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Cyber Social Work: Is the Profession Ready?

Joiner

Abstract

This paper explores the readiness of social workers to engage in online service delivery and counseling as well as challenges associated with online practice. This study used a sample of 173 MSW-level respondents who participated in Social Work Continuing Education (CE) workshops related to the use of technology in direct practice. Findings were mixed regarding the use of social media to deliver mental health services to clients/consumers. However, the participants strongly agreed the Internet could be used to deliver mental health therapy effectively.

Today's society is using technology in ways never imagined by previous generations. The misuse and excessive use of the Internet can contribute to physical, behavioral, and psychological problems (Gezgin & Çakır, 2016). Most people use computers and the Internet because it makes them feel as if they can control their time and space (Munteanu, Costea, Palos & Jinaru, 2009). However, concerns are being raised that some Internet users develop social problems based on their use (Yellowlees & Marks, 2007), such as fear of missing out (FOMO), internet addiction, digital dementia, selfie syndrome, photo-taking disorder, nomophobia, internet gaming disorder, and others.

FOMO, a form of social anxiety, is becoming prevalent with social media use. FOMO can become compulsive, with a person concerned that he/she might miss a social interaction, or other events that are present on social media, such as Facebook or Instagram (Dossey, 2014; Przybylski, Murayama, DeHaan, & Gladwell, 2013). Researchers have identified Internet addiction as a digital mental health concern (Medenica, Račić, & Joksimović, 2015). Internet addiction can result in a lasting problematic use of computers that has been linked to impulse control disorders causing stress and decreased ability to function in daily life.

Digital dementia too has been identified as a mental health issue confronting society. Digital dementia, a term coined by Spitzer (as cited in Rawassizadeh, Price, & Petre, 2015), is used to describe how excessive use of digital technology can be a contributing factor in the decline of cognitive abilities that has typically been found in people who have experienced head injuries or psychiatric illnesses (Gwinn, 2013). According to Woo (2015), decreased brain function may be due to excessive use of digital technology (e.g., computers, smartphones, tablets, and the Internet).

Another digital mental health challenge is that of selfie syndrome. A "selfie" is a picture a person captures of themselves, usually with a mobile device, for posting on social media (Dutta et al., 2016). While taking a selfie may not be problematic for most individuals, some might become consumed with trying to capture a perfect photo. Through this obsession, they may develop body dysmorphia or other mental health challenges. Barry, Doucette, Loflin, Rivera-Hudson, and Herrington (2017) indicated research on why people capture selfies has spawned conflicting conclusions, but none have resulted in supported empirical evidence.

Photo taking disorder is also an emerging problem faced by some individuals in the digital age. Photo taking disorder is generally marked by an individual who takes excessive photos, resulting in an impaired ability to remember the actual experience. Several studies have examined the extent to which looking at and reviewing photos influences memory and found that photos can be beneficial in helping people recall their experiences (St. Jacques & Schacter, 2013; Henkel, 2014). Other studies have shown taking excessive photos may lead some individuals to remember less about their actual experiences, because the photographer may simply outsource their ability to recall details of their experience to their photos. This is similar to individuals relying on mobile devices to help recall key phone numbers, birthdates, passwords, and other sources of information when needed (Sparrow, Liu, &

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Wegner 2011; Zauberman, Silverman, Diehl, & Barasch, 2015).

Another societal concern rooted in the use of technology and social media is that of nomo phobia. Nomophobia is believed to impact the emotional and mental health of some users of digital media and mobile devices (Sharma, Sharma, & Sharma, 2015), yet research into this contemporary digital mental health issue has been relatively ignored (Yildirim, Sumuer, Adnan, & Yildirim, 2016). Nomophobia is described as the distress some individuals feel when they are unable to communicate using a mobile device (Yildirim & Correia, 2015). Those experiencing nomophobia often report feelings of worry, uneasiness, irritation, anxiety, apprehension, or torment resulting from the absence of their digital device, usually a cell phone (Bragazzi & Del Puente, 2014).

Internet gaming disorder (IGD) raises concerns related to psychological wellbeing; however, unlike the aforementioned issues rooted in the use of mobile devices, the Internet, and social media, IGD appears to have gained a degree of acceptance from the professional mental health community. IGD was included in the Appendix of the 5th edition of the Diagnostic and Statistical Manual (DSM 5) in the area in need of additional study (Nathan, Shukla, Kandasamy & Benegal, 2016). In the case of IGD, an individual may continue to engage in gaming knowing the potential adverse outcomes of their behavior (Petry, Rehbein, Ko, & O'Brien, 2015). Understanding these problematic behaviors is important for adolescents as research indicated that participating in video games eight hours or more daily is linked with brain shrinkage (Dossey, 2004).

Use of the Internet, social media, and mobile devices has become problematic for certain segments of the population, resulting in social dysfunction and mental health struggles. As these issues grow, social workers must ask themselves if they are adequately prepared through education, training, and experience to assist individuals presenting with these contemporary digital mental health challenges, with these issues presenting ethical dilemmas for some. Social workers should question if they have the clinical knowledge and skills necessary to address these developing techno-psychological issues. They must be technologically competent in terms of the digital tools they use, as supported by National Association of Social Workers (NASW), Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE), and Clinical Social Work Association (CSWA) (NASW/ASWB/CSWE/CSWA. (2017)) that indicated, "social workers who use technology to provide services shall obtain and maintain the knowledge and skills required to do so in a safe, competent, and ethical manner" (p. 16).

Social workers have been using information and communication technologies (ICTs) with client populations for many years, yet this practice remains debated (Parker-Oliver & Demiris, 2006). Debated or not, many social workers are interested in ICTs, which are digital instruments used to construct and share resources, transmit and sign documents, and store various types of data (Perron, Taylor, Glass & Margerum-Leys, 2010). The use of ICTs has facilitated the emergence of a unique area of study within the profession called, Cyber Social Work (CSW), or electronic social work. CSW is the use of the Internet, mobile devices, social media, and other electronic media to educate and inform individuals and groups, meet clients' growing need for flexible access to services, address issues of social justice, and advocate for clients' best interests to strengthen the overall functioning of the communities in which they live.

Online counseling has become an innovative way to deliver treatment to individuals (Mishna, Tufford, Cook & Bogo, 2013). Epstein and Bequette (2013) found "for example, in Hamilton County, Ohio, the Department of Job and Family Services purchased nearly 200 tablet computers to help workers be more efficient with paperwork and ease their ability to access information in the field" (p. 284). As ICT use among social workers has gained acceptance in the last decade, serious apprehension continues to be presented about the appropriate use of ICTs with clients presenting mental health concerns (Lopez, 2014). In

addition, social workers must be careful when using digital tools and social media to avoid ethical boundary violations (Mishna, Bogo, Root & Fantus, 2014). Further complicating the issue is "the number of social workers in online practice is unknown" (Finn, 2002, p. 404), which can be problematic as it may be difficult to track and gather feedback on these online practitioners' experiences and training needs. Little has been written about best practices related to applying technology in clinical and macro practice, resulting in various practice concerns. These practice concerns include, but are not limited to the following:

1. Few community-based CE workshops are designed specifically to expose social workers to growing digital mental health challenges.
2. A small number of technology-focused field education pilot projects exist; however, these projects have not necessarily translated to the development of best practices for online service delivery.
3. Few accredited social work programs offer students elective or major course credit in CSW theories and skill building.
4. Social workers may lack adequate knowledge about effective virtual treatment approaches and mobile apps that can be used with specific populations.
5. Social workers may not be knowledgeable about HIPPA-compliant digital resources.
6. Recognized practice credentials associated with CSW are not available to communicate that the clinician is skilled in this method of service delivery.
7. Examination or evaluation processes that are associated with online practice that can convey the social worker is technologically competent are missing.

> Reamer (2013) purported that: Social workers entering the profession today have the option to communicate with clients on social networking sites (SNS), provide online and video counseling services to people they never meet in person and who live thousands of miles away, save electronic records in the virtual "cloud," and exchange e-mail and text messages with clients by using their respective smartphones. (p. 163)

Enhancing access to online psychological and emotional support services may help reach certain populations who might not otherwise seek treatment due to feelings of isolation and loneliness (Leibert, Archer, Munson, & York, 2006). Society has embraced the use of ICTs for news updates, shopping, social engagement, and now for emotional and mental health support (Mishna, Bogo, Root, Sawyer, & Khoury-Kassabri, 2012). "Through ICTs rural and remote communities are increasingly opened up to the possibilities afforded by networks of local, national, and global connections for business, consumption, entertainment, social relations, education, and managing health" (Bryant, Garnham, Tedmanson, & Diamandi, 2015, p. 2).

As Cyber Social Work (CSW) becomes more popular, it is important to be mindful of the technology skills of the client and their access to technology and the Internet. Online practice should be treated as an innovative, fresh approach to service delivery, as what is done in cyberspace can become a part of a digital footprint that has lasting implications (Waagstein, 2014). The online services that social workers provide can have a life of their own in cyberspace. These services do not remain in home offices where online services are delivered, but instead find residence in connected places, and may live well beyond the scope of current thinking.

CSW practitioners may be skilled in their ability to use a variety of ICTs, but may not know how to evaluate if the tools they are using are meeting the intended goals. Bullock and Colvin (2015) contend "there is limited research addressing technology and social work practice" (p.8), so if social workers use a myopic, singular strategy to address the needs of their online clients, they may increase the risk for miscommunication and error, resulting in potential harm to the client. Using an uninformed narrow scope of practice may place the CSW practitioners and clients at risk for a variety of

issues beyond confidentiality and privacy concerns (Harris & Birnbaum, 2014). Clients may be placed at risk for further psychological and emotional distress if the practitioner lacks skills in identifying and selecting appropriate ICTs, as well as using best practices. CSW practitioners must be cognizant of the technology standards as presented by NASW and other organizations (NASW/ASWB/CSWE/CSWA. (2017)., 2017); however, Perron, Taylor, Glass and Margerum-Leys (2010) noted that "asking other social workers, social work students, and social work educators can easily reveal that many are unaware of the NASW technology standards" (p. 2).

This lack of awareness about technology standards and evidence-based online practice techniques may present challenges to the social work profession. In addition to the practice concerns noted, Finn (2002) claimed "there are no programs that specifically train therapists for online practice" (p. 413). This argument is supported by Harris and Birnbaum (2014) whose research shows many online practitioners reported that coursework on online service delivery was absent in their professional graduate school education. In addition to the lack of CSW related college courses, there is a shortage of available CE opportunities designed to train clinicians to work with clients online, as well as identify and use HIPPA compliant cyber tools.

> Reamer (2013) argued that:
> Emerging forms of digital and electronic practice have unleashed a staggering array of ethical and risk management issues involving practitioner competence, client privacy and confidentiality, informed consent, conflicts of interest, boundaries and dual relationships, consultation and client referral, termination and interruption of services, documentation, and research evidence. (p. 163)

These issues raised concerns given licensure portability limitations, as social work licensing boards are permitted by law to establish their own distinctly different standards and then require social workers to follow them (Menon & Miller-Cribbs, 2002).

Despite the many challenges and limitations associated with online practice, the social work profession is witnessing the evolution of a new cyber-ethos, one that presents changing social and behavioral practices, quickly evolving avenues for informational access, and a marked shift in language and communication styles. These cultural changes are driven in part based on societal use of ICTs. Some consumers demand social workers use social media and the Internet to help meet their needs for convenience and access to services. "Given the practice tensions and potential benefits of social media use, from a safety and well-being perspective, it may be difficult for a worker to know when and how to use social media to meet work-related goals" (Sage & Sage, 2016, p. 96). Social workers have a direct responsibility to be competent when working with clients, and this is true when they are using innovative and modern approaches to service delivery (Reamer, 2013).

NASW has attempted to keep pace with evolving technology and its influence on the profession. During spring 2017, NASW in collaboration with the Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE), and Clinical Social Work Association (CSWA) produced the "Standards for Technology in Social Work Practice" (NASW/ ASWB/CSWE/CSWA, 2017). This document provides guidance to social work practitioners and educators. With the release of this document, the profession has several practice and ethical standards publications designed to support and direct online practice. The other document is the NASW Code of Ethics, which was revised in 2017 during the Meeting of the NASW Delegate Assembly (NASW, 2017). The revised Code encompasses several new and amended technology standards related to social worker competence. In addition, CSWE revised its Educational Policy and Accreditation Standards (EPAS) document in 2015 to include competency updates related to technology. In the first of nine competencies, Competency 1: Demonstrate Ethical and Professional Behavior indicated "social workers also understand emerging forms

of technology and the ethical use of technology in social work practice" (CSWE, 2015, p.7). CSWE supported the integration of technology to advance education and practice; this support can be seen in the growing number of online social work programs. For example, CSWE (2017) listed 16 BSW and 63 MSW accredited online programs on its website, indicating this listing was not intended to be exhaustive. These new and revised professional and educational publications are a step forward in helping address technology competency and practice concerns.

The purpose of this study was to determine the attitudes of MSW practitioners on the use of technology in their social work practice. Three research questions were posed for this study:

1. What are social worker's level of comfort with the use of social media?
2. To what extent do social workers perceive that mental health therapy can be delivered using the Internet?
3. To what extent do social workers perceive their ability to use smart devices (e.g., cell phones, tablets, computers, etc.)?

Methods

A nonexperimental, descriptive research design was used as the framework for the study. The study was conducted at continuing education (CE) workshops attended by social workers with master degrees. Each CE session was focused on an aspect of CSW practice, with topics including Introduction to Cyber Social Work, Social Work Ethics & Technology, The Impact of the Internet & Social Media on Mental Health & Social Functioning, Cyber Safety for Case Managers, and Understanding Today's Digital Culture. These workshops were offered by private CE providers, university CE departments, and community-based social service organizations offering professional development CE training to their MSW-level staff. Participation was voluntary and no compensation was provided by the study principle investigator. The University's Office of Institutional Research and its governing Institutional Review Board (IRB) approved this study and survey instrument for research purposes.

Participants

A total of 173 MSW-level social workers were recruited for participation during social work CE workshops. The participants completed a paper-pencil survey at the beginning of the session. Survey participants were asked to complete the survey once, even if they attended a previous CE training where the survey was administered. To assure that no individual could be identified in the study, the participants were not asked any personal or professional questions on the survey.

Survey Instrument

Two similar 10-item surveys were completed by the social workers. The surveys each used a combination of items to measure the use of technology by social workers. Survey 1 was a 10-question survey developed by this author to assess social workers' readiness to engage in online practice and cyber service delivery, attitudes about using the Internet and social media to provide mental health services, and perceptions of the Internet as an effective method to deliver mental health therapy. Five of the 10 survey items were rated using a 5-point Likert-type scale, ranging from 1 for strongly disagree to 5 for strongly agree. Three items on the survey were self-report of the participant's ability to use technology and social media using a 5-point scale ranging from 1 for poor to 5 for excellent. A true/false item was included to determine the participants' knowledge of online survey tools. The participants were also asked to indicate the social media sites used most often and types of data collection tools used in their practice. The survey took less than 5 minutes for participants to complete.

Survey 2 had 10 items that assessed social workers' perceptions of their readiness to engage in online practice and cyber service delivery, attitudes about using the Internet and social media to provide mental health services, and perceptions of the Internet as an effective method to deliver mental health therapy. On this survey, two items

Table 1. Frequency Distributions: Level of Comfort Using Social Media

Level of comfort using social media	Frequency	Percent
Poor	12	6.9
Fair	37	21.4
Good	49	28.3
Very Good	46	26.6
Excellent	29	16.8
Total	173	100.0

Table 2. Frequency Distributions: Social Workers Perceptions that Mental Health Therapy Can Be Delivered Using the Internet

Social Workers Perceptions that Mental Health Therapy Can Be Delivered Using the Internet	Frequency	Percent
Strongly disagree	6	3.5
Disagree	24	14.1
Neutral	64	37.4
Agree	64	37.4
Strongly Agree	13	7.6
Total	171	100.0

Table 3. Frequency Distributions: Perceived Ability to Use Smart Devices

Perceived Ability to Use Smart Devices	Frequency	Percent
Poor	5	2.9
Fair	31	17.9
Good	51	29.5
Very Good	49	28.3
Excellent	37	21.4
Total	173	100.0

examined the ability of the social workers to use social media and smart devices, and three items were Likert scaled to determine the perceptions of the participants in regard to use of the Internet in their practice. Two items were dichotomous in measuring awareness of digital dementia and Internet gaming disorder. Two multiple response items were used to measure types of social media of which the social workers were familiar and the student training in the use of the Internet in social work programs.

The surveys were not tested for reliability or validity. Although the surveys were different, three items were present on both surveys. This study will present the results of the frequency distributions used to summarize these data.

Data Collection

To assess participants' knowledge and use of ICTs and perceptions about the use of the Internet and social media to deliver mental health services, the survey was administered before the start of each university-sponsored social work CE workshop, agency professional-development training, and conference featuring the study principal investigator as workshop speaker. This study used a paper and pencil survey to facilitate distribution during CE sessions. Prior to distributing the surveys, participants were provided with an overview of the purpose of the study and informed that only MSW-degreed individuals were eligible for participation. Participants who met the inclusion criteria were told that they could opt-out of the study, with no incentive offered in exchange for survey participation. An informed consent statement was included on the survey.

Survey Results

This study is based on a convenience sample of 173 licensed MSWs from the state of Michigan who were surveyed at the beginning of technology and social work CE workshops delivered by the study principal investigator. The survey responses for three items were summarized using the frequency distributions command in IBM-SPSS ver. 24. The results of the analyses are presented in Tables 1 through 3.

When asked to indicate the level of comfort using social media, the greatest number of participants (n = 49, 28.3%) indicated they had good comfort levels using social media. Twelve (6.9%) reported their comfort levels were poor, and 29 (16.8%) social workers indicated excellent comfort levels using social media.

The social workers were asked if they thought mental health therapy could be delivered using the Internet. Sixty-four (37.4%) of the participants agreed with this statement, while 64 (37.4%) were neutral regarding the use of the Internet to provide mental health therapy. While six (3.5%) participants strongly disagreed that the Internet could be used to provide mental health therapy, 13 (7.6%) strongly agreed with this statement. Two participants did not provide a response to this question.

Social workers' responses to the item measuring their perceived ability to use smart devices, including cell phones, tablets, and computers were summarized using frequency distributions. Fifty-one (29.5%) of the social workers indicated their ability to use these devices were good, while 49 (28.3%) indicated very good. Five (2.9%) of the social workers reported their ability to use smart devices was poor and 37 (21.4%) thought their ability level was excellent. Findings from the survey were mixed regarding the use of social media to deliver mental health services to clients/consumers; however, respondents strongly agreed the Internet could be used to deliver mental health therapy effectively.

Discussion

This paper addressed the question, "Cyber Social Work: Is the profession ready?" Results from the current study could suggest that social workers were ready to practice Cyber Social Work based on their ability to use smart devices and comfort level with social media. Twelve (6.9%) respondents indicated their level of comfort using social media was poor, in comparison to 75 (43%) who indicated their level of comfort using social media was very good to

excellent. When asked about the feasibility of conducting mental health therapy via the Internet, the findings were mixed. The study findings indicated that 64 (37.4%) respondents agreed that mental health therapy could be delivered effectively using the Internet, while a similar number (n = 64, 37.4%) responded to the same item indicating they were neutral on this point.

Some social workers may be hesitant to expand their practice to include Cyber Social Work based on concerns related to the Internet. These concerns could be related to potential for data breaches and loss of confidentiality from hacking. In addition, the use of social media to provide social work services may require an additional level of training to work with clients online.

Few CE trainings designed to expose social workers to growing digital mental health challenges are available for practicing social workers that promote best practices for online service delivery, and virtual treatment approaches may have contributed to study respondents indicating they neither agree nor disagree the Internet could be used to deliver mental health therapy effectively.

Students enrolled in MSW programs need to have coursework that prepares them to do Cyber Social Work. These classes need to include basic skill development in the use of technology, as well as cyber service delivery methods. The students need to be able to engage clients online, be aware of the need to maintain professionalism throughout their contact with the clients, and act ethically in all interactions.

While CE training gaps exist relative to Cyber Social Work practice, the profession is making steady progress in exposing social workers to ethical online practice guidelines through the development of materials, such as the NASW/ ASWB/CSWE/CSWA (2017) *Standards for Technology in Social Work Practice*. As Cyber Social Work and social media continue to develop and expand, both students and practicing social workers need to understand that CE will become even more important in the future.

Limitations of the Study

The current study has two major limitations, including the geographical homogeneity of survey participants and a lack of participant demographic data (e.g., age, gender, and ethnicity). The geographical uniformity of participants may limit the generalizability of the survey findings to other areas of the United States. The collection of participant demographic data, such as age, gender, educational level, etc. may have proved beneficial when exploring participants' technology expertise, SNS used most often in a typical month, and data collection tools used over the course of a year.

Future research is needed to identify Cyber Social Work best practices and virtual treatment modalities that have been found to be efficacious with online clients. Continued research is needed to examine the acceptance of Cyber Social Work as an alternative treatment modality.

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