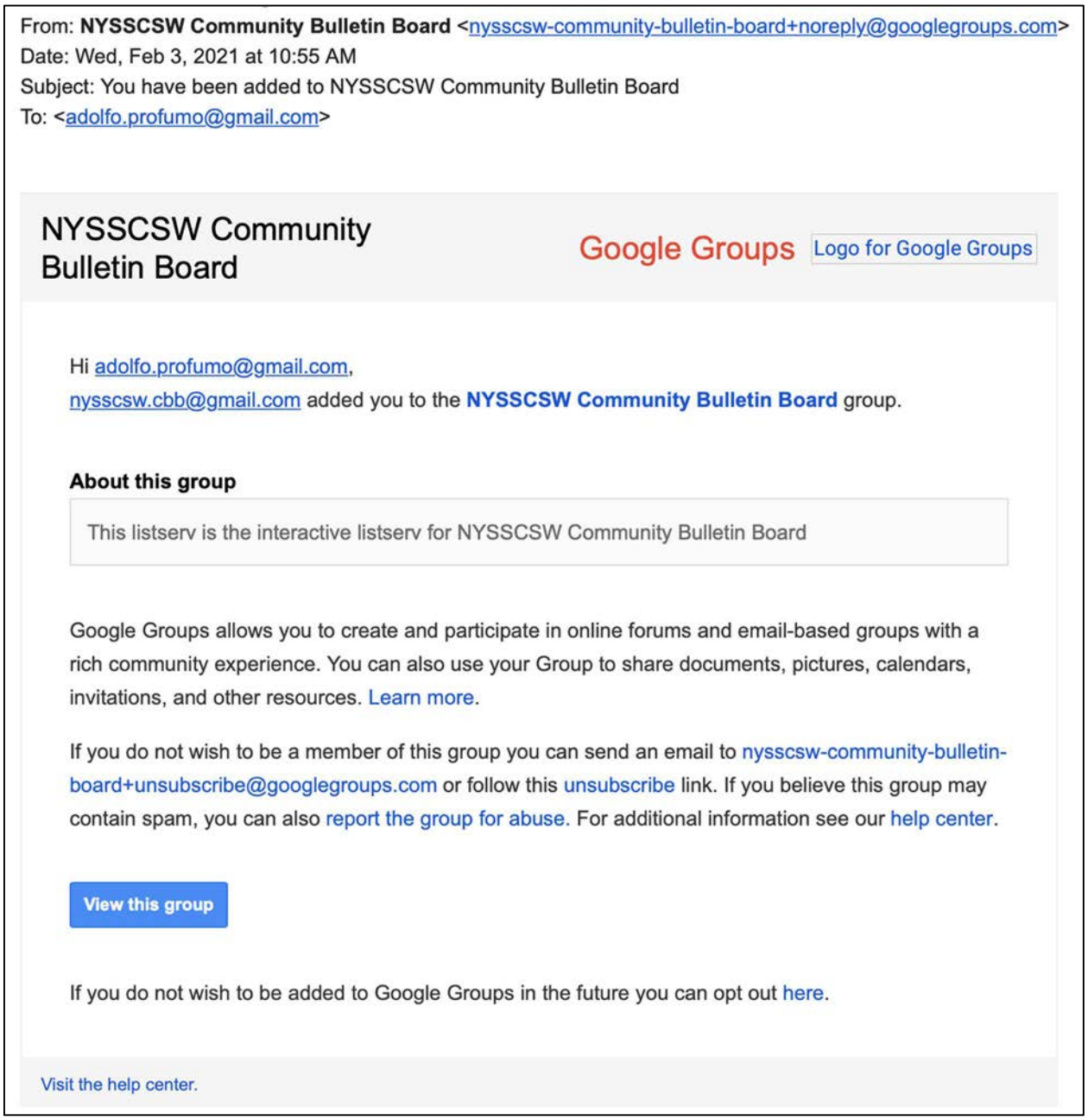
If you have any questions please contact our office at 800-288-4279 or you can email at info.nysscsw@gmail.com.

We look forward to meeting you at one of our many social and/or educational events.

Best regards,

Shannon Boyle, MSW, LCSW
President
shannonboyle@gmail.com

Membership of the NYSSCSW Listserv



From: **NYSSCSW Community Bulletin Board** <nysscsw-community-bulletin-board+noreply@googlegroups.com>
Date: Wed, Feb 3, 2021 at 10:55 AM
Subject: You have been added to NYSSCSW Community Bulletin Board
To: <adolfo.profumo@gmail.com>

NYSSCSW Community Bulletin Board

Google Groups Logo for Google Groups

Hi adolfo.profumo@gmail.com,
nysscsw.cbb@gmail.com added you to the **NYSSCSW Community Bulletin Board** group.

About this group

This listserv is the interactive listserv for NYSSCSW Community Bulletin Board

Google Groups allows you to create and participate in online forums and email-based groups with a rich community experience. You can also use your Group to share documents, pictures, calendars, invitations, and other resources. Learn more.

If you do not wish to be a member of this group you can send an email to nysscsw-community-bulletin-board+unsubscribe@googlegroups.com or follow this unsubscribe link. If you believe this group may contain spam, you can also report the group for abuse. For additional information see our help center.

View this group

If you do not wish to be added to Google Groups in the future you can opt out here.

Visit the help center.

NYSSCSW Listserv Guidelines and Policies

NYSSCSW Listserv Guidelines and Policies

Each NYSSCSW Chapter's listserv is an interactive email group exclusively for NYSSCSW members. Opting-out of the listserv does not change one's membership in the chapter or the Society.

The views, opinions and information expressed and shared in these email groups (listservs) are the views and opinions of the correspondents. Since posted information has not been verified or confirmed as correct or accurate, information shared in this group by members should not be assumed to be correct or accurate. As a matter of policy, the Society does not endorse, or promote the views, opinions or information posted by any of the correspondents of these email groups.

The NYSSCSW chapter listservs have been set up to respect the individual culture and life of each NYSSCSW chapter. Our Listserv Guidelines & Policies have been designed to keep these seven chapter listservs professional in tone. Information is shared, while confidentiality and professional standards are preserved. See Section 6 below for our policies on the restricted use of NYSSCSW chapter listservs. Please consult the lists below for your chapter's listserv address. These guidelines are in full effect and have been vetted with the Society's leadership.

Chapter Listserv Addresses & Moderators' Address

Contact your chapter's moderators: For the Nassau/Suffolk and Met Chapter listserv moderator email: info.nysscsw@gmail.com

All other chapter moderators email N-I-S@GoogleGroups.com for help **and please note your chapter when emailing your chapter's moderators.** Contact info.nysscsw@gmail.com for email address changes.

Unless a member has paid to be on the listserv of other chapters, members belong ONLY to one chapter and ONLY to that chapter's listserv. Members can post directly ONLY to their own chapter's listserv***. See Section 6 below for our policies and procedures for sharing selected posts between chapters.***

a. Metropolitan: NYSSCSW-Met-Chapter@GoogleGroups.com
b. Mid-Hudson and Upstate: NYSSCSW-Mid-Hudson-and-Upstate@GoogleGroups.com
c. Nassau & Suffolk: NYSSCSW-Nassau-Suffolk@GoogleGroups.com
d. Queens: NYSSCSW-Queens@GoogleGroups.com
e. Rockland: NYSSCSW-Rockland@GoogleGroups.com
f. Staten Island: NYSSCSW-Staten-Island@GoogleGroups.com
g. Westchester: NYSSCSW-Westchester@GoogleGroups.com

NYSSCSW Listserv Guidelines & Policies

1. HOW TO POST:

A. **HOW TO POST:** Email addressed from your subscription email address to your chapter's listserv address posts automatically to your chapter's listserv. We do not screen emails prior to them being posted. Although you will likely not receive a copy of your own post, you will receive all responses.

/users/sandrine/downloads/nysscsw listserv guidelines and policies 2018.docx

B. **YOUR SIGNED EMAIL IS YOUR ON-LINE IDENTITY: REQUIRED:** Your full name and email address; OPTIONAL: Your office address and telephone number. Agency-based or home-based members need not include their agency or home address, if they do not wish to. Your email signature is your on-line business card.

C**. CONFIGURE YOUR AUTOMATIC SIGNATURE:** Create an automatic email signature. It identifies you. If you do not know how to do this, please contact your moderators.

D. **DESCRIPTIVE SUBJECT LINE:** Give your email a descriptive, accurate subject line, so others can easily see if they want to read or delete the post. Examples: (1) NEEDED: Brooklyn UBH therapist for depressed adult; (2) SEEKING: West 50th Street Office for Rent; (3) FOR RENT: Hicksville Office, Tuesday & Friday; (4) WANTED: Queens BCBS provider for young adult male; (5) SEEKING: New City AETNA child psychiatrist; (6) RECOMMENDED: Computer consultant; (7) THANK YOU: No more referrals needed for Nassau teen***. Do not overburden other members by leaving out a subject line or writing one that is not descriptive.***

E. **A NEW TOPIC NEEDS A NEW SUBJECT LINE:** When the subject of your email is a new topic (new thread), use a new subject line to reflect the new topic.

F. **WHEN IN DOUBT ABOUT A POST:** If you have a question as to the appropriateness of an item you wish to post, please write to your moderator for input. Messages are easily distributed to individuals you may know, clients, employees or employers. Information impulsively posted may come back to haunt you! NYSSCSW does not allow or endorse the posting of i.e. contributions or newsletter solicitations, political or abusive content and hate speech. If such content is found in any post, NYSSCSW will remove such post, and reserves the right to exclude any user who posts such content from using NYSSCSW's listserv.

G. **ATTACHMENTS ARE NOT PERMITTED:** Most members do not open attachments. Your message must be fully contained within the body of your email. NYSSCSW reserves the right to remove any and all attachments. The chapter assumes no responsibility or liability for any adverse effect to your computer due to a malicious attachment. Attachments do not appear in Digest.

2. DELIVERY SETTINGS, ACCESSING THE EMAIL ARCHIVE AND CONTACTING THE MODERATORS:

A. **TO CHANGE DELIVERY SETTINGS OR CHANGE YOUR EMAIL ADDRESS:** Contact our support staff at info.nysscsw@gmail.com to be set to All Email, Digest or No Email. We take vacation requests.

B. **CONTACTING YOUR CHAPTER'S MODERATORS:** Write to N-I-S@GoogleGroups.com to contact your listserv's moderator. Please note your chapter when contacting your moderator.

3. HOW TO USE A LISTSERV:

A. **DELETE EMAIL YOU ARE NOT INTERESTED IN:** Limit the amount of email you read by deleting any emails that do not interest you. We do not have control of what others post and we do not claim to read or evaluate what others post. Therefore, we cannot vouch for the accuracy, quality or good sense of the content posted to any chapter's listserv. In the event that an inappropriate posting is brought to

NYSSCSW's attention, NYSSCSW, in its sole discretion, will take appropriate action to address the situation.

B. **EMAIL IS NOT PRIVATE:** Once you click SEND, your email can be forwarded to persons you had never anticipated would receive it. Only write what you feel can be shared with others. What you write today may someday come back to haunt you! Online discussions are different from face-to-face discussions.

C. **FREQUENCY OF POSTING:** Please be mindful that your fellow professionals are busy. Whatever can be responded to off-list (not on the listserv) is best done back-channel to the person directly. Keep the frequency of non-society postings for announcements about study groups, workshops, professional events and institute events, etc. to **NO** more than one time per month.

4. HOW TO REPLY TO THE CORRECT PARTY:

A. **WHEN TO REPLY TO ONE PERSON OFF-LIST:** When you are responding to an individual or to a referral request, email the person off-list (back-channel), so members do not receive more than necessary email or read your personal interchange with another member. The listserv is specifically for posts that are of concern to the entire chapter. Regarding case referrals, ALL responses to referral requests occur off-list (to protect and preserve confidentiality). Do not respond on-list to referral requests --- backchannel the member. This measure increases privacy and further protects confidentiality.

B. **HOW TO REPLY OFF-LIST ONLY TO THE POSTING MEMBER:** To reply off-list to just the person who posted (back-channel), follow these steps:

(1) Click REPLY.
(2) Remove all email addresses in the address fields, except the email address of the intended recipient.
(3) Write your reply.
(4) Click SEND.

C. **HOW TO REPLY TO THE ENTIRE LISTSERV:** To reply to the entire list: (1) Click REPLY TO ALL. (2) Write your reply. (3) Click SEND.

D. **HOW TO REPLY WHEN YOU ARE A DIGEST MEMBER:** You are not allowed to just reply to Digest. Members will get the entire issue of Digest, will not know which of the many posts you are responding to and then the entire Digest will be quoted in the next issue of Digest. Just replying to Digest clogs up the listserv and compels members who are on the fence about receiving listserv email to unsubscribe. To reply to Digest, follow these steps:

(1) Copy and paste the portion of Digest you want to respond to into a new email.
(2) Add the sender's email address, or the listserv address (if responding to the entire listserv) to your new email.
(3) Copy and paste the subject line you are responding to into your new email's subject line.
(4) Click SEND.

5. CASE MATERIAL, REFERRAL REQUESTS AND REFERRALS TO COLLEAGUES:

A. **DO NOT REFER TO CASE SPECIFICS:** Be very discreet and cautious regarding case material. Regardless of whether the client has given permission, our policy is to not disclose client information. Such

information can potentially lead to the identification of the person or someone in the person's family or life. As such, NYSSCSW reserves the right, in its sole discretion, to delete any posts that it deems inappropriate, in regards to this policy. This policy includes, but is not exclusive to, not disclosing the person's name, email address, telephone number, address and/or other very specific identifying information, such as exact age. We do not control where a referral request is forwarded. Confidentiality is too readily compromised and is always of the utmost importance. Remember that there are very few degrees of separation between us, our clients and others on the Internet. Less is more, in this instance.

B. **RESPOND TO ALL REFERRAL REQUESTS OFF-LIST:** When you are responding to a referral request, you must email the person off-list (back-channel). Do not respond on the listserv. This measure protects and preserves privacy and confidentiality. The referral interchange is then back- channel between the clinician referring a case and the clinician offering to see the case.

C. **MAKING A REFERRAL:** When referring a case, highlight the email address and telephone number at which members can contact you.

D. **WHEN REFERRING TO A COLLEAGUE OR AN ALLIED PROFESSIONAL:**

(1) Referrals are a professional activity, subject to the same legal requirements of other services provided by a licensed clinical social worker.
(2) When recommending the services of a colleague (such as a psychiatrist for medication or a psychologist to provide testing), it is the responsibility of the person providing the recommendation to vet that the person is a duly licensed member of their profession.
(3) Referrals for clinical services are exclusively made to licensed professionals. We do not refer to non-licensed individuals or non-licensed professions (such as life coaches).
(4) We do not provide referral lists on our listservs, since referral lists are difficult to vet and may give the appearance that the Society has endorsed the list.
(5) It is best if the recommendation of a colleague is done off-list (between the person making the request for a name and the person making the recommendation).

E. **FORWARDING A REFERRAL REQUEST:** Specify whether members have permission to forward your request for a referral to other lists and/or colleagues. Please contact the sender to make sure you can forward their request.

F. **SANCTIONS FOR CONFIDENTIALITY VIOLATIONS:** Confidentiality is a serious professional, license, ethical, legal and HIPAA matter. Violations will be reported to the NYSSCSW Executive Committee for review.

6. PRIVACY, OUTREACH, FORWARDING, SPAM AND OTHER CHAPTER LISTSERVS:

A. **NYSSCSW LISTSERV, EMAIL AND WEBSITE POLICY:**

(1) The Society's membership mailing list (whether in whole or in part) and the Society's listservs are for the sole use of the Society and its members for Society business only. The Society's membership list is the property of the Society and cannot be used without the advance approval by the Society's Executive Committee.

(2) The membership mailing list and the listservs are not to be used to promote or support the activities, services, opinions, policies and views of other agencies, organizations, groups or institutions that are not

related to the Society, unless this use has been approved, in advance by the Society's Executive Committee.

(3) Additionally, no person may use the mailing list (in whole or in part) or one or more of the listservs for personal gain (other than LCSW members who are promoting their practices, including workshops they are providing as part of their private practices, on their chapter's listserv). The Society's membership mailing list (in whole or in part) and its listservs may not be used to promote the practices of LMSW members of the Society or persons who are not LCSW members of the Society.

(4) The Society's membership mailing list and its listservs may not be used to solicit funds and/or to promote other support for the activities, services, opinions, policies and views for any other agencies, organizations, groups or institutions (except for their educational programs, which have been approved in advance by the Society's Executive Committee and for which they have paid a fee to the Society for use of the mailing list or one or more of the listservs, provided those educational activities do not conflict with Society educational activities or meetings).

(5) NYSSCSW has the ability, in its sole discretion, to take any action it deems appropriate to rectify any violation of the above policy. Such action, where appropriate, may include, but is not limited to, deletion of a post or posts, moderation, suspension or expulsion of a person, or legal or administrative action.

B. **PRIVACY:**

(1) Only NYSSCSW chapter members are permitted to post to the listserv. Members are not permitted to make use of any of the names or email addresses of members for any reason without the express permission of the Society. The use of member names or email addresses without permission may result in being banned from listserv membership. Examples that would require NYSSCSW approval are instances that include, but are not exclusive to, an individual and/or an organization compiling names and email addresses for the purposes of marketing, advertising, list selling, and/or recruiting.

(2) Posting private communications to the listserv is not permitted.

(3) Please see section 6A for details on posting limits.

C. **REMEMBER OUR MISSION:** Our listservs are exclusively for our members. We must encourage non-members to join NYSSCSW. The larger our number, the more we can represent, promote and protect clinical social work.

(1) Our mission: http://www.nysscsw.org/our-mission.

(2) To Join: http://www.nysscsw.org.

D. **POSTING ON BEHALF OF NON-MEMBERS:** Discretion suggests that you only post for nonmembers that you know and can vouch for. Introduce yourself at the beginning of a post on behalf of a non-member (colleagues, events and institutes), including your relationship to the non-member. Please ask members to reply to you and assure them that you will forward their responses to the colleague you are posting on behalf of.

E. **ASK ALL NON-MEMBERS TO JOIN THE SOCIETY:** NYSSCSW members are permitted to occasionally post on behalf of non-members, as well as for institutes, programs or schools with which they are affiliated. When you do so, please encourage the non-member to join our Society. Participate in building our organization. Members from other disciplines may become Affiliate members.

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(1) To join: http://www.nysscsw.org.

(2) The criteria for Affiliate Membership: http://www.nysscsw.org/summary-of-membership-levels. (3) Contact us about joining: email info.nysscsw@gmail.com or call 800-288-4279.

F. **FREQUENCY OF POSTING ON BEHALF OF NON-MEMBERS OR INSTITUTES:** Members who represent their institutes or post on behalf of a non-member colleague may post only **ONE** announcement on behalf of their institute or colleague per month. NYSSCSW reserves the right to delete multiple posts regarding the same event. In addition, no more than one member of a specific institute is to post a specific event in a month. Please be guided by our effort to keep the number of daily and weekly posts to a minimum, as well as limit what we offer to non-members. Institute posts are not forwarded from one chapter's listserv to the listservs of other NYSSCSW listservs. Each posting for a non-NYSSCSW event requires that the member include a brief introduction, describing your connection to the event.

G. **FORWARDING THE POSTS OF OTHERS:** Forwarding another member's post without their permission compromises personal privacy and is not permitted.

H. **SPAM ON THE LISTSERV:** We all receive Spam. Spam however cannot be directly posted to our listserv, because only the registered email addresses of members can post. However, there are two circumstances that are exceptions:

(1) When a member's email account has been taken over by a virus or hacker and the hacker intentionally posts to all of the email addresses in the member's CONTACTS list AND the listserv's address is listed in their CONTACTS. You will know this has happened if and only if you receive Spam that has your listserv's email address in the TO:, CC: or BCC: fields. But receiving such an email only means that the individual's personal email account has been compromised; it does not mean that your listserv has been compromised. The listserv remains secure.

(2) The member gives permission to a website, such as Facebook or LinkedIn, to access their CONTACTS. Regardless of which of the two scenarios occurs, the member's CONTACTS will be emailed, including any patients and colleagues that they have had email contact with. Our recommendations are (a) to DELETE the Spam email without responding to its instructions, (b) NEVER give any site permission to access your CONTACTS and (c) do not click any of the links in the email.

I. **FORWARDING ONE CHAPTER'S POSTS TO OTHER NYSSCSW CHAPTER LISTSERVS:** A member of a chapter cannot post directly to another chapter's listserv. In addition, a member cannot email listserv moderators of other chapters with posting requests.

Our policy on sharing posts is as follows***: All posts are reviewed by a member of the State Listserv Committee. That moderator decides which ones should be shared with other chapters. The ones to share are then posted to the moderator's listserv (N-I-S@GoogleGroups.com), with a request that the post be shared with other chapters. We always document the originating listserv and add a cc: to the original posting person.***

The following lines are added to the top of each shared email:

The posts that are shared are as follows:

(1) Referral requests that would be best served by a social work clinician in another chapter's geographic area.

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(2) Select items that may be of interest to other chapters. This is a very limited category. We are quite discreet in what email we share with other chapters, in an effort to respect that each chapter has a culture of its own and, therefore, is allowed and encouraged to have internal chapter listserv discussions that do not get shared with other chapters.

(3) A chapter posting an offering which chapter leadership wants other chapters to be aware of should post the offering to their own chapter's listserv and add the following line: Please forward this post to [names of chapters].

(4) Institute posts by a member are not forwarded to the listservs of other NYSSCSW listservs. Members who wish to post their institute offerings to other chapters can either ask friends in other chapters to post to their listservs, contact info.nysscsw@gmail.com to rent the NYSSCSW email list or rent advertising space in either the chapter's newsletter or the NYSSCSW newsletter.

To NYSSCSW Members: ***Email only [member's name] if you want your reply to be received by this member. Responses to an email address other than [member's email address] will not be forwarded to this member.***

To Listserv Moderators: ***This email originated on the [chapter name] Chapter's listserv. Please post to your chapter's listserv.***

J. **EVENTS:** NYSSCSW sends out via our support staff a weekly NYSSCSW newsletter email to all members. The types are listed below.

(1) State Committee posts: State Committee chairs forward their posting requests to TMS by Thursday at noon, for inclusion in NYSSCSW Friday E-News email to all members.

(2) State news and events.

POSTING STATE NEWS AND EVENTS, AND SELECT CHAPTER & COMMITTEE NEWS

(1) Any Chapter news and events that a chapter wants shared with other chapters are included as part of the weekly NYSSCSW Friday E-News blast email. The chapter must submit their request to TMS by Thursday noon.

7. EXPECTED LIST BEHAVIOR AND MEMBER SANCTIONS:

The following list of rules govern the content of all posts to a NYSSCSW listserv. By posting on any NYSSCSW listserv, users hereby agree to be bound by and warrant their full compliance with the rules. NYSSCSW, in its sole discretion, can take any action that it feels is warranted if a user violates the rules. Such action can include, but is not limited to, deletion of a post or posts, suspension of a user's right to post on any NYSSCSW listserv for a specified period of time and / or the permanent exclusion of a user from posting on NYSSCSW's listserv.

A. **RESPECT DIFFERENCES:** There will be differing opinions. The listserv is a communication vehicle for the chapter and as such requires that we demonstrate appropriate professional behavior at all times. As a member, you are asked to make every effort to not respond to an email that angers you; instead direct your concerns about an upsetting email to the moderators.

B. **POLICY ON FLAMING:** The listservs function to foster discussion, share resources and promote collegial contact. Flaming is the knowing or unknowing escalation of tension and emotions, i.e., inciting

others, in an email exchange. Forward to the moderators any instance of flaming, which includes inappropriate humor, so that the moderators and NYSSCSW leadership can deal with it. Please do not post your reactions or comments to the list regarding these types of emails. These issues are referred to the NYSSCSW Executive Board for review.

C. **PROFANITY, STRONG LANGUAGE OR HUMOR:** Please do not use words, expressions, phrases, inferences, text message abbreviations, emoticons or tell jokes that are scatological, sexually explicit, sexually suggestive, profane or inflammatory. Be careful with humor. Without visual cues and voice tone, humor (sarcasm in particular) can easily be interpreted as aggressive and provocative. These issues are referred to the NYSSCSW Executive Board for review.

D**. PERSONAL OPINIONS OF COLLEAGUES, AGENCIES OR PROGRAMS:** Personal opinions about colleagues or agencies or general political discussions are prohibited.

Information about federal and NYS legislation and regulations are permitted. We do not permit, sanction or endorse libel, slander or defamation of any person's character and/or work on our listservs. We do not permit, sanction or endorse libel, slander or defamation of any agency or program on our listservs. The appropriate means of registering a complaint about a professional who you believe may have violated professional standards is to obtain information on filing a complaint at http://www.op.nysed.gov/opd/complain.htm. The appropriate means of registering a complaint about an agency or program is to approach the agencies or programs licensing bodies as to the steps to take for filing a formal complaint.

E. **SURVEYS**

Any and all surveys must be submitted to the NYSSCSW Executive committee for approval before posting.

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APPENDIX B Participant Solicitation

Subject: Invitation to Participate in a Study on Theoretical Orientations to Social Work Practice

Dear Colleague:

My name is Adolfo Profumo, LCSW-R and I am a doctoral candidate at Yeshiva University, Wurzweiler School of Social Work, and I am requesting your participation in a research study.

The study will explore the process by which social workers select, or not, a theoretical framework to inform their practice behaviors, and has been approved by the Institutional Review Board of Yeshiva University.

This survey should take approximately 20-30 minutes to complete and can be found here: [LINK].

You will receive a $10 Starbucks gift card to thank you for your time. If you wish, you will also receive the results once the study is complete.

If you have any additional questions or concerns you may also contact my advisor Dr Susan Mason, PhD, Professor, Wurzweiler School of Social Work, Yeshiva University at 646-592-6806 or masonse@yu.edu.

Thank you so much for participating!

Should you have any questions, please feel free to contact me.

Sincerely,

Adolfo Profumo, LCSW-R

APPENDIX C Information Sheet and Consent Form

Study Title: Theoretical Orientations to Social Work Practice: An exploration of the phenomenon of how social workers select specific theories that guide their clinical practice

Dear Colleague:

My name is Adolfo Profumo, LCSW-R and I am a doctoral candidate at Yeshiva University, Wurzweiler School of Social Work. I am requesting your participation in a study about how social workers to select specific theories to guide their practice.

The Purpose of the Study:

The goal of the proposed study is to explore and analyze the process by which social workers select, or not, a theoretical framework to inform their practice behaviors. There is a need to investigate this because many social workers select a specific theory that becomes the foundation upon which they build their professional interventions. There are currently no standardized curricula in social work education that emphasizes and explores the potential risks of not selecting a specific theory or, conversely, to subscribe to only one theoretical framework. The findings will provide additional insight into clinicians' professional development. They will also identify potential targets for curricula change to continue to strengthen the coming generations of social work practitioners. This survey should take approximately 20-30 minutes or less to complete. You will receive a $10 Starbucks gift card to compensate you for your time. If you are interested, I will share the results with you after completion of the study.

Privacy Information:

The survey will ask some questions about the processes by which you selected your theoretical approaches. No identifying information will be stored alongside your responses. If you elect to provide your email address to be informed about the study outcomes, it will be stored separately from your survey responses.

The Institutional Review Board of Yeshiva University has approved this study. The survey is online and by hitting the Agree button, you are consenting to participating in this study. Your participation is voluntary, and your questionnaire will be anonymous. You can discontinue participating in the study at any time without any penalty.

Should you have any questions, please feel free to contact Adolfo Profumo, LCSW-R at the following email address: adolfo.profumo@gmail.com or phone number: (646) 334-8354.

If you have any additional questions or concerns you may also contact my advisor Dr Susan Mason, PhD, Professor, Wurzweiler School of Social Work, Yeshiva University at 646-592-6806 or masonse@yu.edu.

Thank you so much for participating!

Sincerely,

Adolfo Profumo, LCSW-R

APPENDIX D Study Questionnaire

Therapeutic orientations differ in treatment-specific characteristics such as intervention techniques, fundamental views of human nature, and mental health, the processes that lead to mental health outcomes (Messer & Gurman, 2011). **Cognitive-behavioral** therapists have been found to be more rational, conscientious, and empirical (Arthur, 2001; Poznanski & McLennan, 2003); **psychodynamic** therapists have been found to employ a more intuitive, abstract-analytical thinking style, that is less conforming and conventional (Arthur, 2001; Buckman & Barker, 2010) ; and **humanistic** therapists have been found to be more inner-directed, and self-actualizing (Poznanski & McLennan, 2003; Tremblay et al., 1986). **Integrative-eclectic** therapists rate three or more different orientations as salient influences on their current practice (Heinonen & Orlinsky, 2013)).

[The above text will be available to participants while completing the survey to refer to if need be.]

1. What is/are the primary theoretical orientation(s) that drive(s) your practice? (E.g., Analytic/psychodynamic, Behavioral-cognitive, Humanistic, Systemic, Integrative-eclectic)
2. What led to your choice of theoretical orientation(s)?
    a. Have **your social work studies** influenced your ***choice*** of theoretical orientation(s)? If so, how?

   b. Have **your studies outside of social work (for example, philosophy, theology etc.)** influenced your ***choice*** of theoretical orientation(s)? If so, how?
   c. Have you had **your own therapeutic experiences** with any of these orientations? If so, how has that influenced your ***choice*** of theoretical orientation(s)?
   d. Has a mentor/have **mentors** influenced your ***choice*** of theoretical orientation(s)? If so, how?
   e. Have other **factors outside of your social work education (for example, specific individuals, life experiences, interactions with patients)** influenced your ***choice*** of theoretical orientation(s)? If so, how?

3. Have you ever changed your theoretical orientation(s) since beginning your work as an MSW?
4. If so, what led to your decision to change?
   a. Have **your social work studies** influenced your ***change*** of theoretical orientation(s)? If so, how?
   b. Have **your studies outside of social work (for example, philosophy, theology etc.)** influenced your ***change*** of theoretical orientation(s)? If so, how?
   c. Have you had **your own therapeutic experiences** with any of these orientations? If so, how has that influenced your ***change*** of theoretical orientation(s)?
   d. Has a mentor/have **mentors** influenced your ***change*** of theoretical orientation(s)? If so, how?

e. Have other **factors outside of your social work education (for example, specific individuals, life experiences, interactions with patients)** influenced your ***change*** of theoretical orientation(s)? If so, how?

5. Do(es) your theoretical orientation(s) influence(s) your behavior in individual practice? If so, please describe how.
6. Do(es) your theoretical orientation(s) influence(s) your behavior in group practice? If so, please describe how. If you do not use group therapy, please state so.
7. Do(es) your theoretical orientation(s) influence your work with diverse patients (e.g., race, gender, sexual orientation)? If so, please describe how.
8. What is your age? [20-25, 26-30, 31-35, 36-40, 41-45, …, Prefer not to say]
9. What gender do you identify with?

   Male / Female / Other: _____
10. Which race do you consider yourself to be?

    White / Black or African American / American Indian or Alaska Native / Asian / Native Hawaiian or Pacific Islander / Other
11. Are you Spanish/Hispanic/Latinx?

    Yes / No
12. How many years have you been practicing as MSW?
13. On average, how many hours per week do you approximately spend on your work as a clinical social worker?
14. What is the highest degree you have earned?
15. Which state are you based in for your work?
16. Describe any additional training since you have graduated with your master's degree.

17. What is your primary work setting? (Please mark only one.)

    [Hospital, Clinic, Government agency, Private practice, Other: ____]

18. What is your job focus? (Check all that apply.)

    [Individual therapy, Couples therapy, Group therapy, Case management, Supervision, Teaching, All of the above]

19. Do you inform your patients of your theoretical orientation(s) (if any)?

20. If you would like a copy of the study results, please provide your email address: