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Employing Empathy: Using Video Simulations as an Intervention to Educate Social Work Students

Charles Adam Laffiteau
University of Arkansas, Fayetteville

Employing Empathy: Using Video Simulations as an Intervention to Educate Social Work Students

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by

Charles Adam Laffiteau
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This thesis is approved for recommendation to the Graduate Council.

_____
John Gallagher, Ph.D.
Thesis Committee Chair

_____
Kimberly Stauss, Ph.D.
Committee Member

_____
Larry Foley, M.S.
Committee Member

Abstract

A video simulation featuring a Master of Social Work (MSW) student assessing a fictional client, portrayed by a professionally trained student actor, dealing with suicidal ideations was developed to model empathetic and reflective techniques. The video simulation was filmed in collaboration with University of Arkansas Global Campus and is part of an interdisciplinary educational pilot program. This pilot program builds upon traditional role-play scenarios by incorporating experiential learning within the creation of cost-effective simulated interactions that employ student actors as standardized clients. Combining social learning theory and constructivism allows Bachelor of Social Work (BSW) students to observe and analyze the video simulation intervention before debriefing with instructors and classmates. An experimental design was used with a sample (n=30). Participants in a social work practice class were randomly assigned to intervention and comparison groups. An evaluation is presented assessing differences in perceived levels of confidence, knowledge and self-efficacy between BSW students who viewed a video simulation intervention and those who did not. Comparisons explored participants' perceived abilities to effectively replicate the use of empathy and reflection while engaging with and assessing a client for suicidal ideations. Independent two-tailed t-tests were utilized to determine variances between the intervention and control groups and to identify statistically significant results. Additionally, effect sizes were calculated and post-hoc power analyses were conducted to inform future research. Baseline, post-test and retention surveys were administered. Descriptive statistical tests concluded even distribution between the pre-test scales with skewness and kurtosis within accepted ranges. Results indicate intervention group participants experienced larger increases in perceived confidence, knowledge and self-efficacy over the comparison group. In particular, there was a statistically significant difference between the intervention and comparison groups regarding perceived levels of confidence, with the video

intervention group experiencing a mean increase over 20% (*M* = 1.07). The sample size was appropriate for confidence results. This confirmed the video simulation was responsible for the increase in confidence. This study supports expanding video simulations into existing social work curricula. Implications for practice and future research are discussed within.

Keywords: Simulation, education, video, standardized client, actor, empathy, reflection, social work, students, interdisciplinary, experimental, confidence.

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Chapter 1

Introduction

Social work is one of the fastest growing professions in the United States with employment opportunities predicted to experience an 11% increase between 2018 and 2028 (United States Department of Labor, 2019). From 2011-2015, the number of social work students in the US increased by 23.4% with around 45,000 students receiving a social work degree from an accredited program in 2015 (Robbins et al., 2016). As a result of the competitiveness and growing demands of the job market, it is imperative professional educators continue to ensure students are given every opportunity to receive supplementary specialized skills and training. Doing so will ensure readiness for this burgeoning profession and the critical interactions that will be encountered while working with clients. As social work school programs and service agencies across the nation continue to grow to meet this expanding need, building upon existing efforts to bridge gaps between classroom understanding and professional practice experience will be paramount in dealing with this anticipated growth and ensuring social worker preparedness.

Purpose of the Study

While simulation is already an accepted teaching tool in many fields of practice, it is a pedagogy that is far less relied upon in social work education than in a field such as medicine where it is extensively used in doctor and nurse training programs (Bogo et al., 2014). Simulations allow students to compile relevant experience within a safe learning environment and this helps them begin to experiment with regulating personal reactions (Katz et al., 2014).

The 2015 Educational Policy and Accreditation Standards (EPAS) of the Council on Social Work Education (CSWE) for the first time approved of simulation as an avenue for social work scholars to fulfill field education requirements (CSWE, 2015). While students are

enthusiastic about participating in simulations that mimic real professional practice experiences, there is minimal research investigating the benefits of the use of simulation in educating social work students to ensure all students receive competent training in assessment skills. There is also a need to identify cost-effective methods that allow for the benefits of simulations to reach a wider audience of eager social work students while also exploring the creation of measurement tools in order to gauge, assess and evaluate student learning and self-efficacy (Logie et al., 2013; Robbins et al., 2016). This study explores these gaps by using experimental measures to design a survey to report on student learning via viewing an educational video simulation intervention.

Relevance to Social Work

Experiential learning was integrated into a simulated interaction between a Master of Social Work (MSW) student performing a general suicide assessment of a fictional client being portrayed by a standardized client (professional actor). After extensive research, including consultations with representatives from the Arkansas Crisis Center, a local non-profit suicide prevention organization, a character case study was designed by this researcher and given to a student actor who was hired to portray a college student experiencing suicidal ideations. The standardized client helps create a tone and client reactions that are more authentic than typical role-play scenarios. This allows the MSW student to better demonstrate and/or model empathetic and reflective techniques during the simulated interaction. The actor collaborates throughout the process by using their expertise and training, which helps educate the MSW student by providing an opportunity to demonstrate important practice skills and behaviors in a safe environment.

The simulation was filmed as part of an interdisciplinary collaboration with University of Arkansas Global Campus media personnel in order to create an educational video tool whereby social work students are able to observe the empathic and reflective techniques being modeled by

the MSW student via social learning theory. Global Campus works to expand distance education opportunities, providing educational opportunities to Northwest Arkansas and the world. Their purpose is to work with units across the Fayetteville campus, industry and business leaders, and other institutions to provide access to educational opportunities that will help people advance in their careers or start new ones (Global Campus, 2020). Every life matters and this video simulation aims to educate and evaluate Bachelor of Social Work (BSW) students to determine if viewing a video simulation improves their confidence, knowledge and self-efficacy. Exploring ways to improve students' perceived abilities to effectively employ empathy and reflection with at-risk populations ensures social workers will be better prepared when they begin their internship placements to provide clients with help today and hope for tomorrow.

Chapter 2

Literature Review

A search of the literature was performed using the Council on Social Work Education (CSWE) website, internet search engines, and databases including PsycInfo, social work abstracts, social services abstracts, Google scholar, ProQuest, JSTOR, and SAGE. Searches used the following keywords: social work, constructivism, standardized client/patient, suicide, actor, filmed simulation, simulation, social learning theory, experiential, assessment and role-play. The most current and relevant literature was carefully selected for inclusion in the literature review. As such, an analysis and critical examination of the literature was undertaken and is presented.

Simulation

Simulation is an approach that takes the place of or amplifies authentic encounters with interactively guided experiences. Simulations elicit or depict meaningful elements and conditions of the genuine world in a manner that is completely safe, educational and realistically immersive (Gaba, 2007). Standardized clients are actors who portray clients in simulation scenarios meant to educate and evaluate student application of assessment skills and practice behaviors.

Medical literature detailing standards of best practices refers to standardized clients as standardized patients and their use has been found to strengthen students' problem solving, decision making and interpersonal communication skills. A standardized patient is defined in the field of medicine as “a person trained to portray a patient in realistic and repeatable ways…SPs interact with learners in experiential education and assessment contexts” (Lewis et al., 2017, p.2). Educational benefits of using standardized patients in medicine are improved abilities to give useful feedback, exposure to events that are not common, reproducibility, opportunities for assessment of learned skills and the removal of risks to clients (Lateef, 2009).

Simulations aim to improve confidence and relieve anxiety in the student practitioners allowing them to focus solely on sharpening interviewing and assessment skills (Petracchi, 1999). Increasing efforts to incorporate simulations into classroom experiences offers educators an opportunity to achieve a better understanding of each individual student. Educators can assess student's abilities to synthesize and implement social work practice skills and competencies in a safe setting while taking multiple educational factors under consideration through observing evidence-based practice in action (Mavis et al., 2010). The next step for social work educators is to strengthen the development, documentation and evaluation of the various methods of educational and learning techniques that incorporate standardized clients (Logie et al., 2013). Roberson advises putting simulation at the forefront of social work education by using experiential learning as a tenet of social work education "to utilize simulation in a way that effectively develops social work students according to the identified professional competencies and values of the CSWE" (2019, p.2).

Adapting Simulations into Social Work Education

Simulations allow for opportunities to measure the competency of each social work student to critically examine their own abilities to make sense of how they can refine and improve interactions with clients. Students gain confidence and learn how to bypass common mistakes while using critical thinking and empathic abilities within assessments (Gibbs, 2009).

Social work educators who are familiar with simulations believe they are worthwhile and help improve students' belief in their abilities to replicate observed practice behaviors. There is also an indication that students who view simulations experience an increased inclination to participate in a similar simulated interaction themselves (Mooradian, 2008). This type of simulated training has been found to increase empathy, thereby improving how social workers

conduct themselves during each client assessment while also possessing the ability to regulate their personal emotional reactions during these interactions with clients (Greeno et al., 2017).

Simulating potential real-life encounters also provides students an opportunity to practice assessment (Dodds et al., 2018; Rogers & Welch, 2009). Utilizing standardized clients has been found to be effective in assisting students in the complicated process of performing bio-psycho-social assessments in order to inform intervention planning (Forgey et al., 2013). Simulations provide social work students with artificial real life scenarios that serve as opportunities to rehearse, reflect and grow within the safety of the academic environment. This supports the NASW Code of Ethics standards regarding ensuring clients are protected from potential harm (Olson et al., 2015). Additionally, changes to the EPAS in 2015 recognizing the benefits of simulations will help social work educators improve the inter-professional education of students which will help "break down silos and inform public health and other health professions of the competencies of social work" (Browne et al., 2017, p. S234).

It behooves social work educational programs and instructors to shift focus to workplace training by using media technology to create experiential learning simulations reflecting practice situations a student may encounter at their internship. This can be accomplished by incorporating nursing and medical training programs use of standardized patients. This will help adapt these simulation-based techniques for social work education so that this emerging technology can help close the gap between classroom education and readiness for field practice (Dodds et al., 2018).

Building Upon Limitations of Traditional Approaches

Many potential learning benefits are often missing during conventional peer-to-peer role-plays and simulations are helpful in building upon refining and enhancing social work practice skills (Duckham et al., 2013). Simulations provide opportunities to identify students' learned

skills, which is often difficult in traditional role-plays due to poorly played clients caused by student anxiety related to performing the client role. This anxiety can negatively affect skills assessment of students participating in role-plays and makes the use of simulated assessments with standardized clients an integral component in designing future social work curricula and training programs (Petracchi, 1999).

Simulations educate students by providing an opportunity to engage in foundational competencies while preparing for field practice. Simulations provide educators with new educational content that helps recreate traditional and difficult to replicate clinical experiences. Students are provided an opportunity to share their feelings and concerns about working with clients while still being able to practice social work skills and behaviors in a safe and controlled environment (Aebersold, 2018; Sunarich & Rowan, 2017).

Gaps in knowledge currently exist between social work education in the classroom and translation to applying skills in field practice. Social work educators can help bridge this gap by incorporating course specific and cost-effective video simulations into existing social work curricula. Although role-plays are less expensive, creative interdisciplinary partnerships can make simulations more affordable than anticipated. This allows for modern technology to increase the knowledge and skill level of students so they are better prepared for practice situations (Dodds, et al., 2018). While this pedagogic approach often faces potential financial barriers due to the costs associated with educating social work students, using video-recorded simulated sessions as an alternative to live simulation with each individual student can greatly reduce costs and allow for this educational component to make more of an overall impact by reaching more social work students.

Video Simulations and Media Technology

Inventive technologies, such as filming, promote communicative abilities that can improve service delivery and assist in incorporating new developments into the field of social work and social work education (Bullock & Colvin, 2015). Video simulations have the potential to better equip students to handle client interactions and to help students decrease anxiety about beginning their internship placements. Exploring analytical tools to assess and evaluate student knowledge and readiness for field practice helps instructors determine student success in grasping practice skills, concepts and behaviors related to interacting with and assessing a client.

New responsibilities are being asked of social workers, making it vitally important to explore new mediums and methods to educate students. By viewing video simulations students can imagine what they would do with a particular client. This pedagogy helps them build skills before having real interactions with clients in the practice field. Such skills as critical thinking, reflection, empathy and ethical decision-making can be explored. By instructing students how to administer concepts they observe in video simulations, students are provided with the ability to function as active participants instead of merely being passive observers (Seabury, 2003).

Traditional technique videos that have been used for decades in social work education often employ non-actors as video participants and/or require strict adherence to scripted dialogue that may be overly technical and create difficulties in retaining the attention of student viewers who view the videos. If a student cannot stay focused while watching a video then they will most likely not be able to recall what they have seen which suggests needed improvements or updates to these types of videos. Incorporating a trained student actor into a loosely scripted simulated interaction allows for experiential learning to emerge. Elements of theatre and acting, such as improvisation, can imbue these simulations with a reality and spontaneity that is often lacking in

the aforementioned technique videos. Using an MSW student in the assessor role allows real practice skills and behaviors to be modeled during the interaction and it is further strengthened by the actor who is reacting more authentically than a non-actor allowing these practice skills and behaviors to be demonstrated more effectively and authentically by the MSW student.

Media technology then allows for this information to be observed by students viewing the video simulation, thereby helping to close the gap between classroom education and field practice. Additionally, cross-departmental and interdisciplinary collaborations with university units such as University of Arkansas Global Campus will reduce video production costs. A large budget is not necessary to achieve the benefits of creating simulations and these assets can be experienced by a wider audience of social work students. This is commiserate with current research indicating that creating filmed experiential simulations "offers a cost-effective, novel, and alternative pedagogical approach to live simulation that can help students to develop and practice foundational competencies in preparations for the field" (Asakura et al., 2019, p. 402).

Video Simulation Intervention Topic: Suicide

One of the most important aspects of developing a video simulation is determining where the intervention is most needed. Due to the likelihood that social workers will experience a client having suicidal ideations, it is essential for social work programs to ensure students learn the core competencies to preventing suicide (Almeida et al., 2017). Thus, the current study used a general suicide assessment scenario.

More than 47,000 people died by suicide in the U.S. in 2017, which is more than double the number of homicides (19,510); and from 2008 to 2017 the percentage of young adults 18-25 experiencing suicidal thoughts increased from 6.8% to 10.5% (National Institute of Mental Health, 2019). Suicide rates among active duty military units are especially alarming. Between

2013 and 2018, suicide deaths among this group increased from 18.5 deaths per 100,000 to 24.8 deaths per 100,000 service members (Department of Defense, 2018). The economic effects of suicide also loom large and accounted for $50.8 billion (24%) of the medical and work lost costs of injury by intent in 2013 in the United States (NIMH, 2019). Furthermore, the World Health Organization (2019) anticipates that in 2020 one life will be lost to suicide every 20 seconds. Suicide and its' effects stretch across and beyond economic and cultural barriers.

As a result of these alarming statistics, it is essential to adequately train future social workers to address this national epidemic. Forgey et al. (2013 p. 304) found "the need for effective evidence-based assessment training methods is most critical for social workers responsible for assessing client situations involving the risk of harm to others (e.g., IPV, child abuse/neglect) or to self (e.g., suicide assessment)". Reaching students who will soon enter the workforce and interact with this highly at-risk population is an ethical duty for social workers. Released by the U.S. Surgeon General and the Action Alliance, the National Strategy for Suicide Prevention urges all accredited social work programs to establish protocols that help with preventing suicide, incorporate those protocols into curricula and assure that graduating students attain foundational competencies that are relevant to preventing suicide (Almeida et al., 2017).

Many students lack a comprehensive suicide-centered education which can negatively affect students' confidence in their abilities to effectively engage with a suicidal client. Consequently, there is a liability concern because growing evidence indicates that lacking confidence in one's skills relating to suicide intervention often remains after graduation and may negatively impact a practitioners' career for many years to come (Almeida et al., 2017). As the field of social work continues its rapid growth, it is imperative that alternative strategies continue to be created and implemented to improve the education of social work students who will soon

be entering the workforce. It is vital that all accredited social work programs and training institutions "step forward and shine a light on this public health issue by requiring increased training on suicide prevention, intervention, and postvention" (Almeida et al., 2017, p. 183).

Video Program Development

The video simulation emanates from an MSW internship program and is part of an interdisciplinary educational pilot program that builds upon traditional role-play scenarios by creating cost-effective simulated interactions utilizing professionally trained student actors as standardized clients. Case designs are relatively easy to create, coordination is not that time consuming, and it is affordable in university settings where interdisciplinary collaboration is possible. Case studies are perceived as beneficial for social workers, from both the students themselves and faculty; and simulations are applicable and pragmatic to evaluate and enhance social worker attained skills at both the graduate and undergraduate levels (Miller, 2004).

This researcher drew upon his professional training and background in theatre and improvisational performance art with a specific interest in incorporating trained student actors into simulated interactions with social work students. The use of the trained student actor as a standardized client in the filmed simulation represents an opportunity for the actor to help educate and evaluate the MSW student through various elements of experiential learning. This allows the MSW student to practice employing and refining assessment skills, including those that focus on appropriately utilizing empathy and reflection in order to build an effective therapeutic alliance with each client. More importantly though, there is a meta-educational opportunity to later apply social learning theory and constructivism to educate and evaluate BSW students who view the completed simulation videos within class lecture, practice lab or on-line course curriculum. This allows the video to function as an intervention providing BSW students

with a guide or model in the effective use of empathy and reflection with clients. Students are then able to critically analyze and draw upon these experiences when they are in their internship.

By exploring measures of student learning and performance via viewing a video simulation, the aim is that students will be better equipped to assess and intervene with clients dealing with suicidal ideations. Through the use of these simulations, educators may ensure students are following the ethics and integrity inherent within social work and the Code of Ethics (Almeida et al., 2017). Conducting research comparing levels of student knowledge, confidence and self-efficacy gained from viewing filmed simulations versus those who do not will help uncover critical information regarding this pedagogy (Sunarich & Rowan, 2017).

Chapter 3

Theoretical Framework

The experiential learning video simulation incorporates multiple theories to ensure students receive classroom education experiences that equip them to be better prepared for internship placements. This is accomplished by providing them with a model or guide in how to utilize practice skills and behaviors. Social learning theory is adaptable and works well when synthesized with constructivism allowing students to observe modeled behaviors, analyze what they have watched and choose if and how they will replicate it. This falls in line with the mission of social work by providing clients with an opportunity to observe these modeled behaviors themselves and thereby improve their capacity to address their own needs themselves. Social learning theory becomes a medium allowing the principles and core values of social work to "be balanced within the context and complexity of the human experience" (NASW, 2017, p. 1).

Social Learning Theory

Social Learning Theory was originally formulated by Albert Bandura (1971) and postulates that individuals learn through observing, imitating and modeling other people. This theory examines and illustrates how attention, retention, reproduction and motivation can serve as a bridge between observed behaviors and cognitive learning theories. Learning is understood to be not merely behavior, but rather a cognitive process that takes place in a social context and postulates that a person's thinking and actions influence and affect the relationship of the person and their behavior (Sawyer et al., 2013).

Exploring social learning theory as a guiding force in promoting simulation is warranted and some researchers in this tradition have found that observers believe simulation to be superior to traditional role-play scenarios and "even though observers did not have a direct opportunity to

conduct the simulated sessions themselves, they believed that watching a peer and discussing the process afterward would help them improve their own skills" (Mooradian, 2008, p. 33).

The utilization of social learning theory allows social work students to analyze efficacy in their own abilities to replicate observed behaviors. Students will then be able to practice and pass on the modeling they receive. Students will be reinforcing what they have learned and then modeling it effectively for clients. Using social learning theory as a framework to design educational video simulation components can help to overcome typical obstacles. This allows students to participate in the observation of every facet of the simulated scenario and actively participate in conversations during debriefing sessions following viewings of the video simulation (Bethards, 2019). This is congruous with previous research indicating that "social work interventions derived from social learning theory are a highly effective means of helping individual clients and larger systems resolve significant problems of social and interpersonal importance" (Thyer & Wodarski, 1990, p. 146). Social learning theory therefore helps to strengthen the practice perspective by providing social workers with "a theory of normative human growth and development, a framework for understanding the etiologies of psychopathology, a comprehensive theory of human personality and a widely applicable approach to clinical practice" (Thyer & Myers, 1998, p. 47).

Incorporating Constructivism

Constructivism is "an approach to learning that holds that people actively construct or make their own knowledge and that reality is determined by the experiences of the learner" (Elliott et al., 2000, p. 256). Constructivism focuses on the mind of the individual learner and centers around the belief that all knowledge is socially constructed and each learner constructs meaning through these experiences. Constructivism is open to modification and proposes that

learning is an active process whereby knowledge is constructed rather than passively absorbed, that this knowledge is personal and learning exists within the mind (Mcleod, 2019). Four core tenets of constructivism are that learning is dependent on what a person already knows, new thoughts happen as people adapt and transform old thoughts, learning revolves around creating ideas as opposed to rotely accruing a list of facts and that worthwhile learning occurs through reassessing old ideas and arriving at new conclusions regarding new ideas that differ from our old ideas or previously held beliefs (Amineh & Asl, 2015).

Constructivism concentrates on understanding the subjective individuality of meaning making and examines how people learn by building personal knowledge and understanding of their environment through making sense of their experiences. Piaget (1977) proposed that constructivism is in part an attempt to reconcile issues related to changes in traditional teaching and learning whereby learners that were historically considered passive were now considered to play an active role in learning by assuming that development precedes learning. Constructivism is a theory that often counters positivist approaches and their emphasis on identifying objective facts by probing the personal understanding of the individual learner "to show that that understanding can increase and change to higher level thinking" (Amineh & Asl, 2015, p. 9).

Theoretical Summary

Constructivism is a subjective approach and integrating it within social learning theory provides students viewing the video simulation with an opportunity to observe professional social work practice skills being demonstrated in a safe environment thereby linking theory to practice so they will be better prepared to critically examine, replicate and apply these skills. As students observe and reflect on a simulation, they will be able to compare the current experience with their prior knowledge so as to create new knowledge. Then by discussing these observations

and reflections with instructors and other students during debriefing sessions, students will be better equipped to authentically engage with clients in their internship placements. This theoretical integration exemplifies strengthening and unifying the field of social work, promotes the development of social work practice and advances sound social policies by helping ensure adherence to each of these responsibilities as laid out in the Code of Ethics (NASW, 2017).

Chapter 4

Methodology

The purpose of the present study is to explore if viewing an experiential video simulation will improve BSW students' perceived abilities to replicate the practice skills and behaviors demonstrated in the video. More specifically, the goal was to test if BSW students who view the video simulation intervention gain and retain more knowledge, confidence and self-efficacy in their perceived abilities to interact with and assess an at-risk client than students who do not view the video. To accomplish this, a two-group experimental design with random assignment was used and a survey was created and administered to an intervention and comparison group.

Interdisciplinary Collaboration

The case study and character background for the video simulation were researched and created by this researcher. An independent study course designed around suicidality was completed during the creation and filming of the simulation. Multiple interviews were conducted with representatives from the Arkansas Crisis Center in order to ensure authenticity and accuracy related to the design of the simulation before and after filming. Global Campus media personnel helped facilitate filming of the simulation and also provided post-production support as needed. Lastly, a trained undergraduate student theatre actor was employed to portray the at-risk client.

Study Setting

A brief overview of the study setting will help frame the discussion of design and recruitment. The research took place on the campus of the University of Arkansas. The video intervention and all survey questionnaires were administered in a social work classroom that was equipped with up-to-date media technology allowing for film projection of the video.

Participant Recruitment

BSW students from a social work practice I course were purposely recruited. Participant outreach and recruitment occurred during regularly scheduled class sessions. I completed a presentation to potential student respondents on October 10, 2019 and explained the aim of the study and the research design. Informed consent to participate was provided to all students and to prevent potential biases no compensation was provided other than the opportunity to participate in the study. This is due to the possibility that providing financial compensation to the study participants could have had an undue influence on their decision to consent. If still interested, participants were provided with the Institutional Review Board (IRB) approved consent letter (see Appendix C) and access to the survey. All students agreed to participate.

Human Subjects Protections and Confidentiality

The rights of study participants were protected throughout the research process. The specific mechanisms were reviewed and approved as exempt by the IRB of the University of Arkansas. The approval letter is provided in Appendix D.

The informed consent process was fully managed by the researchers. After its collection, the following steps were taken to protect participant privacy. All completed surveys were assigned a study identification number. No names were collected and the only key identification information (first and last initial, last 4 of cell #) were kept in an encrypted file on a university server which was itself protected by a different password. Remaining paper surveys were destroyed. Finally, when entered into SPSS, participant initials and the last 4 numbers of their cell phone were not used. Instead, the study identification number was used.

Specific Aims, Hypotheses and Research Question

In broad terms, this study aims to explore student learning. The current study tests if

viewing video simulations improves social work students' self-beliefs about being prepared to replicate practice skills demonstrated in the video. The hypotheses and the research question are listed below and the theories and research they are based on have been summarized above.

Research Question

How does viewing an experiential video simulation impact BSW student's perceived levels of confidence, knowledge and self-efficacy regarding preparedness to engage with and assess a client who is experiencing suicidal ideations?

Hypotheses

H1: BSW students in the treatment group who view a video simulation intervention about general suicide assessment will gain and retain more perceived knowledge than BSW students in the comparison group who do not view the video.

H2: BSW students in the treatment group who view an educational video simulation about general suicide assessment will gain and retain more self-efficacy in their abilities than BSW students in the comparison group who do not view the video.

H3: BSW students in the treatment group who view a video simulation about general suicide assessment will gain and retain more confidence in their perceived abilities than BSW students in the comparison group who do not view the video.

Measures

All results used in this study were obtained from the survey administered to participants. The survey consists of several existing, modified and new scales that measure students perceived levels of confidence, knowledge and self-efficacy. Many of their data fields are relevant to the theories utilized in this study or are important to identifying changes in the dependent variables. Their relationships have been discussed throughout this thesis and have been made most explicit

in the Specific Aims, Hypotheses and Research Question sections above.

Knowledge Scale (dependent variable)

Knowledge was evaluated using a 7-item scale (Appendix A). These items were taken from a subscale of the Question, Persuade and Refer (QPR) survey used to assess self-perceived knowledge about suicide. This scale was discovered during the course of researching relevant literature about the effects of an educational poster campaign related to suicide awareness. Answers were presented on a Likert scale ranging from 1 (*very low*) to 5 (*very high*). Research on the QPR survey has found it to be reliable in assessing the effects of training related to an individual's self-perceived knowledge of suicide prevention (Van Landschoot et al., 2017).

Confidence Scale (dependent variable)

Confidence was evaluated using an 8-item scale (Appendix A). These items were taken from a confidence subscale of the Counselor Suicide Assessment Efficacy Survey (CSAES) that was originally designed to measure self-efficacy regarding suicide assessment and intervention. Answers were presented on a Likert scale ranging from 1 (*not confident*) to 5 (*highly confident*). Research findings indicate structural validity and sensitivity in detecting differing levels of perceived self-efficacy among survey respondents. The study compared faculty and students and findings showed much higher levels of self-efficacy among faculty which indicates that the scales contain a good degree of reliability and validity (Douglas & Morris, 2005).

Self-Efficacy Scale (dependent variable)

Self-efficacy was evaluated using a 6-item scale (Appendix A). These items were taken from the Counselor's Self-Efficacy Scale (CSES), a beginning counselor survey related to measuring the utilization of empathy and reflection while interacting with clients in crisis. Answers were presented on a Likert scale ranging from 1 (*not confident*) to 5 (*highly confident*).

The CSES underwent two rounds of validation to ensure it was measuring what it intended to and it was also submitted to an expert panel to assess its content and face validity. The scale was then reviewed by a measurement expert to ensure validity and reliability (Sawyer et al., 2013).

Research Design and Data Collection

The study utilized a two-group experimental design. A non-probability convenience sample was taken whereby BSW Social Work Practice I students were purposely recruited to participate in the study. Participants were randomly assigned to either the intervention or comparison group. Prior to taking the baseline survey, envelopes were randomly distributed to classroom participants with every other envelope containing a yellow card with 'video' written on it. A yellow card indicated inclusion in the intervention group and no card indicated inclusion in the comparison group. As participants completed the survey on their own, they were allowed to ask any questions related to items on the survey. Completion of the survey took 5-10 minutes.

All study participants received the instructor's normal class lecture on related content on the day of the video intervention; however, the comparison group left the classroom and went outside to discuss crisis management with the class instructor while the intervention group viewed the video simulation as the additional, tested component.

The baseline survey was administered on October 10, 2019; five days later, the treatment group viewed the video and all participants completed the post-test; and a follow-up test was administered to both groups on October 31, 2020. In view of integrity and ethical considerations, the comparison group viewed the video simulation after completion of the follow-up survey.

Data Analytic Plan

Surveys were initially administered via Qualtrics. Participants were also given the option of completing a paper version of the survey. The data were then exported into Excel for initial

data organization and cleaning before being entered into SPSS (Version 26) for analysis. All data preparation and statistical analysis were conducted with this statistical software package. Differences between measurement periods were calculated and then compared between groups using independent two-tailed *t*-tests to determine if there was a statistically significant difference between the means in the intervention and comparison groups. Independent two-tailed *t*-tests were applied as they are sufficient to test for statistically significant variations within a small sample size. A post hoc power analysis was conducted for effect size to inform future research.

Diagnostics and Descriptive Steps

Prior to commencing the core of the tests described below, various preliminary steps were undertaken. First, to ensure quality assurance, the data was screened for any data errors. There was no missing data apart from two respondents who did not participate in the intervention and post-test and five respondents who did not complete the follow-up survey.

All measures used in the hypotheses and research question were evaluated. Means, standard deviations and percentages were calculated to describe the study sample. Scale reliability was evaluated and analyzed through Cronbach's alpha. Cohen's *d* and the coefficient of determination (r_2) were calculated by using the Social Sciences Statistics (2020) effect size calculator. Online power estimator GPower 3.1.9.4 (Faul, 2019) was used to estimate the sample size necessary to detect significant associations based on the study's hypotheses and tests. Power was fixed at .8 and a significance level of .05 (two-tailed) was used for all statistical analysis between the intervention and comparison groups. These decisions were based on conventions.

Chapter 5

Results

This chapter offers an in-depth presentation of the results of this study. It is guided by methods outlined in the previous chapter. It begins with a description of the sample and is followed by a presentation of the study's main findings. Comparisons explored the participants' ability to gain and retain knowledge, confidence and self-efficacy in their abilities to effectively use empathy and reflection while engaging with and assessing a client for suicidal ideations.

Sample Description

The baseline sample consisted of 30 BSW students who agreed to participate. The post-test consisted of 28 students (93.3% retention) and the follow-up survey was completed by 25 students (83.3% retention). Sample participants were lost due to classroom non-attendance.

Evenness between the pre-test scales data were confirmed via tests of difference conducted between the intervention and comparison groups. As seen below in Table 1, neither group possessed inherent or discernible advantages over the other regarding previous experience related to general suicide assessment. There are seeming differences between knowledge of at least one local resource and training between the intervention and comparison groups, however, tests for this study focus on level of improvement so there is not too much of a risk or limit.

The following descriptive summaries about the full sample (n = 30) are broken down into the intervention group (n = 15) and the comparison group (n = 15). The descriptive statistics presented below represent demographics about previous experience and knowledge of students.

Participants were asked 7 questions related to age, education level, training, volunteer experience, local resources and basic knowledge regarding empathy and reflection. Participants in this study can be broadly categorized as being in their early 20's and seeking a BSW degree.

On average, all participants have minimal training related to suicide preventions. The intervention group included 8 participants (53.3%) who reported receiving previous training in suicide prevention as compared to 3 (20%) in the comparison group. A detailed examination of the data determined that all but 1 of these participants received less than 10 total hours of suicide prevention training indicating that both of the groups had relatively equal training experience.

Volunteer experience among groups was identical. Knowledge of at least one local resource related to suicide favored the comparison group (80%) versus the intervention group (60%). The final two questions about empathy and reflection revealed no significant differences.

Gender demographic data was not collected as a majority of social work students and field practitioners are traditionally female meaning that requesting such information might increase the likelihood that male participant's surveys may be identifiable. Racial makeup demographic data was also not reported on to ensure the confidentiality of non-white students.

Table 1

Characteristics Participant Sample--Full Sample (n = 30)

Characteristic	Intervention (n = 15)	Comparison (n = 15)
Age (mean)	23.3	22.5
BSW student	100%	100%
Training	53.3%	20%
Volunteer Experience	6.7%	6.7%
Local Resource	60%	80%
Empathy	87%	93%
Reflection	100%	93%

Administered Measures and Descriptive Results

This section provides descriptive and limited psychometric characteristics of the three multi-item measures administered to participants at baseline. Key statistics for all are presented in Table 2. All of the measures presented are positively scaled with higher scores indicating higher levels of the construct. All scales have a possible range of one through five. Reliability and normality of all measures are discussed together. Following this, individual scales are discussed with attention to sample means, comparisons and consideration of sub-scales issues.

Table 2
Administered Measures, Key Characteristics of Baseline Scales

Scale	Items	Mean	*SD*	Skew	Kurtosis	α
Confidence	8	2.36	.77	.26	-.01	.89
Knowledge	7	3.04	.85	.65	.89	.91
Self-efficacy	6	4.04	.69	-.25	-.66	.87

Note: α = Cronbach's Alpha

All baseline scales have been evaluated for evenness among the intervention and comparison groups. All full-scale measures utilized during analysis demonstrated adequate internal consistency as evidenced by easily exceeding the commonly cited cutoff for use in early stages of research (α = .70) with all measures approaching or exceeding the threshold (α = .90) suggested for use in applied research (Nunnally, 1978). The skewness and kurtosis values were reviewed to evaluate normality of distribution. Only self-efficacy deviated slightly from normality; confidence and knowledge were both relatively normal. Thus, the decision was made to use variables in their original metric for ease of use.

Knowledge

On average, intervention group participants experienced greater increases in knowledge

(*M* = .34, *SD* = .54) than comparison group participants (*M* = .10, *SD* = .43) from baseline to post-test survey collection. This difference was not significant *t*(26) = 1.30, *.205* > .05; however it did represent a medium-sized effect *d* = .50. A statistical power analysis was performed for sample size estimation and determined that a sample size of 130 survey participants will be necessary to detect and validate significant statistical differences from baseline to post-test.

On average, intervention group participants experienced greater increases in knowledge (*M* = .32, *SD* = .63) than comparison group participants (*M* = .27, *SD* = .44) from baseline to follow-up survey collection. This difference was not significant *t*(23) = 0.20, *.840* > .05; with a small-sized effect *d* = .08.

On average, the intervention group participants experienced greater losses in knowledge (*M* = -0.77, *SD* = .44) than comparison group participants (*M* = .15, *SD* = .28) from post-test to follow-up survey collection. This difference was not significant *t*(23) = -1.55, *.136* > .05; however it did represent a medium-sized effect *d* = .62. These results indicate that due to the intervention group gaining more knowledge than the comparison group from baseline to post-test, that the intervention group had more knowledge to lose.

Table 3
Knowledge--Difference Between Periods (baseline, post, follow-up)

Test period	Treatment *M* (*SD*)	Comparison *M* (*SD*)	*t* (*df*)	*p*	*d*
Pre–Post	0.34 (.54)	0.10 (.43)	1.30 (26)	.205	0.50
Pre–Retain	0.32(.63)	0.27 (.44)	0.20 (23)	.840	0.08
Post–Retain	-0.77 (.44)	0.15 (.28)	-1.55 (23)	.136	0.62

Self-Efficacy

On average, intervention group participants experienced greater increases in self-efficacy

(*M* = .40, *SD* = .81) than comparison group participants (*M* = -.04, *SD* = .61) from baseline to post-test survey collection. This difference was not significant *t*(26) = 1.60, *.121* > .05; however it did represent a medium-sized effect *d* = .61. A statistical power analysis was performed for sample size estimation and determined that a sample size of 86 survey participants will be necessary to detect and validate significant statistical differences from baseline to post-test.

On average, intervention group participants experienced greater increases in self-efficacy (*M* = .18, *SD* = .79) than comparison group participants (*M* = .10, *SD* = .69) from baseline to follow-up survey collection. This difference was not significant *t*(23) = 0.28, *.784* > .05; however it did represent a very minimal-sized effect *d* = .11.

On average, intervention group participants experienced greater losses in self-efficacy (*M* = -0.27, *SD* = .52) than comparison group participants (*M* = .11, *SD* = .73) from post-test to follow-up survey collection. This difference was not significant *t*(23) = -1.52, *.143* > .05; however it did represent a medium-sized effect *d* = .60. These results indicate that due to the intervention group gaining more self-efficacy than the comparison group from baseline to post-test, that the intervention group had more self-efficacy to lose.

Table 4
Self-efficacy--Difference Between Periods (baseline, post, follow-up)

Test period	Treatment *M* (*SD*)	Comparison *M* (*SD*)	*t* (*df*)	*p*	*d*
Pre–Post	0.40 (.81)	-0.04 (.61)	1.60 (26)	.121	0.61
Pre–Retain	0.18 (.79)	0.10 (.69)	0.28 (23)	.784	0.11
Post–Retain	-0.27 (.52)	0.11 (.73)	-1.52 (23)	.143	0.60

Confidence

On average, intervention group participants experienced greater increases in confidence

(*M* = 1.07, *SD* = .92) than comparison group participants (*M* = .30, *SD* = .34) from baseline to post-test survey collection. This difference was statistically significant *t*(18.21) = 3.00, *.008* < .05; with a large-sized effect *d* = 1.10. A post hoc power analysis determined that a sample of 30 participants was efficient to detect statistically significant differences from baseline to post-test.

On average, intervention group participants experienced greater increases in confidence (*M* = .77, *SD* = .90) than comparison group participants (*M* = .42, *SD* = .67) from baseline to follow-up survey collection. This difference was not significant *t*(23) = 1.11, *.280* > .05; and it represented an almost medium-sized effect *d* = .45.

On average, intervention group participants experienced greater losses in confidence (*M* = -0.31, *SD* = .73) than comparison group participants (*M* = .14, *SD* = .63) from post-test to follow-up survey collection. This difference was not significant *t*(23) = -1.62, *.119* > .05; however it did represent a medium-sized effect *d* = .65. These results indicate that due to the intervention group gaining more confidence than the comparison group from baseline to post-test, that the intervention group had more confidence to lose.

Table 5

Confidence--Difference Between Periods (baseline, post, follow-up)

Test period	Treatment *M* (*SD*)	Comparison *M* (*SD*)	*t* (*df*)	*p*	*d*
Pre–Post	1.07 (.92)	0.30 (.34)	3.00 (18.21)	.008	1.10
Pre–Retain	0.77 (.90)	0.42 (.67)	1.11 (23)	.280	0.45
Post–Retain	-0.31 (.73)	0.14 (.63)	-1.62 (23)	.119	0.65

Chapter 6

Discussion

The objective of this study was to test if viewing a video simulation helps the intervention group participants gain and retain higher perceived levels of confidence, knowledge and self-efficacy than the comparison group. The study is well-timed due to the continuing growth in new media technology and a growing transition to various forms of distance education either through the course of design or due to necessity, such as in a pandemic. This chapter begins with a review and integration of the study's key findings. This leads to a discussion of study limitations and future implications for social work educational practice and policies.

Key Findings

Here, a synthesis of the study's findings, ranging from sample description through the testing of hypotheses, is offered. The study used a strong design including random assignment to 2 groups and 3 measurement periods. The sample was drawn from one of the School of Social Work's core courses and thus accurately represents BSW program students at the University of Arkansas; however it does not adequately represent the larger BSW student population for many reasons, including a relative lack of diversity regarding race and ethnicity. A more diverse sample from varying cultural and socioeconomic backgrounds is therefore recommended for future research studies. The key measures all demonstrated sufficient internal consistency.

While the gap is closing, research is failing to keep up with the potential benefits of simulations. More pointedly, among conducted research, few studies have explored how video simulations that incorporate the use of standardized clients can be utilized to off-set traditional barriers associated with simulation that have historically prevented its widespread application and development. This is one of the first studies in the field of social work education that uses an

experiential video simulation between an MSW student and a trained professional student actor.

Social workers are gatekeepers encountering individuals of all ages and from all backgrounds. This complexity highlights the importance of ensuring students are properly educated in using empathy and reflection to best understand the needs of at-risk clients and how best to help them. This is especially true when dealing with suicidality. There is an overall lack of suicide-related training in accredited social work programs which is compounded by the fact that a majority of students expressed that one of their biggest worries was interacting with a client who expresses suicidal thoughts and behaviors. Losing a client to suicide can lead to feelings of practitioner ineptitude and an increased tendency to isolate (Almeida et al., 2017).

The statistically significant difference (M = 1.07) between intervention and comparison groups related to perceived levels of confidence (H3) from baseline to post-test was more than 20% which is approaching a moderate magnitude. While obviously not as strong, baseline to follow-up result confirmed there was a statistical increase (M = .77) approaching a moderate level. Similar future research studies may help to confirm and strengthen these results or not.

While not reaching statistically significant levels, results from baseline to post-test show the video simulation may potentially increase BSW student (H1) knowledge (M = .34) and (H2) self-efficacy (M = .40) in their abilities to interact with and assess a client at-risk for suicide. Baseline to retention results for knowledge (M = .32) and self-efficacy (M = .18) were similar. While statistical differences are currently positive, they are within the margin of error and may not really exist. Study results are sufficient evidence to warrant continuing and further research.

Study Limitations

One weakness of the study is the small sample size. While the increase in confidence was of a sufficient magnitude to be detected within the present sample, a larger sample size may help

to further validate the results related to perceived confidence as well as to potentially determine any statistically significant differences in perceived knowledge and self-efficacy.

The results were also self-reported by the BSW students and one could make an argument that some students may have answered according to social desirability bias, however the data implies that the respondents provided differentiated feedback. Further limitations indicate researchers should focus on increasing demographic diversity of future research study samples to increase generalizability. This can be accomplished through nationwide research studies among accredited social work education and training programs. Comparison studies examining differing factors between MSW vs. BSW students and other types of practice skills should be explored.

As alluded to above, the current study has limitations related to measurement and ensuring the validity and reliability of the survey. Without validated scales it is not possible to wholly investigate the actual levels of effectiveness of the video simulation intervention. While the results indicate increases in perceived knowledge, confidence and self-efficacy regarding the video's learning effects, the strength was diminished over the course of data collection indicating that continuing work is needed to ensure that valid and reliable measurements are created.

Future Research

While subscales with a somewhat existing track record were incorporated into the present study, it is necessary to conduct further research in order to create valid and reliable measures to ensure the accurate measurement of students perceived levels of confidence, knowledge and self-efficacy. In the future, researchers expect to continue to adapt and develop this pilot program to achieve sustained effects and confirm that the video simulation does in fact improve perceived abilities of students. One idea to improve the diminished strength that occurred over time would be to show the video simulation intervention multiple times to students in order to improve

retention. Another idea is to include multiple videos within future research studies. In general, instructional materials designed around videos are effective at increasing both attention and retention of memory (Choi & Johnson, 2005).

Utilizing video simulations to expand experiential learning education within social work curriculum has many potential benefits, and evidence from this study indicates that video simulations can help students significantly increase their confidence about their perceived ability to replicate the practice skills they observe being demonstrated in a video simulation. Belief in one's abilities to practice social work foundational competencies is where future researchers should focus their attention because knowledge without belief and confidence in one's own abilities to demonstrate core competencies severely limits the ability of a practitioner to effectively engage with and assess a client. Study results support focusing on student self-efficacy. Future studies should expand the time before the retention measure to investigate longitudinal data differences between intervention and comparison group participants.

The video simulation can be shown by instructors during class sessions and can be paused to ask students what the social worker should say next, and then restarted to show what actually happened. This can be done throughout the video as often as it is preferred by each instructor before engaging in discussions with students during debriefing sessions afterwards.

Future researchers can investigate the various longitudinal results of incorporating video simulations with standardized clients into educational curriculum and then study how the repetition of these interactions will then allow for the accumulation of data on its effectiveness within the realm of social work education. The growth of online education is putting traditional education in jeopardy and new educational components such as video simulations can be implemented to both combat this growth as well as to contribute to its future development. This

allows video simulations to have the capacity to improve online education while also possessing the innate ability in ensuring the preservation of the traditional classroom learning environment.

Simulations can be incorporated into social work education and training programs to help meet the expanding need for field ready social work practitioners. Simulations have the ability to expand upon existing efforts to bridge gaps between classroom education and professional experience to ensure social worker preparedness to effectively interact with clients in the field. This pilot programs' interdisciplinary collaboration between various university departments should be explored and studied further in order to maximize educational and financial benefits.

For this project the researcher and filming personnel videotaped an actor playing the role of a patient exhibiting suicidal behaviors in a social work setting. This provides opportunities for an MSW student to assess and help patients based on their symptoms. The video simulations can be used as templates for future videos to build a library of examples for use by future students.

Future videos can be structured around not only face-to-face curriculum but also workshops, practice labs and on-line or distance education in order to provide the best benefits available as well as to sustain these benefits long term. Video simulations with standardized clients possess the ability to expand and enhance emerging new media alternatives such as on-line educational curriculum so that it is more commiserate with face-to-face instruction. While barriers related to cost do exist, reducing these costs can be achieved by integrating video simulations into current course curriculum. Proper guidelines and strategies can then be created to use standardized client interactions to their maximum benefit (Carter et al., 2011).

Implications for Social Work

Recent literature investigating the use of simulation in social work field practice determined that using filmed simulations as informative educational components in social work

education is outstanding at providing a deeper examination of spoken and unspoken practice skills and behaviors which “helps students link theory to practice and promotes the development of reflective practice” (Sunarich & Rowan, 2017, p. 4). Creating educational video simulations to help educate social work students “is gaining prominence in social work education and other health professions as it allows for repeated viewing and greater opportunity for reflection and feedback” (Eaton, 2019, p. 195).

Social work education will benefit from instructors increasing acceptance of simulation as a means to incorporating alternative components of holistic competence. While other professions and countries commonly welcome and recognize the benefits of this pedagogical approach and the burgeoning empirical evidence, there is minimal evidence of this in social work literature from the United States (Robbins et al., 2016). Researchers and educators who are on the cutting edge and embrace new and evolving landscapes, understand the value and potential benefits simulation has in store for students and the future of social work education. Simulations possess the ability to strengthen students' self-awareness thereby mitigating a common tendency to rely too much on traditionally authoritative beliefs and practices (Rubin & Parrish, 2007).

Video simulations reduce the burden on teachers who implement curriculum by providing options regarding incorporation. Simulations offer educators an opportunity to achieve a better understanding of each student and how capable they are at synthesizing and implementing social work practice skills and competencies in a safe setting that takes multiple educational factors under consideration while observing evidence-based practice in action (Mavis et al., 2010).

Conclusion

The current two-group experimental design research study determined that the video

simulation intervention significantly increased the confidence levels of treatment group members when compared with the control group. It is the hope of this researcher that the current study will serve as a leaping point for future research studies to further explore the benefits of using video simulation interventions to better educate social work students in how to effectively use empathy and reflection in all client interactions. Simulations will assist social work educators in exploring its inherent educational benefits and leads to exciting avenues for pedagogy and research.

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Appendix Section

Appendix A

Survey Content

Participant ID:

·**We are asking all students who have agreed to participate in this research to create a simple and easy to remember personal identifier. This will be used to allow reconciliation of the pre-test with the subsequent surveys.**

·**Please use the following format: First initial, last initial, last 4 digits of cell phone.**

- Example: John Doe, (479) 123-4567 = J D 4567

Your Unique ID: _____ _____ -_____ _____ _____ _____

Survey/Questionnaire

1.What is your age? _____

2.What is your education level?

a. Undergraduate
b. Graduate

3.How much training have you received in suicide prevention?

a. No training
b. 1-5 hours of training
c. 5-10 hours of training
d. 10-20 hours of training
e. 21 or more hours of training

4.How much professional volunteer experience have you had in which suicide prevention was an essential part of your job?

a. None
b. 6 months or less
c. 6 – 12 months
d. 1 – 5 years
e. More than 5 years

5.I am aware of at least one local resource to which I could refer someone who seemed at risk for suicide?

a. Yes
b. No

6._____ involves being in tune with how a client feels and conveying to that client that you understand.

a. Empathy
b. Understanding
c. Reflection
d. Agreement

7.Reflecting gives the individual an idea of how their information is being interpreted.

a. True
b. False

Question, Persuade & Refer (QPR): Knowledge

HOW WOULD YOU RATE YOUR KNOWLEDGE OF SUICIDE IN THE FOLLOWING AREAS?	Very Low	Low	Medium	High	Very High
1.Facts concerning suicide prevention.	☐	☐	☐	☐	☐
2.Warning signs of suicide	☐	☐	☐	☐	☐
3.How to ask someone about suicide.	☐	☐	☐	☐	☐
4.Persuading someone to get help.	☐	☐	☐	☐	☐
5.How to get help for someone.	☐	☐	☐	☐	☐
6.Information about local resources for help with suicide.	☐	☐	☐	☐	☐
7.Please rate your level of understanding about suicide and suicide prevention.	☐	☐	☐	☐	☐

General Suicide Assessment (CSAES): Confidence	Not Confident	Slightly Confident	Moderately Confident	Generally Confident	Highly Confident
1.I can effectively inquire if an individual has had thoughts of killing oneself.	☐	☐	☐	☐	☐
2.I can effectively assess hopelessness.	☐	☐	☐	☐	☐
3.I can effectively assess whether an individual has means to carry out a suicide plan.	☐	☐	☐	☐	☐
4.I can effectively inquire whether an individual has a suicide plan.	☐	☐	☐	☐	☐
5.I can effectively counsel an individual who has had a history of making suicidal threats, but has had no attempts.	☐	☐	☐	☐	☐
6.I can effectively counsel an individual who has previously attempted suicide.	☐	☐	☐	☐	☐
7.I am able to assess an individual's level of risk for a suicide attempt.	☐	☐	☐	☐	☐
8.I can help prevent a suicide attempt.	☐	☐	☐	☐	☐

General Suicide Assessment (CSES): Self-Efficacy	Not Confident	Slightly Confident	Moderately Confident	Generally Confident	Highly Confident
1.Utilize reflection to help clients feel understood	☐	☐	☐	☐	☐
2.Utilize reflection to help clients feel validated.	☐	☐	☐	☐	☐
3.Employ empathy to help clients feel that they can trust you.	☐	☐	☐	☐	☐
4.Provide emotional support and safe holding environment for clients.	☐	☐	☐	☐	☐
5.Help clients feel like they are safe to share emotions with you	☐	☐	☐	☐	☐
6.Validate client successes to increase their self confidence.	☐	☐	☐	☐	☐

Appendix B

Informed Consent

An Exploration of Standardized Clients and the Benefits of Experiential Educational Videos in Educating Social Work Students and Improving their Confidence

Consent to Participate in a Research Study

Principal Researcher: Charles Adam Laffiteau

Faculty Advisor: Dr. John Gallagher

INVITATION TO PARTICIPATE

You are invited to participate in a research study about the benefits of experiential educational videos in educating social work students and improving their confidence. You are being asked to participate in this study because you are a University of Arkansas student who is enrolled in Social Work Practice 1 this semester.

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Who is the Principal Researcher?

Charles Adam Laffiteau

calaffit@uark.edu

Who is the Faculty Advisor?

Dr. John Gallagher

jmgallag@uark.edu

What is the purpose of this research study?

The purpose of this study is to determine if students who watch an education video in addition to the regular class lecture gain and retain more knowledge and confidence than students who do not watch the video. This research study is a part of my Master of Social Work thesis and I also

hope to publish an article describing the implications of this research in an academic journal, as well as present this research at the NASW conference and other social work-related conferences.

Who will participate in this study?

The participants will be thirty-five University of Arkansas students who are enrolled in Social Work Practice 1.

What am I being asked to do?

Your participation will require the following:

If you agree to participate in this research study, you will attend your regular class lecture on October 3 (or October 10 as a contingency date) as normal and fill out a survey at the start of class. The class will then be randomly divided into two groups. The intervention group will watch a short video (estimated 10 -15 minutes) and the control group will participate in regularly scheduled class activities. All individuals who choose to participate in the study will then fill out the same survey at the end of class. Participants will then be asked to complete the survey again at two 2-week intervals from the baseline data collection date on October 3 (or October 10 as a contingency date); the follow-up survey dates will be on October 17 and October 31 (or October 24 and November 7 if contingency data collection date is used instead). The survey will be available via Qualtrics -- an on-line research application -- as well as in a paper version.

What are the possible risks or discomforts?

There are no anticipated risks to participating.

What are the possible benefits of this study?

There are no anticipated benefits to participating.

How long will the study last?

The initial study will occur during regularly scheduled class hours on October 3, 2019 and will take up about 20-25 minutes of class time if you choose to participate. The survey will be given at the beginning and end of class and should take 5 minutes to complete each time. The survey will then be given to test for retention of knowledge and confidence on October 17 and October 31. This will be the same survey utilized on October 3 and should take 5 minutes or less to complete on each occasion.

Will I receive compensation for my time and inconvenience if I choose to participate in this study?

No, there will be no compensation associated with your participation.

Will I have to pay for anything?

No, there will be no cost associated with your participation.

What are the options if I do not want to be in the study?

If you do not want to be in this study, you may refuse to participate. If you choose not to participate in the study you will perform the regularly scheduled class activities with the control group and you will not take the survey. Also, you may refuse to participate at any time during the study. Your job, your grades, your relationship with the University, etc. will not be affected in any way if you refuse to participate.

How will my confidentiality be protected?

All information will be kept confidential to the extent allowed by applicable State and Federal law. First, we will rely on a confidential identification number, preventing us from capturing and needing to protect participant names. Participants will be asked to develop a study ID based on a phone number and date of birth. Our primary plan for data capture is Qualtrics. Access to the data from Qualtrics will be restricted to Mr. Laffiteau and Dr. Gallagher. We will also give

participants the option of completing the survey on paper. In these instances, the completed survey will be entered into Qualtrics by Mr. Laffiteau and the paper survey will be shredded. After all data have been collected (baseline survey and two follow-up measures), the data will be pulled from Qualtrics. One copy of the raw data will be stored under encryption by Mr. Laffiteau and one by Dr. Gallagher. A working copy will be made that replaces the student chosen ID (which contains some potentially identifiable information) and replaced with a fully anonymous study ID. This working copy will be used by Mr. Laffiteau for all data work. All raw data will be permanently deleted from Qualtrics at the conclusion of the study. Greater information on the security architecture of the hardware and software mentioned above are available through their websites: Qualtrics: https://www.qualtrics.com/security-statement/

Will I know the results of the study?

At the conclusion of the study you will have the right to request feedback about the results. You may contact the faculty advisor, Dr. John Gallagher (jmgallag@uark.edu) or Principal Researcher, Charles Adam Laffiteau (calaffit@uark.edu). You will receive a copy of this form for your files.

What do I do if I have questions about the research study?

You have the right to contact the Principal Researcher or Faculty Advisor as listed below for any concerns that you may have.

Principal Research's name and contact information:

Charles Adam Laffiteau

calaffit@uark.edu

Faculty Advisor's name and contact information:

Dr. John Gallagher

jmgallag@uark.edu

You may also contact the University of Arkansas Research Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP

Institutional Review Board Coordinator

Research Compliance

University of Arkansas

109 MLKG Building

Fayetteville, AR 72701-1201

irb@uark.edu

I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential benefits and risks that are involved. I understand that participation is voluntary. I understand that significant new findings developed during this research will be shared with the participant. I understand that no rights have been waived by agreeing to participate and I have been given a copy of the consent form. Lastly, by completing the initial survey, I am consenting to participate in the study.

_____

Appendix C

INFORMED CONSENT FORM

SURVEY TITLE: An Exploration of Standardized Clients and the Benefits of Experiential Educational Videos in Educating Social Work Students and Improving their Confidence

PURPOSE: The purpose of this study is to prove that providing video intervention sessions along with regular class lectures will lead to social work students gaining more knowledge and confidence about assessing suicidality and retaining information more effectively based on viewing the experiential videos. You will be asked to complete a survey with questions related to the assessment of suicidality. To the best of our knowledge, the risk of harm for participating in this research study is no more than you would experience in everyday life. This research will provide support for my Master of Social Work thesis and I also hope to publish an article describing the implications of this research in an academic journal, as well as to present this research at the NASW conference this spring and other social work-related conferences.

DESCRIPTION: This is an experimental research study that will include a pre-test and post-test to assess knowledge and confidence gained and a 2-week follow up to assess retention. Surveys will include Likert-scales, multiple choice and T/F. Surveys should take about 5 minutes or less to complete. If you have any questions or problems during the survey, you will be able to receive assistance from the proctor, who will be on site during the entire survey administration period. The information gained by doing this research may help others in the future by providing information that will be used to guide future research and provide direction in addressing the needs of proper assessment of individuals dealing with suicidality.

CONFIDENTIALITY: Verbal consent will be given by all voluntary participants and no personally identifiable or sensitive information will be collected and/or stored. The study is

anonymous, meaning no one, not even members of the research team, will know that the information you gave came from you. Electronic data will be password protected and access will be restricted to those conducting this study.

PARTICIPATION: Your participation is voluntary. If you choose not to volunteer, there will be no penalty and you will not lose any benefits or rights you would normally have. If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. There will be no penalty and no loss of benefits or rights if you decide at any time to stop participating in the study.

***If you have any questions at any time, please contact*:**

Charles Adam Laffiteau, MSW Student/Researcher: calaffit@uark.edu

Dr. John Gallagher, Faculty Advisor, Thesis Chair: jmgallag@uark.edu

Dr. Kim Stauss, Thesis Co-chair: kstauss@uark.edu

Appendix D

UNIVERSITY OF ARKANSAS

To:	Charles Adam Laffiteau
From:	Douglas James Adams, Chair IRB Committee
Date:	10/01/2019
Action:	**Exemption Granted**
Action Date:	10/01/2019
Protocol #:	1908207217
Study Title:	An Exploration of Standardized Clients and the Benefits of Experiential Educational Videos in Educating Social Work Students and Improving their Confidence

The above-referenced protocol has been determined to be exempt.

If you wish to make any modifications in the approved protocol that may affect the level of risk to your participants, you must seek approval prior to implementing those changes. All modifications must provide sufficient detail to assess the impact of the change.

If you have any questions or need any assistance from the IRB, please contact the IRB Coordinator at 109 MLKG Building, 5-2208, or irb@uark.edu.

cc: Kim Stauss, Investigator
John M Gallagher, Investigator

Appendix E

Table 1

Characteristics Participant Sample--Full Sample (n = 30)

Characteristic	Intervention (*n* = 15)	Comparison (*n* = 15)
Age (mean)	23.3	22.5
BSW student	100%	100%
Training	53.3%	20%
Volunteer Experience	6.7%	6.7%
Local Resource	60%	80%
Empathy	87%	93%
Reflection	100%	93%

Table 2

Administered Measures, Key Characteristics of baseline scales

Scale	Items	Mean	*SD*	Skew	Kurtosis	α
Confidence	8	2.36	.77	.26	-.01	.89
Knowledge	7	3.04	.85	.65	.89	.91
Self-efficacy	6	4.04	.69	-.25	-.66	.87

Note: α = Cronbach's Alpha

Table 3
Knowledge---difference between periods

Test period	Treatment *M* (*SD*)	Comparison *M* (*SD*)	*t* (*df*)	*p*	*d*
Pre–Post	0.34 (.54)	0.10 (.43)	1.30 (26)	.205	0.50
Pre–Retain	0.32(.63)	0.27 (.44)	0.20 (23)	.840	0.08
Post–Retain	-0.77 (.44)	0.15 (.28)	-1.55 (23)	.136	0.62

Table 4
Self-efficacy---difference between periods

Test period	Treatment *M* (*SD*)	Comparison *M* (*SD*)	*t* (*df*)	*p*	*d*
Pre–Post	0.40 (.81)	-0.04 (.61)	1.60 (26)	.121	0.61
Pre–Retain	0.18 (.79)	0.10 (.69)	0.28 (23)	.784	0.11
Post–Retain	-0.27 (.52)	0.11 (.73)	-1.52 (23)	.143	0.60

Table 5
Confidence—difference between periods

Test period	Treatment *M* (*SD*)	Comparison *M* (*SD*)	*t* (*df*)	*p*	*d*
Pre–Post	1.07 (.92)	0.30 (.34)	3.00 (18.21)	.008	1.10
Pre–Retain	0.77 (.90)	0.42 (.67)	1.11 (23)	.280	0.45
Post–Retain	-0.31 (.73)	0.14 (.63)	-1.62 (23)	.119	0.65