

The Merrill Social Work and Human Services Series

8TH EDITION

RESEARCH METHODS FOR SOCIAL WORKERS

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EIGHTH EDITION

Research Methods for Social Workers

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Preface

Social work practice continues to evolve. Research, now an integral part of practice, is changing along with it. In this edition of *Research Methods for Social Workers*, we have attempted to retain those features that faculty and students told us they liked. At the same time, we have added new material to address the needs of today's students of research and of those conscientious practitioners who aspire to be critical consumers of research reports.

What Can the Reader Expect to Find?

Like the previous editions, this book is designed for a one-semester or one-quarter course on research methods. It is well suited to either undergraduate or foundation-level graduate social work courses. Its content is consistent with both current Council on Social Work Education (CSWE) accreditation standards and curriculum policy guidelines. This book offers a brief conceptual overview of specialized topics such as statistical analysis and evaluation research and encourages its readers to seek a more in-depth coverage of them. The book is written for both current and future social work practitioners to assist them in becoming evidence-based practitioners. It presents research as a logical, non-intimidating activity that is inextricably linked to social work practice.

This book contains no unnecessary research terminology or references to obscure, rarely used methods of knowledge building. Necessary terminology is italicized and explained. Students, even those with no prior research background, should find the text interesting and easy to understand. It is written in a crisp, straightforward style and refers to contemporary social work practice on virtually every page. Examples are real—the kind of situations that social workers encounter every day.

Our belief that the knowledge, values, and skills of the social worker are much more of an asset than a liability in conducting research permeates the book. We do not take the approach that research is a “necessary evil” to be grudgingly studied and conducted. It is a logical extension of good practice and absolutely essential to it. Thus, the areas that are given a disproportional amount of attention (relative to other texts) reflect this orientation. For example, tasks such as problem identification and formulation, question selection, and use of existing knowledge receive extensive coverage. Are these not also important tasks in good social work practice intervention? Research design—the rich array of alternatives available to do the job of acquiring knowledge to inform our practice decision-making—is also discussed in detail.

We continue to believe that qualitative and quantitative research methodologies are mutually supportive and of equal importance in knowledge building for our profession.

New to This Edition

At the suggestion of reviewers, we have incorporated several major changes in this edition of the book.

- We combined the general discussion of literature reviews (what they are, their purposes, credibility issues, etc.) with the chapter on developing focused research questions and research hypotheses.
- We have expanded the section on writing the literature review into a complete chapter on writing the research report and disseminating research findings.
- We have made significant changes to the research design chapters. Over the years, we have come to believe that many research texts create a false dichotomy by describing research as either quantitative or qualitative. We have tried to emphasize that, while some research methods are clearly predominantly one type of research or the other, most research studies today have elements of both. Researchers conducting predominantly qualitative research now attempt to quantify their research data to the degree possible; those conducting more quantitative studies often attempt to verify and expand on their findings using qualitative methods.
- We have divided research methods and designs into four chapters in this new edition. Chapter 5 covers the group research methods generally associated with more quantitative research studies. Chapter 6 focuses on research methodologies used in predominantly qualitative research studies. Chapter 7 looks at program evaluation techniques. Chapter 8 focuses on evaluating individual practice effectiveness, with an emphasis on the single-system evaluation method used by social work practitioners to evaluate their practice with individuals, families, schools, communities, and so forth.

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Toward Evidence-Based Practice

Social workers must make many decisions every day. Good, informed decisions require knowledge. What are the sources of our knowledge? Some is acquired through formal education in bachelors' and masters' programs in social work or from attending continuing education programs. It may come from reading articles in professional journals, textbooks, or through online searches. It may also be knowledge shared by senior-level practitioners based on their many years of practice experience. Historically, much of the knowledge derived from these sources has had one characteristic in common—it may not have been derived from research! However, this is changing.

The Council on Social Work Education (CSWE), the organization responsible for the accreditation of Bachelors of Social Work (BSW) and Masters of Social Work (MSW) programs, recognizes the importance of research content in social work curricula. The Educational Policy and Accreditation Standards (EPAS) (Council on Social Work Education, 2015) specify that research content and skills must be taught in both undergraduate and graduate social work education programs. Standard 4, *Engage in Practice-informed Research and Research-informed Practice*, maintains that:

Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. Social workers understand the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice. (p. 8)

In addition, CSWE (2015) defines three practice behaviors to exemplify this competency:

- Use practice experience and theory to inform scientific inquiry and research.
- Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings.
- Use and translate research evidence to inform and improve practice, policy, and service delivery. (p. 8)

LEARNING OUTCOMES

- Summarize how social work practice and research have been developed and linked as the field of social work has progressed.
- Identify and describe the characteristics of evidence-based practice.
- Recognize various forms of alternative sources of knowledge (logic, tradition, and authority) and identify when decisions and opinions are being influenced by these sources.
- Describe why scientific knowledge is preferable to alternative sources of knowledge when making social work practice decisions.
- Define the types of knowledge derived from scientific research (descriptive, predictive, and prescriptive), and identify which type or types are being sought in a given research study.
- Differentiate research studies based on the study's general purpose or goal (basic versus applied research).
- Distinguish between qualitative and quantitative research methods and describe at least the basic characteristics of each.

CHAPTER OUTLINE

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Evidence-Based Practice 5

Research and Practice: More Similar Than Different 6

Sources of Knowledge 8

Alternative Knowledge Sources 8

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CSWE's Educational Policy and Accreditation Standards (2015) form the basis for what we have chosen to include in this book. By teaching students the best ways to conduct research, we hope that they will be equipped to acquire the knowledge needed for making good, informed decisions in whatever social system level they may work. However, understanding how research should be conducted has a second benefit—it enables social workers to critically and knowledgeably evaluate the research methods of others and, thus, assess the credibility of the findings and recommendations that they generate.

Knowledge of research makes possible a methodology that has been widely discussed and advocated: evidence-based practice (EBP). EBP is a process designed to help social workers make important decisions regarding the care they provide their clients. This model originated in the field of medicine in the early 1990s and has since been adopted in a wide array of health and human service disciplines. The primary source document for learning about EBP is a slim volume by Strauss, Richardson, Glasziou, and Haynes (2005), in which EBP is

defined as “the integration of the best research evidence with our clinical expertise, and our patient’s unique values and circumstances” (p. 1). A related definition is found in Guyatt and Rennie (2002): “The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of EBP requires integration of individual clinical expertise and patient preferences with the best available clinical evidence from systematic research” (p. 412). The National Association of Social Workers (2015) offers a definition of EBP that covers many of the important aspects of social work practice:

EBP is a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. The practitioner, researcher and client must work together in order to identify what works, for whom and under what conditions. This approach ensures that the treatments and services, when used as intended, will have the most effective outcomes as demonstrated by the research. It will also ensure that programs with proven success will be more widely disseminated and will benefit a greater number of people.

Thus, EBP entails a careful consideration of (1) what the best research on the question has suggested, (2) our own practice experience and expertise, and (3) the values and preferences of the clients we serve.

How might this work? Suppose a medical social worker is assigned to work with the parents of a 9-year-old boy who has a diagnosis of acute leukemia. The social worker knows (from medical knowledge acquired through research and the knowledge of the boy’s specific situation) that he has a very small probability of surviving more than a few weeks without a bone marrow transplant. She also knows (from the same sources) that the likelihood of a successful transplant is quite low. Her practice experience reminds her that if the transplant is unsuccessful, his suffering is likely to be worse than if he never had the transplant. She has seen it happen before and it has been extremely stressful for all concerned. Ethically, she recognizes the need for the parents and the child (to the

degree possible) to be involved in the decision to have or not have the transplant. She feels an ethical responsibility to inform the parents that the transplant could result in worse suffering and might even hasten death for their child. As a caring and concerned social worker, she feels compassion for the child and his parents. This will influence her behavior as well. She cannot and should not make the decision for them, but she understands that they will look to her for help in making it, and require her support for whatever decision they make. In EBP, how she ultimately presents the options to them (her intervention) will be determined by the combination of all of these factors.

EBP entails a careful consideration of (1) what the best research on the question has suggested, (2) our own practice experience and expertise, and (3) the values and preferences of the clients we serve.

HISTORICAL ANTECEDENTS

Historically, social workers have not always emphasized the importance of research knowledge for practice decision making as much as have other professionals. In 1979, a sociologist, Simpson, shared his perceptions of social work practitioners and their relationship with research. He noted that practitioners tend to shun abstract knowledge and to rely instead on (1) humanitarian impulse, (2) occupational folklore, and (3) common sense. He also observed that most of the knowledge that is used for social work practice decision making was being drawn from the work of researchers in other fields. He went on to describe social work literature as permeated with faddism and lacking an empirical base.

During the late 1970s, both the CSWE and the National Association of Social Workers (NASW) devoted considerable effort to examining the problem of research knowledge utilization. They convened groups of leading practitioners and researchers to study it, and concluded that responsibility for the gap between practice and research must be shared by both practitioners and researchers, and that both groups must be involved in closing the gap.

Practitioners in the groups convened described their distrust of researchers and the lack of practical utility of much of the knowledge that their research generated. They viewed researchers, most of whom historically have been academicians, as people who did not really understand the realities of social work practice. The researchers, in turn, described their frustration with many practitioners' lack of understanding of research methods and general lack of interest in research. They cited a tendency of practitioners to reject those research findings that did not agree with what they "knew" to be true and to assume falsely that research knowledge was too abstract to be of value to them.

If social work practitioners are to rely heavily on the knowledge generated by scientific research methods, several conditions must exist. First, practitioners must have a knowledge and understanding of scientific methods, and must gain a respect and an appreciation for them. If they learn to appreciate the rigor that is built into well-designed research, practitioners are more likely to believe in and value the findings that are produced. They are also more likely to be critical of the conclusions and recommendations of the researcher whose methods are flawed (and that is a good thing).



Assessment

Behavior: Develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies)

Critical Thinking Question: What are three factors the social worker might consider when deciding how to discuss treatment options with the patient and his parents?

Second, social workers will rely more heavily on the findings of scientific research if there is support for it by their supervisors and peers. This can only occur when there is more reward (both tangible and intangible) for practice based upon scientific research findings than for simply doing things the way they have always been done. Will there be support for evaluating our individual practice effectiveness using scientific research methods, or will it be viewed by others as time that could be better spent in other ways? Will we be encouraged to attend professional conferences where research knowledge is disseminated or to read and discuss professional journal articles with colleagues, or will this be viewed as more time wasted?

Practitioners require support at all levels of human service organizations to effectively use research findings for decision making.

Finally, social workers will be more likely to use their knowledge of scientific research methods if there is the expectation that any new knowledge that they generate will be used to improve client services. What is likely to happen when social workers employ scientific research methods to evaluate the effectiveness of programs of which they are a part? How will the findings be received? What if their evaluations suggest that current programs or some of their components are not effective or are even making a problem worse? Will the response of “higher ups” be to welcome this knowledge as a stimulus for change? Or will efforts be made to suppress it in order to maintain the status quo? Practitioners require support at all levels of human service organizations to effectively use research findings for decision making.



Research-Informed Practice or Practice-Informed Research

Behavior: Use and translate research evidence to inform and improve practice, policy, and service delivery.

Critical Thinking Question: What are three things that administrators could do to encourage social work practitioners to use research findings in making their practice decisions?

Over the years, the need to bring social work practice and research closer together has produced a wide variety of conceptual models. Garvin (1981) conceptualized three overlapping research roles that the social work practitioner can play: (1) consumer of research, (2) creator and disseminator of knowledge, and (3) contributing partner. In performing the first role, the practitioner has a professional obligation to seek, evaluate, and use, when appropriate, the research knowledge that is generated by others. The second role implies an obligation to be directly involved in doing research and to share the results of one’s own research with others. This role recognizes that there is a wealth of untapped knowledge that exists within the practice milieu that

can be systematically collected, organized, and shared for the benefit of other practitioners. The third role, that of contributing partner, recognizes that not all social workers may have the knowledge, resources, or interest necessary to undertake large-scale research projects, but this does not preclude their making contributions to the research efforts of others, such as identifying researchable problems or providing data for evaluation of social programs.

The 1990s saw important refinements in our understanding of what should constitute the relationship between research and practice and thus moved us closer to our current understanding of EBP. The arrival of two professional journals—*Social Work Research* and *Research on Social Work Practice*—emphasized the publication of outcome research and encouraged social work’s move to a more accountable era. The creation of the Institute for the Advancement of Social Work Research (IASWR) and the Society for Social Work Research (SSWR) was yet another indication that the gap between practice and research was narrowing. SSWR hosts a well-attended annual conference in which a wide variety of research findings have been disseminated.

At about the same time, there was a dramatic increase in the number of social work doctoral programs, which has increased the number of social workers educated and trained in advanced social work research methods.

These and other developments combined to move us to where we are today—to recognition of the importance of EBP. The demands for accountability that began several decades earlier continue to increase. Funding organizations, the general public, and individual stakeholders demand accountability, looking for proof that social programs and services demonstrate both effectiveness and efficiency.

EVIDENCE-BASED PRACTICE

We have looked at the current definitions of EBP and offered an example of how it might work in one setting. Now let us turn to a more detailed discussion of the five-step process of EBP (Strauss et al., 2005):

- Step 1.** Convert our need for information about the causes of the problem, and for possible interventions, into an answerable question.
- Step 2.** Track down the best evidence with which to answer that question.
- Step 3.** Critically appraise that evidence for its validity, impact, and applicability.
- Step 4.** Integrate the critical appraisal with our clinical expertise and the client's unique values and circumstances.
- Step 5.** Evaluate our effectiveness and efficiency in carrying out steps 1–4 and seek ways to improve our practice. (pp. 3–4)

Funding organizations, the general public, and individual stakeholders demand accountability, looking for proof that social programs and services demonstrate both effectiveness and efficiency.

A considerable literature, both within and outside the field of social work, is available that focuses on each of these steps. An excellent resource for understanding EBP is the *Social Worker's Desk Reference* (Roberts, 2009). Gambrill and Gibbs (2009) describe effective ways to develop well-structured questions (related to step 1 of EBP). These questions typically contain four parts, the *population* of clients (P), the *intervention* of concern (I), what the intervention may be *compared* to (C), and hoped for *outcomes* (O). Some examples of PICO questions include “How do persons with obsessive-compulsive disorder fare after being treated with exposure therapy and response prevention, compared to similar clients who are not treated at all?” or “How do clients receiving TANF benefits who also receive a job-finding club intervention fare compared to TANF recipients who did not receive this intervention?” or “Are people with alcoholism who regularly attend AA meetings more abstinent than similar individuals who do not attend AA?” The idea is when a social worker meets a client with a problem, one of the outcomes of the assessment process will be to formulate one or more such answerable questions, which might have a bearing on what options are presented to that particular client. Not all answerable questions bear on the topic of choosing interventions. Similar questions may be created to evaluate assessment methods, as in “Do children who are assessed for potential sexual abuse through the use of anatomically correct dolls more accurately report actual episodes of abuse compared to similar children who are assessed without the use of such dolls?” or “Does the use of the genogram to assess clients result in a more accurate understanding of the client's background than standard

clinical interviews?” Other questions may be focused on issues such as the etiology of certain conditions, the cost-benefits of certain interventions, or questions related to the potentially harmful effects of a possible treatment (e.g., rebirthing therapy or facilitated communication). Chapter 3 will provide a more thorough discussion on creating research questions.

Once one or more answerable questions have been formulated, the next step is to track down credible information that may help answer it (Chapter 4). This process is addressed in Rubin and Parrish (2009) and may involve searching electronic databases, locating credible practice guidelines, or finding systematic reviews bearing on one’s topic. Among the higher or more credible forms of evidence that EBP particularly seeks to locate are randomized controlled trials (see Montgomery & Mayo-Wilson, 2009), meta-analyses (Corcoran & Littell, 2009), systematic reviews (Littell & Corcoran, 2009), and practice guidelines (Howard, Perron, & Vaughn, 2009). The third step, critically appraising studies for EBP, is the focus of Bronson’s (2009) study. Here, the social worker brings to bear his or her skills in reading and appraising research, paying attention to issues of internal and external validity, relevance, sampling, statistical analysis, and so forth.

The fourth step in EBP is integrating the information found from diverse sources with one’s clinical expertise and the client’s unique values and preferences. Of course, one’s professional ethical standards are also a crucial consideration, as are available resources. This important topic is discussed by Gambrill (2009). The fifth step involves self-evaluating one’s effectiveness and efficiency. This requires one’s ability to not only conduct EBP but also evaluate the outcomes with one’s client, which is actually the point of the entire exercise. Thyer and Myers’s works (2007, 2009) are good resources to use in this regard. Portions of the preceding description of EBP are based on Thyer and Myers (2010).

In the twenty-first century, there still remain obstacles to the use of and objections to EBP (Rosen, 2003). However, most of the obstacles can be overcome and many of the objections reflect a misunderstanding of EBP. EBP is not intended to dictate to social workers what decisions they should make, only to get them to use all available data (including their practice expertise, professional values, and their knowledge of individual clients and their values and preferences) in making them. While EBP can result in cost savings for health insurance providers and other third parties, that is not its purpose—it is to offer services and programs with the greatest potential for success. Besides, what is wrong with cost cutting, as long as our clients are the ultimate beneficiaries? While there are still problems for which effective interventions have not been identified through research, these gaps do not negate the need for social work practitioners to know how to conduct research, locate and evaluate critically the research of others, and, when available, to use the findings of researchers as an important component of their practice decision making.

Research and Practice: More Similar Than Different

The *scientist-practitioner model*, developed as a training program for psychologists, encourages practitioners to adhere to scientific methods, procedures, and research to guide their practice. Gelso and Lent (2000) offer a synopsis of the scientist-practitioner model,

stating that “ultimately, our science and practice will be enhanced by helping our students learn how scholarly work can be done in the context of practice and practice settings” (p. 135). A central premise of the model is that social work practice should closely resemble scientific research.

However, in 1996, Wakefield and Kirk cast doubt upon the model’s value, suggesting that social work practitioners have not been (and probably cannot ever be) simultaneously both practitioners and researchers, regularly conducting research to make their practice more effective. The authors contend that there should continue to be a division of labor, with researchers continuing to take the major responsibility for determining which practice methods are most effective and practitioners conscientiously using the findings of research in making informed practice decisions—EBP. One type of scientist-practitioner relationship has emerged, the university-community research partnership, to encourage research collaboration between university researchers and community practitioners. Begun, Berger, Otto-Salaj, and Rose (2010) looked at the development of these partnerships and offered “a set of strategies for building and sustaining research collaborations between university and community-based social work professionals” (p. 54).

Although there is now a fair consensus that research and practice cannot be totally merged, they are not all that different. In fact, many of the attributes that are associated with good practitioners are the same ones that make for a good researcher. Even the tasks of practice and research are quite similar. Research entails a logical process not too unlike the steps involved in successful practice intervention. Grinnell and Siegel (1988) describe an early variation of the scientist-practitioner model that highlights the many ways in which research methods and the social work problem-solving process are alike. The authors note that, in its ideal form, problem-solving in social work practice follows a sequence of activities that is virtually identical to the traditional research process. Box 1.1 illustrates some parallels that can be drawn when one conceptualizes research and practice intervention as problem-solving processes.

Box 1.1 Research and Practice as Problem-Solving Methods: Related Activities

Research Tasks

1. Identify needed knowledge.
2. Identify focus of the study.
3. Specify question(s) for study.
4. Develop research design.
5. Collect data.
6. Organize, analyze, and interpret data.
7. Disseminate knowledge, identify areas for more research.

Related Practice Tasks

1. Identify broad problem.
2. Partialize the problem.
3. Specify problem(s) for intervention.
4. Develop action plan.
5. Implement action plan.
6. Evaluate, summarize.
7. Terminate intervention, identify other client needs.

Models for research utilization have consistently suggested that research should not be an activity that is foreign to social work practice or that draws precious resources away from it. On the contrary, social workers who wish to provide the best possible services to their clients can hardly afford not to be evidence-based practitioners. A research-oriented and research-involved practitioner is likely to be a better informed and a more effective and efficient practitioner than one who is not. In turn, a practice-oriented and practice-informed researcher is likely to produce research findings that will have value and be of benefit to those who deliver services to clients.

SOURCES OF KNOWLEDGE

Alternative Knowledge Sources

Social workers have always recognized the need for knowledge that would inform their practice with and on behalf of client groups. Often, they have had to rely on less “scientific” sources of information, such as the opinions of supervisors or peers, when stuck with a particularly difficult client problem or decision. These sources have limited utility and can be misleading. Is there still a need to use these sources of knowledge? Yes. When research-based knowledge is lacking or is not trustworthy, we still must turn to these alternative sources of knowledge. However, when we do so, we must use extreme caution.

Logic

Often, we assume that some things are self-evident and logical. They just “make sense.” Unfortunately, this type of logic can sometimes lead to beliefs that are just plain wrong. For example, membership in a white supremacist group is generally a good indication of the presence of racist or anti-Semitic attitudes. But this logical assumption may break down in the case of an FBI infiltrator or a reporter seeking to understand the group firsthand. Similarly, we cannot depend on the self-evident truth that an individual who attends graduate school values an education, when he or she may have enrolled to appease a parent, to avoid having to work in the family business, or even to pursue a future partner.

Overreliance on logic has led to some costly errors among helping professionals. In the 1970s, a program called Scared Straight was promoted as a logical approach to reducing crime. It involved taking young people who had committed minor crimes, such as shoplifting, on a tour of prisons to see what might happen to them if they did not abide by the law. They experienced the booking procedure firsthand and talked with inmates who were serving long sentences. Logically, the experience should have turned the youths into better citizens. But it didn't. Petrosino, Turpin-Petrosino, and Buehler (2005) conducted a meta-analysis, a research method discussed in Chapter 7 and concluded that not only did the Scared Straight program not deter participants from future delinquency, participants were actually more likely to commit crimes than similar young people not participating in the program. The authors state, “despite the gloomy findings reported here and elsewhere, Scared Straight and its derivatives continue in use . . . when the negative results from the California SQUIRES study came out, the response was to

end the evaluation, not the program” (p. 52). This is what can happen when there is not support for acquiring scientific knowledge!

Logic and common sense have produced other costly errors among helping professionals over the years. For example, many communities have implemented the Drug Abuse Resistance Education (DARE) program. Some of the readers of this text have undoubtedly participated in this program, even worn t-shirts! Its curriculum, designed to prevent young students from abusing legal and illegal substances, has been taught widely in public schools in the United States. It links local law enforcement agencies with middle school students and teaches students a range of refusal skills to use when confronted with offers of drugs and alcohol. DARE was initially presumed to be an effective program. However, Van Burgh, Redner, and Moon (1995) conducted a study of over 100 eighth graders that showed that the program was not effective in changing students’ knowledge or improving their skills in refusing drugs and alcohol. Subsequently, other researchers reported similar findings (Lynam et al., 1999). Nevertheless, probably because it is so logical and is now so well established, many communities continue to use and support DARE. Following is a quote from Salt Lake City mayor, Rocky Anderson (2000), who questioned the efficacy of Project DARE:

After I was elected Mayor, I examined Salt Lake City’s participation in DARE, a substance-abuse prevention program with great popular appeal, but which has been demonstrated by study after study as being completely ineffective in reducing drug abuse over the long-term. Once my intent to terminate the DARE program in Salt Lake City became known, I was besieged by police officers, parents, and school officials who demanded that I retain DARE in our schools. Notwithstanding all the parents who have yelled at me during parades, I know it is my obligation to honestly and conscientiously examine the data and insist that our School Board put in place drug-prevention programs that have proven to be effective.

Tradition

Another dubious source of knowledge is tradition. We may believe something to be true simply because it has never really been challenged, at least not within our culture. This kind of knowledge is particularly dangerous. It can take the form of relatively innocuous misconceptions, such as the belief that retired military people are good leaders or bureaucrats. But it is more likely to result in destructive, negative stereotyping that promote the continued oppression of some members of our society. The persistence of erroneous stereotypes, such as that gay men and lesbians choose their sexual orientation and wish to convert others, that older people invariably suffer from intellectual deterioration, or that single-parent families are dysfunctional, have all helped to foster discrimination against members of specific groups.

People have a tendency to hold tenaciously to traditional beliefs, sometimes even in the face of scientific evidence to the contrary. We crave certainty in our lives, perhaps because so much of life is uncertain. Unfortunately, once we are convinced that something is correct, occasional observations that support our belief are all we need to confirm its correctness. Tenacious reliance on traditional beliefs can seriously affect our ability to provide competent services, thus we cannot afford to make practice decisions and undertake interventions on the basis of traditional beliefs alone.