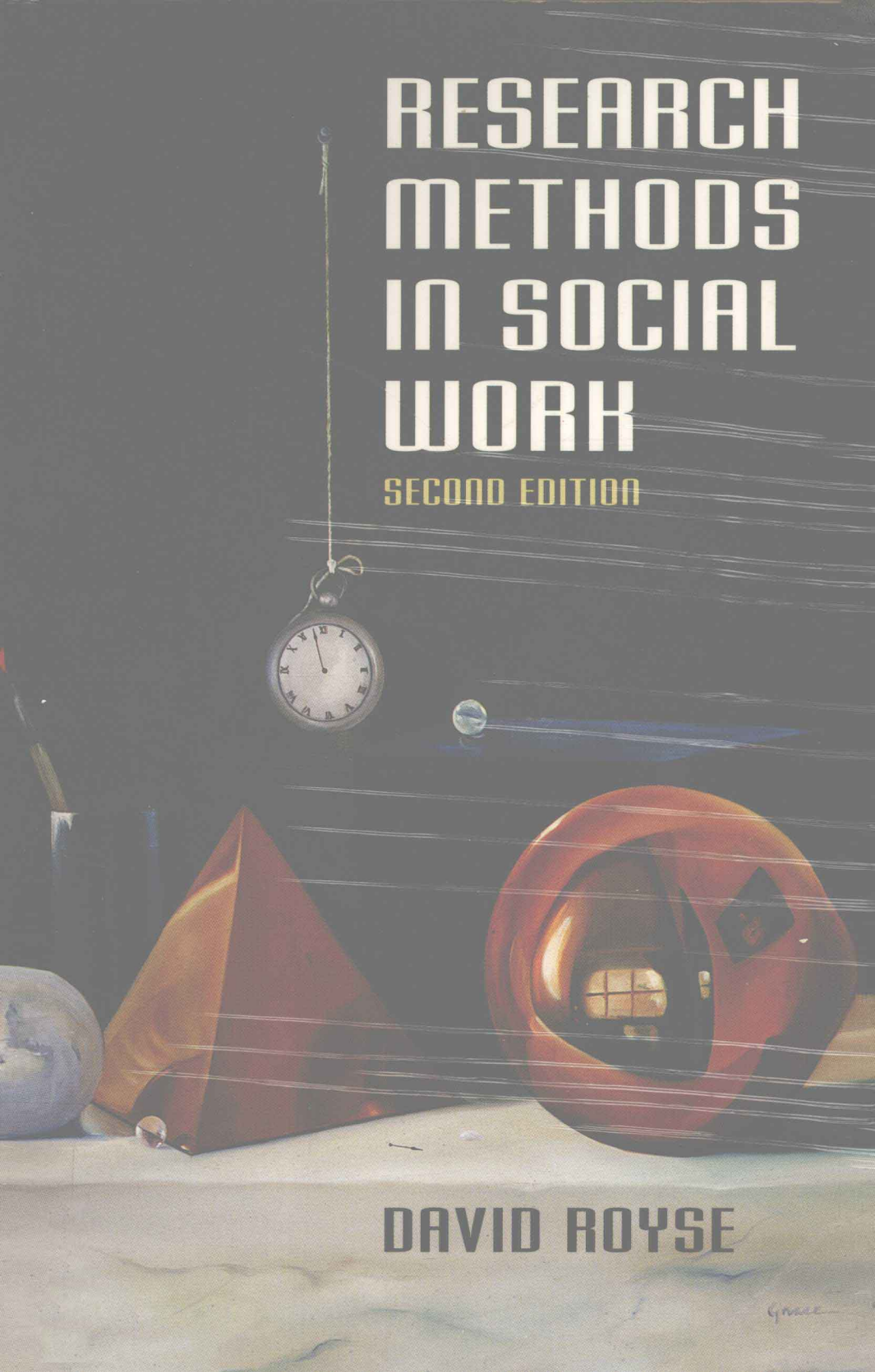
# RESEARCH METHODS IN SOCIAL WORK

SECOND EDITION



DAVID ROYSE

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SECOND EDITION

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Nelson-Hall Publishers
Chicago

Project Editor: Rachel Schick
Typesetter: Precision Typographers
Printer: Capital City Press
Cover Painting: Grace Cole, "Requiem of Frozen Tears," oil on linen.
From the collection of Bristol Meyers, Inc., Evansville, IN.

**Library of Congress Cataloging-in-Publication Data**

Royse, David D. (David Daniel)
Research methods in social work / David Royse. — 2nd ed.
p. cm.
Includes bibliographical references and index.
ISBN 0-8304-1409-6
1. Social service—Research—Methodology. I. Title.
HV11.R69 1995
361.3'2'072—dc20 94-16190
CIP

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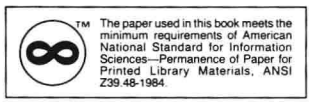
Manufactured in the United States of America

10 9 8 7 6 5 4 3 2 1



# Research Methods in Social Work

**Nelson-Hall Series in Social Work**

Consulting Editor: Charles Zastrow
University of Wisconsin—Whitewater

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# Preface

Not wanting to risk receiving an unacceptable grade, I bailed out of my first statistics course before midterm, even though it was required for graduation. Although I wasn't sure I could do any better in any other statistics course, I knew when I wasn't comprehending the material—none of it made any sense to me.

The next semester I found a new statistics course in another department that required a two-hour lab each week. I swallowed hard a couple of times, took a deep breath, and slumped into my seat in the lecture hall. However, much to my surprise, that instructor used real, concrete examples that made sense. I understood, for the first time, how statistics could be used to solve actual problems. As I look back now, the most important difference in the two courses was that the first instructor seemed unable to illustrate his points with realistic examples. The second instructor succeeded in communicating because of his examples.

Although I did not go on to become a statistician, I've never forgotten that lesson I learned as an undergraduate. In my teaching and writing, I strive to engage students' interest by using as many illustrations as possible. Accordingly, you will find that this text draws heavily upon examples of research conducted by actual social workers. Also, you'll find that I've tried to present essential information with a minimum amount of dry prose. You won't get lost in too much technical detail. Perhaps with a little luck, you'll be able to say at the end of the book, "Hey, research isn't too bad! I understand this stuff!"

I have designed this text for both undergraduate and graduate audiences. Those students who desire more information on a given topic are encouraged to make use of the extensive references at the end of each chapter. By reading those books and journal articles, students can vastly expand upon their knowledge and the coverage provided in this introductory text.

Whether you are an undergraduate or a graduate student, I hope that this text will help you develop critical thinking skills. Although you will probably want to memorize some vocabulary items (these are indicated in **boldface type**), it is much more important that you learn how to question assumptions about "facts" and "good" research. I've never known a fact that couldn't be challenged or a piece of research that couldn't be improved upon!

While I don't hope to make researchers out of all of you, I do at least aspire to help you comprehend and critique the research you will encounter as you continue in your professional career. As you develop a greater understanding of the research process, you'll be able to discern the difference between "good" research and worthless drivel. By sharpening your research perspective, you'll find yourself able to make suggestions for improving the research that may be going on in your practicum agency, where you are employed, or where you volunteer. And even if no research is going on there, maybe you'll recognize the need to evaluate your own practice or the performance of a key program. Who knows? As you become empowered with these research tools, you may become an advocate for research and evaluation!

Thanks to all the students whose questions, life experiences, and involvement with research (even if only through wrestling with my assignments) have provided examples that will benefit other students. I'm indebted to you, even though you are too numerous to mention by name.

I would appreciate any comments or suggestions about how to improve this book. My mail address is 641 Patterson Office Tower, College of Social Work, University of Kentucky, Lexington, KY 40506-0027; my BITNET computer address is SPR103@ukcc.uky.edu.

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# 1
# Introduction

## Where Does Research Start?

Have you ever noticed that unanswered questions, riddles, and mysteries surround us? If we were face-to-face in a classroom, I'd ask you to take a minute or two to think about some of the questions percolating in the back of your mind that have never been satisfactorily answered. I'm not talking about questions like "I wonder what's for supper?" or "Who on earth did Jimmy go out with last night?" but larger questions like "Is heredity or environment the more powerful influence in alcoholism?" or "To what extent do most victims of child abuse recover from their trauma?"

For some of you, life's mysteries involve specific individuals and their behavior. You may wonder why a favorite cousin committed suicide in the prime of his life, or why Aunt Martha can't seem to quit drinking. Maybe you have grown up with a schizophrenic parent or sibling and wonder if you somehow unintentionally contributed to their illness.

Research seeks to provide answers to life's enigmas by exploring questions that originate from people just like yourself. You see, ideas for suitable research projects often stem from our own life experiences or observations. Allow me to give you a brief illustration of this.

Close to the end of a spring semester several years ago, I was concluding a lecture on qualitative research methods. (Qualitative research methods seek to help the investigator understand the experi-

ence or viewpoint of another person or group of persons.) As I typically do during that lecture, I introducted material from Clifford Beers's book, *A Mind That Found Itself* (1910). Beers was a college student around the turn of the century who, after breaking up with his fiancé, began losing his mind. He kept a diary of the events that occurred during this period of his life—he talks, for instance, of feeling a compulsion to jump out of a third-floor window, at the same time knowing that it was a crazy thought.

"What would it be like," I asked the class, "to feel torn between wanting to injure yourself and knowing that those thoughts were crazy? To be unable to stop obsessing about something?" I had the class's attention, but paused for a moment to switch examples.

In a recent series of articles on child abuse our local newspaper had portrayed a number of officials (judges, lawyers, and, yes, social workers) who had not done enough to protect vulnerable children. Most students probably were familiar with the newspaper accounts, but I wanted to impress upon them that knowledge of the statistics and facts about child abuse is quite different from the experience of abuse.

"What would it be like," I asked the class, "to be chained in a dark, damp basement as a child? To have your cries of hunger ignored by your parents—or worse, to be sexually abused on a filthy mattress on the cold concrete floor? Would you understand child abuse any differently than you do now? How might living in a different culture or taking on a different lifestyle provide you with knowledge that you wouldn't get just by reading a book or journal article?"

A student raised her hand and when I acknowledged her, she simply pointed to the student beside her. Even from the front of the classroom, I could see that something was unusual about Frank. As the whole class turned to look at him, he sat rigid, eyes glazed over. I walked closer and called his name several times. There was no response. Gently I reached over and tugged on his sleeve. Again, there was no indication that Frank recognized he was the focus of the class's attention. I shook Frank harder. Nothing. I checked for blink and startle reflexes . . . he had none.

Never had I encountered such a problem in the classroom! My first thought was that he was having some sort of seizure, although I had never seen one like it. Someone suggested that we look in his wallet to see if it contained any emergency medical information. It did. We found the number of a clinical social worker whose office wasn't too far from campus.

With the card in my hand, I sprinted to the nearest pay phone on the next floor and dialed the number. I insisted that the receptionist

who answered call the social worker to the phone immediately. Frank's social worker confirmed that he became temporarily catatonic from time to time; not all of his triggers had been identified. However, she assured me, Frank usually recovered on his own within twenty minutes to an hour.

I went back to the classroom and found my students anxiously gathered around Frank, watching for some blink or sigh, some indication that he was in the land of the living. The bell rang, signaling the end of class. Anticipating that another class would be coming into our classroom, I asked a student to help me lift Frank to see if we could assist him in walking out of the classroom. However, Frank was not aware of our efforts and was unable to help. It was like lifting a 150-pound bag of potatoes. Rather than risk dropping him, we decided to leave Frank in his seat.

Several students volunteered to stay with Frank, but I encouraged them to go on to their own classes, assuring them that I would remain behind. About this time, I looked back at Frank and noticed a single tear slipping down his cheek. He blinked his eyes and turned his head as if to acquaint himself with his surroundings. "Are you okay?" I asked. Frank responded by nodding his head affirmatively. It took a few more minutes for Frank to compose himself enough to walk to my car so that I could take him to his therapist.

I saw Frank again about a week later when he took his final exam for my class. He did well, and finished in the top third of the class.

Frank had been a victim of nightmarish child abuse. Something I had said, some image I evoked, summoned a flood of memories so painful that Frank's catatonia had resulted. But Frank's experience also had an effect upon me. Maybe not that afternoon, but shortly thereafter, I began wondering about the extent to which other students of social work might have been impaired by early childhood or dysfunctional family experiences. That thought spun off others—could early childhood experiences affect the choice of social work as a career? Could unfortunate childhood experiences affect our satisfaction with life as adults? (Two colleagues and I have reported on this last question. See Royse, Rompf, and Dhooper, 1991. A manuscript examining the first question will be published in 1994.) That remarkable experience with Frank fueled my curiosity about a whole set of questions I had never seriously contemplated before and was the catalyst for several research projects.

Like the clinical social worker looking for clues to aid in understanding the client by observing his language, speech (was it slurred, full of hesitations, grammatically precise?), and manner of dress (was

he wearing worn-out jeans or a three-piece business suit?) to supplement the information drawn from agency files, intake information, or questions asked, the researcher is also in the business of collecting and interpreting clues to unravel some mystery.

Different experiences raise different questions. A paraplegic MSW student once remarked in class that few professionals know how to talk to persons with handicaps. He speculated that because their training had taught them not to ask questions for which they do not need answers, professionals often did not inquire as to how he lost the use of his legs. As a result, they often made erroneous assumptions—and in doing so, failed to get to know him as a person. "I would much rather," he said, "have them ask, 'What happened to you?' so that I can explain something about me as a person. As I tell them about my former career as an electronics engineer and the airplane crash, they begin to know me as a human being. I'm no longer some vegetable in a wheelchair."

As he talked, I realized that other persons with handicaps may feel as he did. And, you guessed it, a number of questions about disability and preferences for disclosure began forming in my mind. Later, the two of us combined our knowledge and conducted a study (Royse and Edwards, 1989). While our investigation was not definitive by any means, it did provide some beginning evidence suggesting that persons with disabilities are frequently open to disclosing. As a small study, it is only one piece of evidence, a starting place for other researchers interested in this issue, possibly persons like yourself, to build upon.

Unanswered questions, riddles, and mysteries surround us and provide the stimulus for research. Over the years, I've lost track of the number of students who've come to me to explore some particular research interest. Those able to conceptualize their projects clearly and those with lots of perseverance (willingness to revise and rewrite) have been rewarded by seeing their efforts published in professional journals. Who creates knowledge for social workers? Individuals like yourself. The research process can (and should) start with you.

## Why Study Research?

Social work is an exciting career choice. Students select this profession because they like people and want to help families where there has been abuse, mental illness, or alcoholism and to assist such special populations as the aged and the homeless. As a consequence, social work students are often eager to soak up instruction that will assist them in becoming better counselors or practitioners. They

approach practice-oriented courses with enthusiasm and vigor. All goes well until they learn that they must take a research course (sometimes two courses) as part of the requirements for a degree. Immediately some students are resentful. "Research!" they say. "Why do I have to take research?" "I don't want to do research. I want to work with the severely mentally ill." Variations of this are: "I want to work with children" and "I want to work with adolescents who have eating disorders."

Why, then, must social work students study research? Consider a few examples that will demonstrate its usefulness to practitioners of social work.

1. You are asked to direct an adolescent AIDS prevention program. The goal of the program is to supply adolescents with information about how to avoid contracting the AIDS virus. After several months you are convinced that the adolescents in your program are more knowledgeable after participation in the program. How would you convince others of the success of your intervention?
2. You are hired by an agency that provides counseling to families in which children have been sexually assaulted by a family member. You are assigned to work with the offenders. Counseling seems to go well with your first several clients and it is now time for the perpetrators to return to their families. How would you go about providing evidence that your intervention was effective—that it was safe to reunite the family members?
3. You are a case manager for a program that has matched severely mentally ill clients with volunteers. At the end of two years, the clients are telling you that they have benefited greatly from the involvement of the volunteers. They tell you that they have gained a better understanding of mental illness and learned how to self-monitor their illnesses. Some have begun living independently. A few have started college or begun new jobs. Overall, though, on a psychological battery of tests, most clients appear to have about the same symptoms that they had prior to the beginning of this program. How would you determine whether this program should be continued or not?

In each of these three examples, some research skills are required—skills that can be used with other problems and concerns. However, before these skills can be taught, oftentimes it is necessary to address and "neutralize" negative attitudes about research so that there is the greatest opportunity for learning to occur.



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