Information & Communication Technology in Social Work Practice

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ICTs & Clinical Practice

- Digital age has **revolutionized** how individuals of all ages interact.
- ICTs have led to transformative changes across professional fields.
- Permeated how individuals seek support for a wide range of issues.
- Increased use of ICTs presents unique complexities for practitioners.
Impact of ICTs on Clinical Practice

Impact in 3 distinct ways:

1. Formal Online ICTs
2. Formal Blended ICTs
3. Informal Intersession ICTs
Formal Online ICTs

- Standalone ICT programs/interventions
  - e.g., e-counseling, tele-psychiatry/psychology (Boydell et al. 2014; Hadjistavropoulos et al. 2014; Mewton et al. 2014)

- Cyber communication single mode of intervention
  (Abbott et al., 2008; Murphy et al., 2009)
  - Substitute for traditional face-to-face practice

- Clear protocols
  - Interventions through designated software
    - e.g., asynchronous email, synchronous chat
    - Encrypted; Security protection: computers / Apps / messaging services / video counseling
  (Epstein & Bequette, 2013; Hollis et al., 2015; Luxton et al., 2014; Prentice & Dobson, 2014; Whittaker et al., 2012)
Formal Online ICTs

- Alternative to in-person treatment (Murphy, Parnass, Mitchell, Hallett, Cayley, & Seagram, 2009)

- Online therapeutic interventions are effective (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Dunn, 2012)

- Therapeutic relationship in e-therapy found equivalent to traditional face-to-face therapy (Andersson et al. 2014; Gordon et al., 2015; Hanley 2009; Holmes & Foster, 2012; Preschl, Maercker, & Wagner, 2011; Reynolds et al. 2013; Sucala et al. 2013)
Formal Blended ICTs

- Integrated through planned & structured online elements as part of traditional face-to-face practice (Kenter et al. 2015; Richards & Simpson 2015; van de Wal et al., 2015)

- Planned online exercises replace or supplement some face-to-face sessions (Kenter et al., 2015; Van der Vaart, 2015; Watkins et al., 2011)

- Both online & face-to-face components structured & monitored (Kenter et al., 2015; Kooistra et al., 2014)

- Journaling, e-mail reminders, text message monitoring, psycho-educational activities, testing instruments (Aguilera & Mun˜oz, 2011; Butcher et al. 2004; Gonchar & Roper Adams, 2000; van der Vaart et al. 2014; Yager, 2001)
Informal Intersession ICTs

- ICT use in conjunction with face-to-face practice
  - asynchronous or synchronous
    - Email, texting &/or social networking

- Primary & formal modality is face-to-face (Mishna et al., 2012; Mishna et al., 2014)
  - Not meant to replace face-to-face practice
    (Bullock & Colvin 2015; Jaskyte 2012)

- Interactions range from practical (e.g., scheduling) to complex (e.g., communicating intense distress)

- Virtually no research on informal intersession ICTs
Informal Intersession ICTs

- Ubiquity of ICTs
  - Mobile devices, smartphones, social media

- Have entered (CREPT) practice through informal (at times unpredictable or unsanctioned) use
  - Typically between, but also within, sessions
    (Gabbard, 2001; Gabbard et al., 2011; Mishna et al., 2012; Mishna et al., 2015)
ICT in Social Work

- Inevitable reality in contemporary practice (Mishna et al., 2012, 2014)

- ICT-enhanced social work interventions show positive outcomes (Chan & Holosko, 2016)

- Can be effective in building working relationship (Mishna et al., 2012, 2014)

- Offer continuity
  - Extending the session
  - Enabling clients to process thoughts & emotions
  - Forecasting issues to discuss in future sessions (Mishna et al., 2012, 2014)
ICT in Social Work

- Ethical uncertainty
- Boundary management, unanticipated contact, & therapeutic communication (Fantus & Mishna, 2013)
Differential Access to ICTs

- ICTs may reproduce/accelerate social inequality
  - Income, education, rural/urban, immigration status, age (Haight, Quan-Haase, & Corbett, 2014)
  - Inner-city divide in dense U.S. urban centres (Howard et al., 2010)

- Important to understand & address differential access to ICTs in social work practice

- Potential to
  - Empower service users
  - Challenge economic & social exclusion (Parrott & Madoc-Jones, 2008)
Research on Use of ICT in Practice

- Considerable research on Formal Online ICTs & growing research on Formal Blended ICTs

- **Virtually no research** on Informal Intersession ICTs

- Research generally confounds ICT use for administrative purposes, educational tools, online programs, & informal/unplanned use (Bullock & Colvin 2015; Jaskyte 2012)

- Informal/unplanned use has unique practice/policy implications
  - Must distinction of ICT use in diverse practice contexts

- As therapists grapple with rapid expansion of ICTs, necessary to:
  - Understand how & why practitioners informally use ICTs
  - Address ethical, legal, systemic benefits, challenges & ambiguities
Frameworks

- 3 frameworks illustrate & underscore significance of ICT use in therapy
  1. Ecological Systems Framework
  2. Technological Acceptance Model
  3. Concept of the Working Relationship

- Each contributes knowledge & promotes understanding of how ICTs have inevitably entered & impacted traditional face-to-face practice
Ecological Systems Framework

- Incorporates reciprocal contributions of nested levels of a person’s environment (Bronfenbrenner, 1979; Germain & Gitterman, 2008)

- Situates individuals in social & environmental contexts

- Recognizes multi-levels influencing behaviour / wellbeing

- Adapted to keep pace with ICT’s expanding influence
  - Techno-subsystem proposed in individual-level microsystem &/or as encompassing ring (Johnson, 2010; Johnson & Pupilampu, 2008; Martin, 2013; Martin & Alaggia, 2013; Martin & Stuart, 2008)
  - Broadens understanding of ICT’s influence & impact on practice
Technological Acceptance Model
(David, 1989)

- Enhances understanding of attitudes towards & adoption of technology in professional contexts (Bullock & Colvin, 2015)

- Increased use of ICTs (e.g., mobile ICTs) driven by 2 factors:
  1. Perceived Usefulness
  2. Perceived Ease of Use by both therapists & clients (Phan, 2011)

- Explains whether benefits of ICTs in practice outweigh effort by therapists & clients to actually use ICTs

- How ICTs are encouraged / discouraged by societal & organizational norms & views of therapists, clients, administrators (Carrilio, 2007; Wilson & Lankton, 2004)
Working Relationship

- Working relationship is considered central to social work.
- Evidence working relationship is most crucial determinant of client outcomes (Bachelor, 2013; Falkenstrom, Granstrom, & Holmqvist, 2014; Wampold & Budge, 2012).
- With exponential increase of ICTs, it is critical to consider how working relationship has been adapted & affected.
- Research on a formal blended program showed that ICT use facilitates a positive working relationship, & can enrich face-to-face practice (Mishna, Bogo, & Sawyer, 2015; Mishna et al., 2012).
- Due to lack of research, essential to study informal ICT use in face-to-face practice as it affects working relationship.
Studying the “CREEP”

- **2009**: Began exploring how cyber communication has “crept” into traditional face-to-face practice

- **2010-2013**: Focus groups/interviews with practitioners, Executive Directors & ‘new’ practitioners (N=42)
  - Qualitative analysis of themes & concepts related to benefits & practical, legal, & ethical issues

- **Current Study**: #SocialWork: Informal Use of Information & Communication Technology as an Adjunct to Traditional Face-to-Face Practice (funded by SSHRC)
Participant Demographics

- 2009-2013: **42 participants** were interviewed
- Theoretical sampling
- 29 females; 13 males
- Ranged in age from mid-20s to mid-60s
- MSW degrees, practicing social workers or administrators
- Diverse practice fields: *Health, Mental Health, Education, Child & Family*
- Practice experience ranged from 2-20+ years
- University of Toronto Research Ethics Board Approval
Studying the “CREEP”: Participants

- Criteria to participate

1. BSW or MSW

2. Registered with the Ontario College of Social Workers & Social Service Workers

3. Currently employed in a practice setting that involves working directly with agency clients or in private practice

4. Reside in the Greater Toronto Metropolitan Area
Initial Conclusions [2009]

- ICTs had revolutionized communication between practitioners & clients
- ICTs had dramatically impacted traditional face-to-face therapy

Elements of practice affected:
- Boundaries (time & space)
- Disclosure of information (practitioners’ & clients’)
- Therapeutic/working relationship
- Ethical & legal issues & dilemmas
- Policies & procedures
Initial Conclusions [2009]

Information & communication technologies had not only “crept” into traditional practice....

SIGNIFIED A TURNING POINT

4 major themes emerged in phases 1 & 2

1. Client Driven Practice
   - Clients initiated cyber communication more often, more purposefully, & more persistently than the practitioners

2. Pandora’s Box

3. Ethical Grey Zone

4. Permeable Boundaries
Major Theme: From Reaction to Intentional Use

- Reflective practice leads to learning what works & what doesn’t work
  - “Educate my instincts”
  - “Shift with the times”
  - “How is this meaningful to clients?”
  - “What is this going to mean in terms of the impact on my personal life?”
  - “How can I figure out what works?”
Implications for Social Work Education

Social work education should
- Reflect the new context of practice
- Support both educators & students in navigating & managing the new digital world
Implications for Social Work Education, Practice & Policy

- Incorporating ICT competencies in curriculum
- Educators, practitioners, supervisors, & administrators must become knowledgeable & engage in discussions about ICT use
Implications for Social Work Education

- Benefits/access, etc.
- Blurred boundaries between the professional & personal
- Potentials in breaching confidentiality
- Inappropriate posting behaviors
- Internet ‘arguments’
- “The personal is public”: When clients “google” us; do we “google” clients?
- “Unprofessional” posting by students/aspiring professionals
Curriculum

- Formal educational structure – e.g., courses, lectures
- Student orientations
- Workshops for faculty members
- Class discussions
- Assignments
Social Media & Higher Education

- Challenges social work educators must address
  - Boundaries
  - Confidentiality
  - Budding professional persona
Today’s generation relies on social media to stay connected

Users are active participants in creating content & interacting with others

Communication typically involves:
  – Instantaneous, brief, interactive, informal updates
Moving Forward

- Recognize significant role of social media
- Engage students in meaningful conversations
- Develop guidelines & best practices
- Keep up & use technological landscape
- Prepare students to enter this landscape & maintain professional standards & ethics
Conclusions

- Practitioners are beginning to tailor their own technology-informed practices

- It’s not whether to use or not use
  - HOW to use technology effectively & responsibly

- Must be aware of policies of particular web-based services
  - e.g., terms of use
Conclusions

- Experienced & ‘new’ practitioners adjust differently in some ways & similarly in others

- It is not feasible to adopt & maintain a policy that prohibits cyber communication with clients

- By “creeping” into practice, information & communication technologies have extended boundaries between social worker & client

- Responsible position is to examine & understand the consequences & implications in order to inform practitioner behaviour
#socialwork: Informal Use of Information & Communication Technology as an Adjunct to Traditional Face-to-face Practice

- Mixed-method study utilizing 2 sequential phases of data collection & analysis:

1. **Online survey** administered to social workers in Canada & U.S.
   - Questions related to frequency, nature & scope of informal intersession ICTs in social workers’ traditional face-to-face practice

2. **Semi-structured interviews** with social workers & clients
   - Impact on face-to-face practice
   - Influence on the working relationship
Cross-sectional design was used to examine informal ICT use & effects on practice
- i.e., working relationship, boundaries & ethics

Professional organizations distributed #socialwork to members

Eligible participants registered or licenced social workers, working directly with clients
#socialwork survey

- #socialwork online survey was distributed to social workers in Canada, the U.S.
  - Canadian participants: 2,609
  - U.S. participants: 1,225

- U of T Research Ethics Board approval
Research Question

What is the nature & scope of Informal Intersession ICT use among social workers across Canada & the U.S.?
Methods

- Online survey #socialwork
  - Distributed May to December 2017

- 5 sections
  - Section 1: Participant demographics
  - Section 2: Organizational factors
  - Section 3: Informal ICT use with clients
  - Section 4: Boundaries
  - Section 5: Supervision & policy
Methods

- SPSS Statistics version 24
- Univariate analysis reported the frequencies of each variable
- Crosstabs & Chi-square analysis used to explore how participant demographics & organizational factors were related to the informal use of ICTs
Results

78.1% of Canadian social workers
79.6% of U.S. social workers

- Use ICTs informally to interact with clients
  - Primary mode is face-to-face
- Tremendous similarities & consistencies between Canadian & U.S. social workers
Factors Significantly Related to Informal ICT Use

Participant demographics

- **Age**
  - Canada: $X^2 (2, N = 2382) = 15.821, p < .01$
  - U.S.: $X^2 (4, N = 1,136) = 12.844, p < .05$
    - Under the age of 30 used it less frequently

- **Years of practice**
  - (Canada: $X^2 (7, N=2,404) = 18.004, p < .05$,
    - U.S.: $X^2 (7, N=1,158) = 23.396, p < .01$)
    - Generally, practitioners with fewer practice years used ICT less
Factors Significantly Related to Informal ICT Use

Participant demographics

- Level of education in Canada
  - \( (X^2 (2, N=2424) = 7.760, p < .01). \)
  - Higher level of education increased ICT use

- Ethnicity in the U.S.
  - \( (X^2 (3, N = 1,153) = 13.651, p < .01) \)
  - Indigenous (50% used informal ICT)
  - Black (67.2%)
  - Another ethnic background (73.5%)
  - White (81.4%)
Factors Significantly Related to Informal ICT Use: Organizational Factors

- Social work role
  - Canada ($X^2 (5, N=2,599) = 26.856, p < .001$)
  - U.S. ($X^2 (5, N=1,224) = 50.287, p < .001$)
  - Psychotherapists higher rates of informal ICT use than other social work roles.

- Social work setting
  - Canada ($X^2 (8, N = 2,603) = 93.627, p < .001$)
  - U.S. ($X^2 (8, N = 1,224) = 126.834, p < .001$)
  - Private practice consistently higher rates in both countries.
Factors Significantly Related to Informal ICT Use: Organizational Factors

- **Client age groups**
  - Significant in both but not consistent
    - e.g., Canada working with clients 65+ was significantly related to informal ICT use
    - \( (X^2 (1, N=2,604) = 13.371, p < .001) \)
    - not for U.S. participants with same age group

- **Geographical setting**
  - Canadian \( (X^2 (3, N=2,603) = 9.765, p < .01) \)
  - U.S. \( (X^2 (3, N=1,223) = 10.644, p < .001) \)
    - Working in rural or remote settings less likely to engage in informal ICT use
Informal ICT Use with Clients

- Initiated by both client & social worker
  - 63.8% Canadian
  - 71.8% U.S.

- 95.9% of all social work participants who have used informal ICTs with clients indicated that they will continue.
Informal ICT Use with Clients

- Only a small proportion of social workers reported difficulties in informal ICT use with clients
  - 10.2% Canadian
  - 7.8% U.S.

- Less than ½ felt these difficulties were resolved
  - 55.9% Canadian
  - 60.4% U.S.
Boundaries: Searched Online for Client Information

- 35.9% Canadian; 36.2% U.S.
  - Additional assessment information
    - 60.7% Canadian
    - 55.6% U.S.
  - Concern about client, e.g., suicidal ideation
    - 39.6% Canadian
    - 28% U.S.
  - Curiosity
    - 22.4% Canadian
    - 27.6% U.S.
Boundaries: Searching Online

- Participants reported that it was not appropriate to conduct online searches about a client
  - 34.7% Canadian
  - 33.1% U.S.

- Few participants were comfortable with a client accessing their online information
  - 16.5% Canadian
  - 20% U.S.
Boundaries

- Approximately ½ participants had received a “friend request” from a client through a personal social media account
  - 44.5% Canadian
  - 55.7% U.S.

- Just over 1/3 declined the request & did not follow up with the client
  - 34.1% Canadian
  - 32.8% U.S.
Boundaries

- Less than half had never interacted with clients via ICTs outside of scheduled work hours
  - 48.8% Canadian
  - 17.5% U.S.
Supervision & Policy

- Did not talk about their informal ICT use with supervisors or colleagues
  - 39.6% Canadian
  - 42.7% U.S.

- Just under ½ identified having a workplace policy on informal ICT use
  - 47.4% Canadian
  - 46.4% U.S.
Supervision & Policy

- Social workers most frequently aware of content of policy regarding privacy or confidentiality in ICT use at their workplace
  - 67.0% Canadian
  - 72.0% U.S.

- Less aware of a national professional association policy
  - 24.8% Canadian
  - 56.8% U.S.
Discussion

- Only large-scale, international study of informal ICT use
  - 1st in social work

- Informal ICT use by social workers is ubiquitous
  - Similar across Canada & the U.S.

- Close to 80% informally use ICTs to interact with clients
  - Among the highest users
    » Older & more experienced professionals
    » Private practice setting
    » Providing psychotherapy
Changing Boundaries

- Over 35% of practitioners searched for clients online

- NASW guidelines:
  - Obtain client consent before conducting an electronic search except to protect the client or others from “serious foreseeable & imminent harm or other compelling professional reason” (NASW, 2018, p. 9).

- Close to 30% searched out of curiosity

- Approximately ½ had received a “friend” request
Changing Boundaries

- Greater access to social workers outside work hours

- Many social workers interact with clients during their own personal hours

- Less control over information that is shared
  - Personal details available on social media
  - e.g., Time when social worker responds (Bhuvaneswar & Gutheil, 2008; Kimball & Kim, 2013)
The Working Relationship: Challenges

- Not following up after clients initiate contact on social media (e.g., “friend” request)

- Social workers more comfortable searching their clients online than with clients searching for them
  - Since information a client obtains through the Internet is public, practitioners, “cannot block certain aspects of their lives from their patients, and they must learn to adapt to the new world that cyberspace has created” (Gabbard et al., 2011, p. 171-172).
  - Participants did not seem aware of NASW guideline that prior to conducting an online search, they require client consent except for specific circumstances (NASW, 2018).
Differential Access

- Must be aware/address differential access to service (Haight, Quan-Haase, & Corbett, 2014; Howard et al., 2010)
  - Income
  - education
  - rural/urban
  - immigration status
  - age
  - inner-city divide

- U.S.: Participant ethnicity significantly related to informal ICT use

- In rural or remote settings less likely to be used
  - ICTs can facilitate services when geography is a barrier to access (Csiernik, Furze, Dromgole, & Rishchynski, 2008)
Differential access

- ICTs can facilitate services when geography is a barrier to access (Csiernik, Furze, Dromgole, & Rishchynski, 2008)

- No significant difference in informal ICT use based on ethnicity in Canada, Indigenous participants engaged in informal ICT use at the same rate.

- Canada’s geography poses significant challenges to internet use
  - Building appropriate infrastructure
  - Culturally relevant content to attract users (Howard et al., 2010; McMahon et al., 2011).

- #socialwork distributed through Association of Social Workers in Northern Canada
  - representation from this group of social workers was low.

- Distributing electronically captures participants who have overcome barriers to ICT use & potentially misses an important population of clinicians.
Implications

Practice
- ICTs facilitate novel & complex interactions
- Practitioners, supervisors & administrators must become knowledgeable & engage in discussions.

Policy
- Social workers not aware of policies on use
- Fewer Canadian practitioners aware of policy through a national association than U.S. (e.g., CASW, 2014; NASW, 2018)
  - Despite consistencies, there may be unique considerations for each country.

Education
- Social work educators need to include informal (as well as formal) ICT use in curriculum (Fang, Mishna, Zhang, Van Wert, & Bogo, 2014)
Implications

Research
- Contextualize findings within complexities of intersectionality in Canada & the U.S.
  - Marginalized communities
  - Rural or remote areas
  - Dense urban centres

Supervision/Consultation
- Despite consistent attention to ethical concerns, mention of clinical supervision is rare & when discussed it is related to the use of ICT to provide supervision
Limitations

- Differences in sample demographics between Canada & U. S. which limit direct comparisons

- Likely related to difference in samples
  - Working in private practice setting significantly related to informal ICT use
  - Almost ½ U.S. sample worked in private practice versus 15% of Canadian sample

- Distributed electronically
  - Only captures the responses of those professionals with active email addresses
Conclusions

- Informal ICT is ubiquitous in Canada & U.S.
- Practitioners & clients both initiate ICT use
- Will overwhelmingly continue to use informal ICT
- Need increased attention in helping professions
- Social workers & social service workers require knowledge & skills relevant to using ICT in practice
  - To maximize benefits & minimize challenges
- Significantly more attention is required in research, education & practice
Conclusions

- No longer a question of whether social workers & social service workers use ICTs in direct practice

- Rather, critical to consider the context of the constantly changing digital world & develop practice, education & policies that address clinical & ethical concerns & benefits
Thank you

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Thank you!
References

References

References