

## Editorial: The March of Scientific Knowledge in Social Work

Margaret E. Adamek

In the Fall 2017 issue of *Advances in Social Work* we are pleased to present 15 manuscripts--12 empirical, three conceptual--written by authors hailing from 15 states, the District of Columbia, and four countries. Seven papers address various aspects of social work education, including three on research issues, two on child welfare curriculum, one on macro social work, and one on combined public health/social work programs. The remaining papers include three conceptual offerings and five empirical studies conducted in the field.

*Mirick, Davis and Wladkowski* surveyed over 200 graduates of PhD programs in social work about their experiences with recruiting and sampling participants for their dissertation research. Since many social work dissertations focus on hard-to-reach, vulnerable, or marginalized populations, the input of dissertation committee members and connections to community contacts proved pivotal to the sampling process. *Davis and Mirick* partnered again in a second study comparing the outcomes for MSW students taking statistics as a non-credit option and those who took a regular for-credit statistics course. This exploratory study offers preliminary support for replacing the stats requirement with a brief, non-credit class as a less costly and time-consuming approach. *Deck, Connor, and Cambro* explored the perceptions of 70 Masters-level social work students enrolled in an advanced research course that included a significant service learning component, i.e., a pro bono program evaluation of a shelter serving homeless men. In addition to reinforcing the importance and relevance of research to social work practice, as a bonus outcome, students also changed their thinking about homelessness in positive ways.

Using mixed methods, *Greeno, Fedina, Rushovich, Burry, Linsenmeyer and Wirt* evaluated the impact of Title IV-E training on the skills of 224 MSW students. Improvements were found across all practice content areas with the largest gains in working with the courts and conducting assessments. Multiple focus groups assessed students' perceptions of competency to practice in child welfare. A second study of child welfare students by *Pierce and Park* involved three cohorts of BSW and MSW students who were educated using a competency-based curriculum and field placements in child welfare. Based on pre and post field placement surveys, statistically significant change was demonstrated for most competencies. Key strategies recommended to support BSW and MSW graduates in child welfare agencies include transition-to-work initiatives in schools and mentoring programs in agencies.

Two studies illustrate how alumni surveys may provide helpful insights for enhancing educational programs. Using electronic surveys, *Salm Ward and Reeves* examined the perceptions and experiences of alumni and field instructors from an MSW/MPH program. Alumni reported satisfaction with their dual degree program and with the application of both social work and public health skills in the workplace. Field instructors underscored the complementary skill sets of dually-trained students and noted the added value of MSW/MPH professionals in their agencies. Based on an online survey, *Hill, Erickson,*

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**Ferguson, Fogel, and Donaldson** examined perceptions of macro social work educators and practitioners nationally about macro education and the influence of larger societal forces such as licensure regulations. While there remains a consistent level of support for macro social work within MSW programs, macro practitioners recalled negative perceptions of macro social work during their MSW education. The authors recommend that social work programs seek out opportunities to integrate macro practice content and field experiences into their curriculum so that students can be better equipped to respond to the complex systemic challenges they will encounter while in professional practice.

Moving on to the conceptual papers in this issue, **Scanlon and Sanders** promote financial capability and asset building (FCAB) as an important professional activity for social work. The authors propose a person-environment-centered process model for use in FCAB. The authors assert that attention to behavioral, cognitive, emotional, and policy feedback processes may help provide the missing link between individual financial behavior and the institutional opportunities offered by FCAB programs. In an epistemological analysis, **Iacono** argues that the nature of marginalization experienced by bisexual individuals is unique among LGBTQ individuals. Seeing an opportunity for social work, Iacono calls for research that is inclusive of sub-populations within sexual minority groups. **Boys and Walsh** point out that social work literature on working with families affected by infertility has not kept up with medical technology that frequently results in excess embryos. Persons receiving care through assisted reproductive technology (ART) need to be prepared for the difficult moral questions raised when IVF procedures result in more embryos than intended. Boys and Walsh outline the pros and cons of each disposition option that social workers need to explore with IVF clients.

Moving on to studies conducted in the field, **Bruno, Brown and Holloway** used a mixed methods approach to examine outcomes of a worksite wellness program. The contingency-based program bases individual employee health insurance discounts on each participant achieving bio-metric goals. While over half of the nearly 400 employees met their health goals, focus groups revealed that employees were stressed by contingency approaches that tie financial incentives to achieving specified benchmarks. As worksite wellness programs proliferate, social workers in healthcare and administration need to advocate for programs that promote human dignity and avoid discriminating based on employee health status.

The availability of evidence-based practices does not necessarily equate to their implementation in the field. Thus, **Edmond and Voth Schrag** examined the attitudes of 76 rape crisis counselors toward evidence-based practices for addressing trauma in rape survivors. In particular, they examined counselors' perceptions of Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and EMDR Therapy. Results from a statewide survey in Texas suggest that efforts are needed within rape crisis centers to advance the uptake of empirically-supported treatments (EST). Recognizing that combat veterans may have some attributes of differentness that may cause others to create stigmatized perceptions and devalue their skills, **Kranke, Gin, Saia, Schmitz, and Dobalian** conducted qualitative interviews with combat veterans who work side-by-side with civilians in disaster relief projects. Modified Labeling Theory (MLT) was proposed to help understand the stigma and labeling experience of combat veterans volunteering in disasters settings. The interviews with combat veterans produced some hopeful results.

*Molin, Sorbring, and Löfgren-Mårtenson* interviewed 27 young people with intellectual disabilities (ID) in Sweden about their internet use. A thematic analysis revealed that study participants were well aware of both the risks and opportunities in using the Internet and Social Networking Sites. Nevertheless, the more they interacted with non-disabled peers online, the more they experienced negative consequences of Internet use. The authors recommend that social workers reflect upon ways that young people with ID can be empowered to participate positively on the Internet.

Concerned with the socio-cultural and historical context where African Americans are seen as a strong people, able to deal with anything, and not affected by depression, *Campbell* conducted qualitative interviews with African American adults experiencing depression. Her analysis revealed that African Americans may go through a process of reconciling being depressed with certain aspects of their cultural identity as they strive to better understand themselves, their illness, and options to help alleviate their symptoms. Campbell's results raise questions about whether racial identity and cultural expectations may interfere with help-seeking among African Americans.

We are delighted to present this eclectic mix of empirical and conceptual papers as a contribution to the forward march of scientific knowledge in social work.

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## Understanding Sampling and Recruitment in Social Work Dissertation Research

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**Abstract:** *The field of social work has increasingly focused on improving the quantity and rigor of its research. For many social work doctoral students, their first independent research experience begins with their dissertation, and yet, little is known about the factors that facilitate students' success during this process. Sample recruitment is one step where significant and unexpected challenges can occur. As social justice is the central value of the profession, social work doctoral students may focus on research with vulnerable or marginalized populations; however, little research has been done that focuses on social work dissertations, samples used, and the process of recruitment. In this study, 215 doctoral-level social work graduates who completed their degree within the past ten years were surveyed about their dissertation research, with a focus on the sampling strategy and recruitment processes. Findings show that students have a wide diversity of experiences with the dissertation process. While 64.6% anticipate challenges around recruitment and sampling, only 54.9% encounter challenges. Less than half (44.7%) of study participants received guidance during this process and most (80.5%) felt the dissertation experience impacted subsequent research, both positively (40.5%) and negatively (9.8%). Based on these findings, doctoral programs are encouraged to increase supports available to dissertating students, particularly those recruiting study participants from vulnerable and marginalized populations. These supports include community connections, skills for obtaining gatekeeper buy-in, and both relational support and advice from dissertation committees and other colleagues.*

**Keywords:** *Dissertation; social work education; recruitment; sampling; empirical research*

Doctoral education prepares social work scholars to participate in the development and dissemination of professional knowledge. Doctoral students are socialized to value and contribute to the knowledge base on topics of importance to the profession that advance social justice. These emerging scholars learn the methodological and analytical skills through coursework and research practicum (Jenson, 2008), and then further develop and demonstrate this skill set through the completion of a dissertation. Sampling and recruitment are preliminary and integral steps in designing a research study, which entail defining the population of interest and soliciting eligible, willing participants (Pettus-Davis, Grady, Cuddeback, & Scheyett, 2011). In social work research, sampling approaches are among methodological decisions that reflect the profession's values and concerns. Challenges with recruitment and retention, especially of vulnerable and marginalized populations, are common. When unanticipated, such challenges can derail and delay research.

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In a review of social work dissertation research (n=593), Maynard, Vaughn, and Sarteschi (2012) found that the majority of doctoral students (61%) collected primary data, allowing them to further develop sampling and recruitment skills. While numerous textbooks offer “practical roadmaps on how to define, recruit, and retain a sample” (Abrams, 2010, p. 537), the social work literature has paid far less attention to this methodological issue, especially in terms of potential pitfalls or successful approaches. The latter is especially important as even experienced researchers face barriers in recruitment, particularly when accessing hard-to-reach or vulnerable populations (Jessiman, 2013).

Many social work doctoral students have an interest in conducting research on topics that address social inequities and support the needs of marginalized or vulnerable populations. They perceive an ethical responsibility to be inclusive and approach research from a social justice perspective (National Association of Social Work, 2008). This includes having a representative sample, striving to include those who have the greatest needs, are exposed to the greatest risk, or have experienced disparities in outcomes (Casado, Negi, & Hong, 2012). By doing this, social work researchers conduct rigorous, relevant studies with attention to ethics, social justice, and cultural competence, creating research which reflects the values and priorities of the profession.

The present study explored recent social work doctoral graduates’ experiences with sampling and recruitment in their dissertation research. The study aimed to provide a first-hand understanding of the impact of these challenges and describes the guidance and resources needed to successfully complete primary data collection for a dissertation.

### **Literature Review**

Social work has made intentional efforts to increase its research capacity and build a unique body of knowledge as a means of establishing itself as a distinct profession (Maynard, Vaughn, Sartaschi, & Berglund, 2014). Social work doctoral education awards two advanced degrees: Doctor of Philosophy (PhD) and Doctor in Social Work (DSW) (Diaz, 2015). The PhD, with an emphasis on research and scholarship (Kurzman, 2015), remains the dominant doctoral degree in social work. There has been a resurgence in DSW programs for advanced practitioners (Diaz, 2015), but these programs tend to value many forms of scholarship beyond empirical research and may not require a dissertation (Anastas & Videka, 2012).

Over the past 20 years, the Group for the Advancement of Doctoral Education in Social Work (GADE) has focused on the education of researchers (Berzoff & Drisko, 2015). GADE describes research expertise as among the specific knowledge and skills that graduates should possess. These skills “involve the systematic collection and analysis of data that shed light on research questions relevant to social work” (GADE, 2013, p. 3). In this way, social work research has the potential to “address the problems confronting practitioners, administrators, policymakers, and the clients they serve” (Rothwell, Lach, Blumenthal, & Akesson, 2015, p. 59). Doctoral-level social workers need to be trained in the methods that will generate and disseminate knowledge of importance to the field (Maynard et al., 2014).

Anastas (2012) describes the dissertation as the signature pedagogy of doctoral education in social work as doctoral students learn experientially about the research process, develop research skills, and gain expertise with a body of knowledge. The dissertation requires the doctoral student to learn how to manage an individual research project. The dissertation period may last longer than the coursework phase of doctoral studies, shape future research plans, and for some, result in unfinished research and unearned doctoral degrees (Anastas & Videka, 2012).

An additional challenge for social work research is that dissertation research is often not disseminated within the field. For a random sample of social work doctoral dissertations (n=593), Maynard and colleagues (2014) found that only 28.8% were published in peer-reviewed articles or books due to the inconsistent quality of the research, a lack of attention on writing for publication in doctoral training, and insufficient supports for navigating the process. When dissertations remain unpublished, the knowledge base of the profession does not benefit from the findings. The field has a vested interest in preparing the next generation of doctoral-level social workers to be skillful researchers who can successfully complete and disseminate their findings.

### **Research Preparation in Doctoral Education**

Doctoral programs vary in their approaches to preparing students to engage in rigorous research. In a content analysis of PhD programs (n=69), Drisko, Hunnicutt, and Berenson (2015) found that curriculum requirements varied widely but all programs required two to four research courses. Only 58% of social work doctoral programs require a research internship (Drisko et al., 2015) and therefore, some students gain research experience *only* through their dissertation work. This reality highlights the importance of the dissertation as a critical opportunity to learn research skills and generate findings for the social work community, and may make it more challenging to both plan a successful research study and disseminate the results effectively.

Some doctoral students do not gain experience in the recruitment of study participants if they choose to use secondary data analyses in their dissertations. The number of social work dissertations that use secondary data analyses has increased over time (Maynard et al., 2012). Secondary data analyses tend to be inexpensive and efficient, require minimal infrastructure, foster high productivity with publications (Howard, 2009), and allow students to have access to large data sets with numerous variables and representative, random samples (Maynard et al., 2014). However, they do not offer students the opportunity to engage in the steps of the research process prior to data analysis (Lepp, Remmik, Karm, & Leijen, 2013). The learning that arises from carrying out a primary research study is invaluable in acquiring a broad range of research skills, particularly when the reality of conducting research often is quite different than textbook descriptions (Narui, Truong, & McMickens, 2015).

### **Sampling, Recruitment, and Retention**

Conducting research involves many discrete skills, including conceptualizing a study, operationalizing concepts, identifying or creating instruments, collecting data, and

analyzing the findings. Creating a sampling strategy that is congruent with the purpose and design of the study, and recruiting and retaining participants are key skills. Social work research textbooks, such as Rubin and Babbie (2013) and Thyer (2014), describe sampling and recruitment techniques in detail as a straightforward and linear process. The reality is that this process may be fraught with challenges that could negatively impact the study or researchers themselves (Narui et al., 2015). In designing a sampling strategy, addressing slow recruitment, or ensuring sufficient retention, social work researchers need to consider common, although not frankly or frequently discussed challenges, including accessing hard-to-reach populations and resolving logistical and ethical issues.

**Accessing hard-to-reach populations.** Social work research often involves describing the experiences of diverse populations. These studies may include samples from groups that are stigmatized or vulnerable, where there may not be a ready-made sampling frame or easy way to access the population, which makes it difficult to locate individuals. For example, research may involve a non-associative population; these individuals share a trait, such as being HIV+, but do not know each other or receive services together (Thompson & Phillips, 2007).

A clear sampling frame, however, does not ensure participants will be easy to reach or willing to participate. Due to concerns about power imbalances and the potential for coercion, many Institutional Review Boards (IRBs) require indirect recruitment methods, having a third-party agency share study information, and requiring potential participants to contact the researchers themselves (Abrams, 2010). Indirect recruitment entails multiple levels of support needed to access a specific population, including administrative staff. At any stage of this process, gatekeepers may not support the project, derailing recruitment. Gatekeepers may lack the time and motivation to devote to research projects or may appear supportive, but perceive research as harmful or even predatory towards clients (Mirick, 2016).

The specific traits or characteristics of a vulnerable population can impact research participation. Community members themselves can be instrumental in helping researchers design and execute a study that is sensitive to the cultural norms and needs of a population. For example, Gelman (2010) described social work research with Latino caregivers of patients with Alzheimer's disease whose sense of caregiving burden was so large that participation in a supportive intervention was perceived to be onerous. The input of community members was necessary to anticipate this barrier to recruitment. Community members can provide an invaluable perspective on a study that successfully recruits hard-to-reach populations.

In order for research findings to be generalized, the sample must be representative and thus diverse. One challenge to recruiting a diverse sample is that historically, some researchers have engaged in practices that deceive, violate, or otherwise harm members of oppressed groups, which has eroded the trust of some groups and increased their reticence to participate in studies (Moore & Collins, 2002). When researchers endeavor to recruit a diverse sample, they may default to convenience sampling. This can have the unintended consequence of privileging the experiences of people who are easy to reach and willing to participate (Abrams, 2010). Researchers often settle for non-representative samples when

achieving more diversity in the sample seems unfeasible (Descartes, Asencio, & Blank, 2011).

Researchers have a responsibility to use culturally competent practices to recruit and retain potential participants. Effective communication with the community of interest is imperative, and may involve partnering with bilingual or bicultural individuals who can facilitate and provide interpretation (Casado et al., 2012). Social work research is a relational endeavor, particularly when engaging cross-culturally or with marginalized populations, and thus, utmost attention must be given to nurturing and sustaining relationships with community partners and participants throughout the project (Amador, Travis, McAuley, Bernard, & McCutcheon, 2006). Such collaboration and regular contact is an investment of time and effort that cannot be shortchanged for effective recruitment and retention.

**Ethical and logistical issues.** Depending on the population of interest, recruitment may involve ethical issues. For example, when Descartes and colleagues (2011) aimed for a racially and socioeconomically diverse sample of gay men, they encountered challenges in preserving the integrity of their data while protecting participants. The researchers offered a monetary incentive, which led some potential low-income participants to misrepresent their demographic backgrounds to match eligibility criteria highlighting the need for clear and ethical recruitment guidelines. Sometimes social work researchers carry out studies with populations whose social and health problems reflect great needs, and yet whose participation may expose them to physical, emotional, financial, or legal harm. Kyriakakis, Waller, Kagotho, and Edmond (2014) studied the experiences of intimate partner violence and help-seeking with Mexican immigrant women, in order to inform culturally appropriate services and interventions. Due to the inherent risks for participants, the researchers needed to make accommodations to protect their physical safety, provide emotional support, and ensure anonymity. These researchers demonstrated the ethical responsibility to be adequately trained to recognize and account for the risks faced by participants, particularly from marginalized and vulnerable populations.

In addition to ethical challenges, logistical constraints may affect sampling and recruitment. Some effective strategies for locating and retaining an unbiased sample of research participants are prohibitively expensive and time-consuming, such as paying for media advertising, offering gift vouchers as inducement, investing in an immersive participatory approach, or combining mail, telephone, and face-to-face methods (Thompson & Phillips, 2007).

Few studies offer insight into the journey towards the successful recruitment of research participants, particularly for dissertation research. The present study explored the experiences of social work doctoral graduates who carried out primary data collection for their dissertation research. Successes, challenges, supports, and lessons learned from the experience were examined as well as how students were impacted by their experiences with recruiting and retaining study participants.

## Methods

### Procedure

This study used a convenience sample. Respondents needed to have earned a PhD in social work in the previous 10 years and recruited study participants for their dissertation research. Doctorates in Social Work (DSW) degrees were excluded, as few DSW programs require a traditional dissertation (Diaz, 2015). Participants were recruited in three ways. First, an online survey was shared through social media and social networks. Second, doctoral program directors belonging to GADE were contacted via email and asked to share the study information and survey link with alumni. Third, a search of completed social work dissertations on the ProQuest Dissertation and Theses database identified 3392 potential participants, who completed dissertations in the prior ten years and recruited study participants. The survey information and link was emailed to those for whom contact information was found (45%, n=1,533).

### Data Collection

Following IRB approval, data were collected over a three-month period from January to March 2015, using an online Qualtrics survey. The survey consisted of 40 open-and closed-ended questions about the dissertation experience, and questions on participant demographics and dissertation and program characteristics. The survey was piloted with five social work doctoral students, and was revised based on their feedback.

### Data Analysis

Descriptive statistics were used to determine the mean, standard deviation, range, and/or frequencies for demographic (gender, race, age at graduation, current role), dissertation (research method, planned sample size), and program data (program type, length of time in program, and years since graduation). See Table 1.

The narrative data were uploaded to a separate Excel spreadsheet for each survey question. The researchers conducted a thematic analysis to identify themes and exemplars across the data (Braun & Clarke, 2006; Denzin & Lincoln, 2011). The dissertation topics were coded using the 22 topical areas established by the Society of Social Work and Research (2016) (See Table 2). For the other questions, all three researchers did a preliminary coding of 20% of the responses. This inductive process identified “units of meaning” from the data, which were combined or teased apart to refine and form a set of codes to use in coding the rest of the data. For each question, two of the researchers independently used these codes to analyze the remaining uncoded data, and the third researcher reviewed the coding decisions and reconciled any discrepancies. This step enhanced the trustworthiness and credibility of the findings by ensuring the inter-rater agreement and fidelity of coding decisions (Denzin & Lincoln, 2011). Similar codes were reported in thematic categories, and each theme needed to represent at least 10% of the responses for the question. These themes are presented to give a clear picture of the experience of the overall sample. See Table 3. In addition, exemplars are used to illustrate

the themes and provide more depth about respondents' experiences with sampling and recruitment in dissertation research (Braun & Clarke, 2006).

## Findings

### Respondents

The sample consisted of 215 doctoral graduates who completed social work doctoral programs from 2005-2015 ( $M=5.1$  years since graduation) and recruited study participants for their dissertation research. The majority (73.0%,  $n=143$ ) of respondents identified as female and white (81.2%,  $n=155$ ). The mean duration of their doctoral degree program was 5.5 years. Approximately one half (49.3%,  $n=106$ ) used samples of marginalized or vulnerable populations (e.g., youth in foster care, prison inmates, refugees). See Table 1.

Table 1. *Respondent Demographics, Dissertation, and Program Information*

	<i>n</i> (%)	<i>M</i> (SD)	<i>Range</i>
Gender ( $n=196$ )			
Female	143 (73%)		
Male	48 (24.5%)		
Transgender	5 (2.6%)		
Race ( $n=191$ )			
White	155 (81.2%)		
Black	13 (6.8%)		
Asian	12 (6.3%)		
Biracial	5 (2.6%)		
Latino	4 (2.1%)		
Native American	2 (0.5%)		
Type of program ( $n=196$ )			
Full-time	149 (75.3%)		
Part-time	49 (24.8%)		
Years in program ( $n=195$ )		5.5 (2.4)	
Age at graduation ( $n=193$ )		41.5 (8.9)	29-71
Years since graduation ( $n=196$ )		5.1 (3)	1-10
Research Method ( $n=215$ )			
Qualitative	96 (44.7%)		
Quantitative	49 (22.8%)		
Mixed Methods	70 (32.6%)		
Planned Sample Size ( $n=198$ )		171.7 (338.3)	5-3000
Vulnerable Sample	106 (49.3%)		
Current Role ( $n=191$ ) <sup>a</sup>			
Faculty	145 (67.4%)		
Practitioner	40 (18.6%)		
No paid employment	16 (7.4%)		
Other employment	26 (12%)		

<sup>a</sup>Note: participants chose more than one answer

Dissertation topics were categorized as mental health (17.2%, n=37), health (9.3%, n=20), aging services and gerontology (8.8%, n=19), child welfare (8.8%, n=19), and violence against women and children (7.9%, n=17). See Table 2 for the list of all 22 topics.

Table 2. *Dissertation Topics Based on SSWR Codes (n=215)*

<b>Topic</b>	<b>n (%)</b>
Mental Health	37 (17.2%)
Health	20 (9.3%)
Aging Services & Gerontology	19 (8.8%)
Child Welfare	19 (8.8%)
Violence against Women & Children	17 (7.9%)
Social Work Practice	14 (6.5%)
Race, Ethnicity, & Immigration	13 (6%)
Work, Family, & Family Policy	13 (6%)
Inequality, Poverty, & Social Welfare	12 (5.6%)
Crime & Criminal Justice	10 (4.7%)
Social Work Education	9 (4.2%)
Gender	8 (3.7%)
Substance Misuse & Addictive Behaviors	8 (3.7%)
Adolescent & Youth Development	7 (3.3%)
Sexual Orientation & Gender Identity	7 (3.3%)
Organizations & Management	7 (3.3%)
Communities & Neighborhoods	6 (2.8%)
School Social Work	5 (2.3%)
Disability	4 (1.9%)
International Social Work & Global Issues	4 (1.9%)
Military Service Members, Veterans, & their Families	4 (1.9%)
Research Design & Measurement	0 (0%)

*Note:* There are 243 responses because 28 dissertation topics fell equally into two categories.

Respondents provided detailed examples of their experiences with the recruitment of study participants for their dissertation. Topics of inquiry included anticipated challenges, observed challenges, perceived strategies that led to success, supports, and the impact of the experience on their identity as a scholar and future research. See Tables 3a-d.

### **Anticipated Challenges Prior to Recruitment**

Nearly two-thirds of respondents (64.7%, n=139) expected the recruitment process to present challenges, even before they engaged in the research. Those reporting (63.7%, n=137) described anticipated challenges in three primary categories: 1) access to eligible participants (49.6%, n=69), 2) research design to gather an adequate sample size (46.5%, n=66), and 3) commitment from gatekeepers and potential participants (39.5%, n=54).

Table 3a. *Survey Questions, Number of Respondents, and Themes: Anticipated Challenges Prior to Recruitment (n=215)*

Question	n(%)
<b>Prior to beginning recruitment, did you anticipate any challenges? (n=215)</b>	
Yes	139 (64.7%)
<b>If yes, what were they? (n=137)*</b>	
Access to sample	69 (49.6%)
Research design	66 (47.5%)
<i>Logistics</i>	30 (45.5%)
<i>Sample size</i>	36 (54.6%)
Buy-in	54 (39.4%)
<i>Gatekeepers</i>	25 (46.3%)
<i>Participants</i>	29 (53.7%)
<b>If not, why not? (n=76)*</b>	
Access to sample	38 (50.0%)
Research design	25 (32.9%)
Incorrect assumptions	17 (22.4%)
<sup>a</sup> note: participants chose more than one answer	

**Access to eligible participants.** Nearly one-half (49.3%, n=106) of respondents recruited from vulnerable or marginalized populations. However, less than one-third (32.1%) expected challenges gaining access to participants from hard-to-reach (50.7%, n=35) or stigmatized groups (49.3%, n=34). One respondent described her awareness of the difficulty connecting with vulnerable individuals, saying, “I knew that trying to recruit...trafficking victims would be difficult due to the underground nature of this population in addition to [the] stigma that this group experiences.” Another respondent said, “I anticipated challenges in recruiting immigrant women, due to the potential concerns regarding their safety and anonymity.” One respondent described, “HIV is a sensitive issue....” Participants identified realistic challenges to accessing study participants.

**Research design.** For 47.5% (n=66) of respondents, recruitment concerns focused on issues related to the research design. For 54.6% (n=36), obtaining the ideal sample size felt unrealistic. One respondent described, “Fifty [participants] was a large sample and I was concerned about how long it would take to achieve this sample size.” Another listed anticipated barriers, “It would be hard to find participants, no one would volunteer, or volunteers would not be competent or able to provide thick description.” Thirty respondents (45.5%) were concerned about the necessary logistics for participation within the study’s design. One said, “Prospective participants were physically ill and some would potentially be unable to participate due to severity of illness or the intensity of the services received,” highlighting how the particular vulnerabilities of the sample can create logistical barriers to data collection.

**Commitment from others.** Approximately three-quarters (74.9%, n=161) of the respondents did not anticipate challenges getting buy-in from gatekeepers or participants. The 25.1% (n=54) who did foresee these challenges thought they would focus specifically

around obtaining buy-in from potential gatekeepers (46.3%, n=25) or participants (53.7%, n=29). Concerns about gatekeeper buy-in were varied, including time, willingness, sensitive topics, and research design requirements. For example, one respondent said, "It was challenging to find agencies that would agree to allow me to recruit their service providers due to concerns about over-burdening staff with participation." Another said, "I recognized that there may be resistance to the research design and that there would be layers of administrative and caregiver support required before access to residents would be possible." One respondent described the anticipated challenges of indirect recruitment strategies saying, "I expected that it might be difficult to get enough participants because IRB procedures did not allow me to contact them directly but rather to go through [Child Protective Services]", while another said, "I was also relying on service providers to do the recruitment, which left the recruitment out of my control."

Challenges to participant buy-in included time, the topic of the study, and the researcher's lack of membership in the community. One respondent said, "I was concerned that potential respondents would simply not have the time or interest to participate." Another said "finding couples who would be willing to participate...and would agree to be video-taped," or "...these busy professionals would not be willing/able to give me the time." One participant described, "The subject matter is 'heavy'. I anticipated that...people would not be ready to talk about their experiences with homicide," while another said, "adolescents not wanting to speak to a stranger and open up about their experiences with parents with terminal cancer." Two respondents described the impact of not belonging to the community, saying, "Being an outsider was also seen as a limitation to gaining a commitment" and, "This was cross-cultural work that was related to a very sensitive topic/population. I anticipated resistance or guardedness from interview participants in speaking to a foreigner."

Almost one-quarter (22.4%, n=17) of the respondents who did not anticipate challenges (35.3%, n=76) attributed this to incorrect assumptions about the feasibility of the research plan. For example, "I figured snowball sampling would be relatively straightforward. It was not." This represents only a small percentage (7.9%, n=17) of the total sample.

### **Observed Challenges During Recruitment**

Over half of respondents (54.9%, n=118) experienced recruitment challenges during their dissertation. These challenges can be categorized as access to eligible participants (28.7%, n=35), response rate (18.1%, n=39), and logistics for participation (10.2%, n=22).

**Accessibility.** Just over one-quarter (28.7%, n=35) of respondents reported issues with obtaining access to eligible participants. One respondent described, "I was not allowed to use the listserv myself, instead relying on an administrator at the university to do so." Another said, "My committee insisted that I canvas agencies in the [city name] and since those places were not known to me, I did not get any volunteers."

Table 3b. *Survey Questions, Number of Respondents, and Themes: Observed Challenges During Recruitment (n=215)*

Question	n(%)
<b>Did you encounter any challenges with recruitment? (n=215)</b>	
Yes	118 (54.9%)
<b>If yes, describe the challenges you encountered. (n=122)</b>	
Access to sample	35 (28.7%)
Gatekeeper buy-in	22 (18.0%)
Response rate	39 (32.0%)
Logistics	22 (18.0%)
<b>If not, what factors do you think contributed to this success? (n=89)</b>	
Data collection methods	51 (57.3%)
<i>Gatekeeper support</i>	26 (51.0%)
<i>Logistics</i>	15 (29.4%)
<i>Participant contact</i>	10 (19.6%)
Participant buy-in	30 (33.7%)
<b>Did these challenges impact your recruitment strategy? (n=114)</b>	
Yes	62 (54.4%)
<b>If yes, how?*</b>	
Revised recruitment	25 (40.3%)
Decreased sample	17 (27.4%)
Changed criteria	16 (25.8%)
More effort	26 (41.9%)
<b>Did these challenges delay completion of your dissertation? (n=55)</b>	
Yes	25 (45.6%)
<sup>a</sup> note: participants chose more than one answer	

**Gatekeeper buy-in.** Only 18.0% (n=22) identified challenges obtaining gatekeeper buy-in. One respondent described a lack of connections, saying, “It was just time-consuming trying to find enough fathers to include...I had also become somewhat isolated during my PhD work and had fewer people I could contact.” For those using indirect recruitment, challenges to obtaining gatekeeper buy-in could be multilayered, such as, “Having the support of the administrators...did not always translate to nursing staff or social service provider engagement. As a result, it was possible for the study to be derailed at any step in the process.” One respondent described gatekeepers as “suspicious and protective of their clients.” Another said, “Not all directors were willing to send out my link for fear of overwhelming staff more.”

**Response rate.** Less than one-fifth (32.0%, n=39) of respondents identified challenges obtaining participant buy-in, resulting in a low response rate. One described bluntly, “Response rate sucked (only 136 completed surveys within two months). Participants agreed to participate and then didn’t return surveys.” One respondent described a continual struggle, “lack of response to initial letters, lack of response to follow-up emails and phone calls.” Various issues were blamed for low response rates. One attributed the challenges to

“Incorrect information to mail out the recruitment letters---addresses were wrong, people had moved, phone numbers were incorrect.” Another described the intersection of gatekeeper and participate buy-in challenges, saying, “Participants cancelled or did not show, difficult to obtain buy-in from some directors....”

**Logistics.** Only 18.0% (n=22) of respondents reported logistical barriers, such as obtaining consent for participation and transportation to research sites. One respondent said, “It was very difficult to get participants to travel to the face-to-face interviews...most cited difficulty arranging child care and transportation, or scheduling difficulties that conflicted with work.” Another respondent said, “Transportation to the VA was also triggering for some dealing with PTSD. They wanted to participate over the phone, but IRB requirements wouldn’t allow it.”

**Responses to challenges.** Respondents addressed these challenges by putting in more effort, including accessing community connections (22.0%, n=26), revising recruitment plans (214.2%, n=25), decreasing the sample size (14.4%, n=17), and changing the eligibility criteria for participation (13.6%, n=16). For 21.2% (n=25) of respondents, recruitment challenges delayed the completion of the dissertation. The mean delay time was 3.4 months (SD=0.50).

### **Perceived Strategies of Success**

The primary reasons for anticipated success were access to or prior experience with the sample (50.0%, n=38) and the perceived feasibility of the research design (32.9%, n=25). The 89 respondents (41.4%) who experienced successful recruitment attributed their success to factors which fell into two major categories: 1) data collection methods (57.3%, n=51) and 2) participant buy-in (33.7%, n= 30).

**Data collection methods.** The methods seen as contributing to success included working with professionals and gatekeepers who supported the project, sometimes due to the researcher’s connections or relationships with them (51.0%, n=26), simple enrollment logistics 29.4%, (n=15), and personal contact with participants (19.6%, n=10). Examples included, “Actually going to the groups and meeting the women made the difference-a flyer would not have worked,” using “one point person at each program,” or having the participating agency facilitate participation, “...Time blocked out during their work day to participate.” These strategies were viewed as increasing both the opportunities for enrollment and the ease of participation.

**Participant buy-in.** One-third (33.7%) of respondents (n=30) found that having participant buy-in was key to success. One respondent described this being easier than expected, saying, “People wanted to talk to us. They [were] ‘honored’ in a way that we were there to learn from them and wanted to hear their story...this was unexpected.” Connections to the community such as a “positive professional reputation” and the researcher’s membership in the community were also seen as facilitating participant buy-in. One attributed her success to, “Being of Southeast Asian descent...and my relationship and status within the Southeast Asian community.”

### Identified Supports Before and During Recruitment

Respondents described the guidance they obtained prior to (90.7%, n= 195) and during the recruitment process (84.2%, n=181). Almost one-third of respondents (29.3%, n=63) identified specific supports they wished were available to them during data collection.

Table 3c. *Survey Questions, Number of Respondents, and Themes: Identified Supports Before and During Recruitment (n=215)*

Question	n(%)
<b>What guidance or advice about recruitment did you receive before you carried out your study? (n=195)</b>	
Data collection	58 (29.7%)
Recruitment	17 (8.7%)
<b>If you received guidance, who gave it to you? (n=191)</b>	
Chair & committee	93 (48.7%)
Researcher, mentor, advisor	78 (40.8%)
Other	19 (10.0%)
<b>During the recruitment process, what guidance or advice did you receive about recruitment? (n=181)</b>	
Research design changes	29 (16.0%)
None	67 (37.0%)
<b>If you received guidance, who gave it to you? (n=96)</b>	
Chair, committee, mentor, advisor	51 (53.1%)
Participant & gatekeeper	23 (24.0%)
Other researcher	22 (22.9%)
<b>Are there supports you wish had been available to help you recruit participants? (n=63)*</b>	
Guidance	39 (61.9%)
<i>Methods</i>	18 (46.2%)
<i>Committee</i>	15 (38.5%)
Resources	35 (55.6%)
<i>Connections</i>	23 (65.7%)
<i>Financial</i>	12 (34.3%)
<sup>a</sup> note: participants chose more than one answer	

**Guidance received before recruitment.** The most common sources of support were dissertation chairs and committee members (n=93, 48.7%) and senior researchers, mentors, and supervisors (n=78, 40.8%). Twenty respondents (10.3%) reported they had very little or no guidance. Nineteen (10.0%) cited other mentors and non-relational sources, such as classes, the IRB, and books.

Less than one-third of respondents (29.7%, n = 58) described receiving specific types of guidance related to data collection prior to the start of recruitment. Some of this advice was a reminder of the realities of research, for example, being realistic about the time required for data collection, “I was told that recruitment always takes longer than you

expect, but even with that, I expected data collection to take 3-4 months, not a full year.” Surprisingly, only 8.7% (n=17) described getting support specific to recruitment efforts, for example “how to recruit participants from different cultural backgrounds with confidentiality concerns.”

**Guidance received during recruitment.** Almost half (44.6%) described specific sources of guidance (n=96) during recruitment of participants. Of these, 53.1% (n=51) identified dissertation chairs, committee members, mentors, and advisors. Other sources of support included study participants and gatekeepers (24.0%, n=23) and other researchers, such as outside academics and doctoral peers (22.9%, n=22). For example, one said, “I consulted with Chinese American faculty members in my university as well as asked Chinese American people.” Another shared, “I talked to a friend (who was getting her PhD in a different university) about the problem I was having with not getting enough Black people or males in my study, and she suggested marketing directly to websites that cater to those populations.” Only 16.0% of respondents (n=29) described getting advice around changing the research design, such as by altering recruitment plans. One of these respondents described getting guidance from a member of the sampling frame, “She told me that mailing is not going to be effective with clergy because they get so many surveys. She suggested that I should rely more on calling them directly.” Another described the advice she got from her chair as “the most helpful advice I had throughout the process.” The respondent added, “she made suggestions about contacting schools and about contacting the independent living center in my area.”

Sixty-seven respondents (37.0%) reported receiving no guidance during this period. Twelve (17.9%) did not view this as a problem, saying, “The help was available; I simply didn't ask” or “I knew my site of data collection better than my advisors.” One participant noted that guidance was not always helpful, “I did not get any advice other than my committee telling me they did not think I would be able to find recruits. That was not helpful.”

**Desired supports.** Almost one-third of respondents (29.3%, n=63) identified supports they wished had been available to them. These included more guidance (61.9%, n=39) and resources (55.6%, n=35). In terms of guidance, 46.2% of respondents (n=18) wanted methodological help, such as “more qualitative research recruiting guidance”, “advice on hard-to-reach populations,” and “suggest NOT sampling children in child welfare.” And 38.5% (n=15) wanted more support from committees such as “more direct involvement” and “direct, helpful feedback.” In terms of additional resources, 65.7% (n=23) wanted stronger university relationships with gatekeepers or community groups. For example, one respondent shared “I wish there had been a stronger connection between the school and long-term care facilities.” Twelve respondents (34.3%) wished for financial support, primarily for participant incentives. One said, “I paid for incentives out of my own personal funds; small university grants would have been helpful.” It is unknown how many respondents already had access to financial support for their research.

### Impact of Dissertation Experience

**Impact on students.** The majority of respondents (71.6%, n=154) described ways in which the dissertation experience had impacted them. More than half (56.5%, n=87) identified positive feelings, including feeling “confident,” having “enthusiasm” for research, and describing a “very positive learning experience.” One described her dissertation process by saying, “I can’t begin to describe what a rich experience this was. If I had to say one thing about it, it gave me a much greater understanding of my current patients.” Some (24.0%, n=37) described how the experience impacted their identity as a researcher. Only 13.6% (n=21) reported negative feelings, such as, “The dissertation process was long and dreadful. I am literally burnt out from conducting my own research,” and, “It left me emotionally drained and somewhat defeated.” While many more felt inspired and gained confidence from the experience, the few with negative experiences described powerful feelings, which seem to have had a lasting impression.

Table 3d. *Survey Questions, Number of Respondents, and Themes: Impact of Dissertation Experience (n=215)*

Question	n(%)
<b>Do you think your dissertation experience had an impact on your subsequent research since graduating from your doctoral program? (n=196)</b>	
Yes	173 (88.3%)
<b>Explain in more detail how it affected you? (n=154)*</b>	
Positive feelings	87 (56.5%)
Negative feelings	21 (13.6%)
Future research	56 (36.4%)
Researcher identity	37 (24.0%)
<b>Did it impact your... (n=175)*</b>	
...willingness to engage in research? Yes	172 (98.3%)
...ability to engage in research? Yes	171 (97.7%)
...enthusiasm to engage in research? Yes	170 (97.1%)
<b>Have you carried out research since your dissertation? (n=193)</b>	
Yes	134 (69.4%)
<b>If no, why not? (n=61)</b>	
Other commitments	42 (68.9%)
Recent graduate	13 (21.3%)
Other	16 (26.2%)
*Note: Participants could give more than one response.	

**Impact on research.** The majority of the respondents (80.5%, n=173) reported that the dissertation experience impacted their subsequent research agendas. Most (97.7%, n=171) reported it influenced, either positively or negatively, their ability to engage in research, 97.1% (n=170) that it affected their enthusiasm to engage in research, and 98.3% (n=172) that it impacted their willingness to engage in research. Fifty-six (26.1%) said that their experience influenced future research projects. One respondent said, “Child

trafficking is very difficult to research and therefore I have moved my research focus to a more accessible population despite the need for research in trafficking.” Another moved away from data collection altogether, saying, “Secondary data analysis is much easier in terms of getting publications out and I have done a lot of that since graduating.” These examples illustrate ways in which respondents adapted future research plans based on their dissertation experience. More than half of the respondents (n=134, 69.4%) reported carrying out post-dissertation research. For those who did not, the most common reasons were other commitments (68.9%, n=42), such as teaching courses and other projects or they were recent graduates (21.3%, n=13) who had not yet had the opportunity to engage in research post-graduation.

### **Limitations**

Limitations to this study include the use of a non-random sample. It was challenging to determine how many social work doctoral graduates fit the eligibility criteria—completed primary research, including recruitment—out of all possible graduates. Therefore, a response rate was impossible to accurately calculate. Some participants did not complete questionnaires, which led to lower response rates on later questions (see Table 3). This may have introduced some bias on later questions if those respondents were different in some way. Contact information for people with academic positions in the United States was the easiest to obtain, so those in faculty positions may be over-represented. Social work doctoral students who did not graduate were not included; those students, especially those who dropped out during the dissertation process, and their experiences are therefore excluded from these findings. Future research could explore these students’ experiences or focus more in-depth on challenges and successes through longer, open-ended interviews. In addition, future research could investigate more specific questions which arose from these findings, such as the rate of funding for doctoral dissertations, specific challenges and successes experienced by those engaging in longitudinal research, or possible differences in experience for qualitative versus quantitative researchers.

### **Discussion**

This study explored the experience of planning and engaging in the recruitment process of social work dissertation research. This study solely explored the experiences of students who were eventually successful at completing their doctoral programs, although many (55.8%) did encounter some challenges during the process. This provides a strengths-based perspective as these students found ways to be resourceful and resilient in the face of challenges. While most participants (88.4%) were able to finish their dissertations without any delay, many participants described how they encountered recruitment challenges. Almost half (49.3%) recruited from vulnerable populations. When working with diverse populations, recruitment challenges are an expected component of the research project. The skills involved in recruiting hard-to-reach populations, especially those who share a characteristic and yet are unrelated to one another are complicated (Abrams, 2010; Thompson & Phillips, 2007). Students for whom the dissertation is their only research-based experiential learning experience may need more direct guidance and advice from the

committee; in particular, a lack of knowledge of the population or methodology may impact their overall learning. For students with research experience, this kind of support from committee members may be less necessary.

Most (81.9%) respondents were content with their committee's support. This suggested that while only 29.7% of respondents reported having received guidance on data collection, and only 7.2% reported guidance specific to recruitment, many may not have felt the need for guidance during this process. Only a few (18.1%) respondents reported that they wished for more guidance and support from their committee, such as practical assistance or encouragement during the sampling and recruitment stage. The committee seemed to play different roles for students; for some, they were hands-on mentors who would strategize and offer advice, but for others, committee members maintained more of an observer role. This may reflect the diversity in level of student preparation and need, as previous studies have highlighted that social work doctoral programs offer uneven (Drisko et al., 2015) or inadequate preparation in research methods (Rothwell et al., 2015).

Only 16.3% of respondents pinpointed other supports, beyond additional guidance, that would have helped them achieve success. While it is possible that for many no additional resources were needed, it could also be that respondents assumed that challenges did not stem from structural factors or from methodological issues, but from their own individual deficits, such as a lack of preparation, understanding of recruitment strategies, or skill in networking with gatekeepers. Internalizing challenges are more likely to occur in environments in which research problems are addressed quietly and not commonly discussed publicly (Curtis, Roberts, Copperman, Downie, & Liabo, 2004). New researchers may assume others do not have these experiences, remain silent in their own struggles, and internalize their challenges.

Dissertation experiences can evoke a range of feelings as dissertations likely fulfill different needs for each student. For some, the dissertation may be an experiential learning exercise. For others, the dissertation is an opportunity to develop and demonstrate mastery of knowledge and skills needed for success with research endeavors post-graduation, such as launching a scholarly agenda for an academic career (Maynard et al., 2014). Some respondents (40.5%) reported they left the dissertation process with positive feelings, such as confidence and pride, and an appreciation of the research process, whereas many fewer (9.8%) left with negative feelings, such as demoralization and inadequacy. While the majority do not identify strong negative feelings, even 10% is concerning, considering that 80.5% of respondents said their dissertation experience impacted their future research. As the majority of social work doctoral students pursue careers in academia (Anastas, 2012), negative experiences may impede the initiation of a scholarly agenda or steer graduates into research projects that avoid recruitment, such as secondary data analyses, or which recruit from more easily accessible populations.

In order to help all doctoral students have a positive, successful dissertation experience, it is critical to understand the sources of success in this process. The respondents who did not face recruitment challenges (45.1%) attributed their smooth recruitment processes to data collection strategies (57.3%), and participants' engagement in the process (33.7%), buy-in from gatekeepers and other professionals (29.2%) and from participants (33.7%),

straightforward logistics (16.9%), and personal contact with potential participants (11.2%). Effective recruitment is a relational process and respondents who recognized this and engaged actively in this process seemed to meet with success. Participant and gatekeeper buy-in were recognized as important components of the process and could either facilitate or hinder recruitment as both groups need to value the research topic and recognize the importance of the findings (Axford, Lehtonen, Kaoukji, Tobin, & Berry, 2012). The researcher's connections within the community were vital to successful recruitment, and for 10.7%, even functioned as additional sources of guidance before and during the process (Casado et al., 2012; Gelman, 2010).

### **Implications for Social Work Doctoral Education**

Over and above other sources of support, the chair and committee members play a critical role in offering guidance and support during the dissertation process. The respondents in this study cited committee members as the most common source of guidance both during the planning process (48.7%) and while recruitment was ongoing (53.1%). The role of the committee may be particularly critical in programs without a strong emphasis on research preparation. Social work doctoral programs pair students and their mentors in a myriad of ways that may or may not match students' populations of interest or intended research methods with faculty members' strengths, interests, and experience. Committee members may struggle to guide students when they themselves are not experts in the content area. Doctoral programs vary in how much they support faculty members during this process. At many universities, faculty members are given few incentives to prioritize mentoring or to develop their effectiveness as mentors (Liechty, Liao, & Schull, 2009). Such institutional expectations are imperative in ensuring that committee members are willing and able to devote significant time and energy to teaching students about research through the dissertation process, particularly in programs without strong methodological preparation of its students. Social work programs can encourage and formalize other forms of mentoring, such as bringing in outside research experts and organizing peer consultation groups.

In this study, over half of respondents (54.9%) acknowledged encountering sampling and recruitment problems although only a small percentage of these students (21.2%) experienced a longer than anticipated recruitment process or negative feelings about the process (8.5%). Clearly, the majority of students who encounter challenges go on to experience successful, timely recruitment and positive feelings about the process. For some though, this may be a vulnerable time period in which they need guidance and support around recruitment challenges. These challenges, however, are often not openly discussed in the professional discourse; they tend to be "airbrushed" out of methods sections, "as a result of pressure on length of journal articles, professional pride, or a disinclination for well-trained, careful researchers to admit difficulties" (Curtis et al., 2004, p. 168). Such omissions do a disservice to social work researchers who turn to the literature for strategies, guidance, and reassurance as some of the participants in this study described. Social workers have a long tradition of offering "practice wisdom" from one professional to another and doctoral-level social workers can offer "research wisdom" when they openly discuss their successes and challenges in the dissertation process, and share problem-

solving strategies. This study is an example of this kind of sharing of “research wisdom” that can inform both current doctoral students and the programs that train them.

Finally, the challenges with sampling and recruitment have social justice implications. First, with the minimal availability of dissertation funding (Jenson, 2008), 11.3% of respondents reported needing financial support for their project, after having to pay out-of-pocket for research expenses or forgo costly approaches or monetary incentives that would have facilitated recruitment. Unfortunately, this reality may drive some research decisions toward the priorities of funding sources or may create an undue financial burden on some students. Secondly, some respondents linked anticipated success (17.7%) or actual success (12.1%) with relationships, connections, and experience with community leaders, agency gatekeepers, professional experts, or participants themselves. Not all social work doctoral students or committee members have such connections to rely upon. Thus, those students with economic means or social capital may have an easier time with the dissertation process, which may in turn affect their scholarship and identity as a researcher (Ortega & Busch-Armendariz, 2014). Doctoral programs might address these inequities by matching students who need them with committee members or additional mentors with more community connections, or supporting more programmatic community connections and collaborations. Finally, 49.3% of respondents carried out research with vulnerable populations whose day-to-day realities and potential risks in participation must be considered (Kyriakakis et al., 2014). It is vital to the knowledge base of the profession to hear the voices of vulnerable populations, include their perspectives, and understand their needs. Therefore, doctoral programs need to be able to devise strategies, locate guidance, and create supports to effectively address sampling and recruitment challenges with these populations.

### Conclusion

This research study describes the often invisible area of the recruitment process of dissertation research through the experiences of 215 social work PhDs. The majority identified the impact this process has on their future research. Respondents highlighted the important role of the committee as well as students’ community connections. Future committee members and doctoral programs can use these experiences to support doctoral candidates in designing studies that successfully anticipate and address recruitment challenges for social work researchers.

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## Teaching Statistics to MSW Students: Comparing Credit and Non-Credit Options

Ashley Davis  
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**Abstract:** *In professional disciplines like social work, students are expected to be able to understand and apply basic statistical concepts. Graduate programs differ in how they expect students to develop this ability; some require a full-credit statistics course as a prerequisite to admission, and others incorporate statistics into social work research courses. The for-credit requirement has a high financial and time cost for students. This exploratory study examined the feasibility of replacing this requirement with a brief, non-credit statistics course. MSW students (n=168) who took both types of courses were surveyed. No association was found between the type of course and students' anxiety, confidence, and the perceived relevance of statistics. Students identified factors that impeded or facilitated their learning. The inclusion of the statistics course within the social work program and the use of relevant social work literature was perceived as supporting students' learning of statistics. The course length was no more of a concern for the non-credit statistics students than for the for-credit students. These findings support the use of a brief, non-credit statistics course as a less costly and time-consuming approach, but raises concerns about consistently high levels of anxiety, and low levels of confidence and statistics ability of MSW students.*

**Keywords:** *Statistics; research; teaching approaches; MSW students*

In professional disciplines, statistical knowledge and skills are needed to be effective in practice and policy work. Within the field of social work, statistics are used to understand and critique empirical research, evaluate practice, disseminate research findings, and promote clients' interests (Capshew, 2005; Wells, 2006). When students have developed statistical literacy, they can appropriately apply statistical concepts and accurately use these skills (Ramirez, Schau, & Emmioglu, 2012), which help them engage in evidence-based practice, policy initiatives, and research endeavors.

The development of MSW students' statistical literacy differs by program. For many programs, an introductory statistics course is a pre-requisite for admission (Elliott, Choi, & Friedline, 2013). Students may have taken a statistics course during their undergraduate coursework. Those students who did not already take a statistics course often need to take one at another university before entering their graduate program. This requirement can be inconvenient to fulfill due to work or family obligations and can be a financial burden as well. Many of these students complete a statistics requirement in a "service course," which is taught within a math or statistics department outside of their professional discipline (Gordon, 2004). Perhaps due to inconveniences or negative feelings about statistics, it is not uncommon for students to avoid completing a required statistics course for as long as they can (Macheski, Buhrmann, Lowney, & Bush, 2008).

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It is important to identify and explore possible ways that students can become proficient in statistics and the effectiveness of these various approaches at teaching statistical literacy. A prerequisite statistics courses may cover a range of concepts that may or may not be the most useful for social work students; such courses may vary as to whether they prioritize computations or conceptual understanding and application. When taking a prerequisite course, students may struggle to see the necessity or relevance of the material to their social work education, and may experience the course as disjointed from the rest of their graduate studies (Bolen, 2006). Some MSW programs do not insist that students complete a pre-requisite, but instead incorporate statistics into the curriculum. Research courses are the logical place to teach statistical concepts, although many students already experience trepidation about and disinterest in research (Bolin, Lee, GlenMaye, & Yoon, 2012). Students' anxiety and reluctance could be heightened by the addition of statistics to the content of a research course.

To address these issues, some social work programs offer a brief, non-credit bearing statistics course. While program administrators and faculty members may make assumptions about the benefits and limitations of a brief, non-credit bearing statistics course, research has not studied the efficacy of this teaching approach in comparison with more traditional, full-semester, for-credit statistics courses. This study examined whether there was any association in attitudes and feelings about statistics, or differences in statistical ability between those students who took a brief, non-credit bearing statistics course within their social work graduate program and those who completed a full-semester, for-credit statistics course prior to beginning their graduate studies in social work.

### **Literature Review**

Within the United States, professional organizations and accrediting bodies emphasize the importance of research to practice, including the use of quantitative methods. In its *Code of Ethics*, the National Association of Social Workers (2008) admonishes social workers to “critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research in their professional practice” (sect. 5.02). Students develop the ability to fulfill this ethical imperative through their social work education. In courses on research and evaluation, they receive training in qualitative and quantitative methods that are used to produce evidence-based findings for enhancing social work practice, policy, and service delivery (Council on Social Work Education, 2015). Social workers need to possess statistical knowledge and skills to critically analyze the professional literature, skillfully evaluate their own practice, and best serve their clients (Harder, 2010). When graduates of social work programs develop an appreciation and understanding of basic statistical concepts, Marson (2007) suggests: “great advances in the knowledge base and the evaluation of social work practice are sure to follow” (p. 211). This hopeful perspective is tempered by Knight's (2015) findings that, despite feeling prepared by social work education to engage in evidence-based practice, many graduates do not employ this practice behavior, avoid literature that describes research, and do not understand the discussion of statistics in research articles.

Despite the ethical imperative, curricular mandate, and ubiquity of statistics, social work instructors face challenges in preparing students to develop the knowledge and skills

needed for research methods and statistics. Social work students are commonly referred to as avoidant, anxious, or reluctant learners of statistics (Capshew, 2005; Junius & Siddell, 2009; Marson, 2007). Lalayants (2012) reviewed what is known about the effects of students' attitudes toward statistics. Associations were found between students' anxiety and negative emotions and their learning, including their openness to learn, development of statistical thinking, application of knowledge in the field, and understanding of quantitative studies in the professional literature. Even within social work education, there is a particularly complex relationship between students' statistics knowledge and their attitudes about research courses; increased statistical knowledge was correlated with reduced fear of research courses, but not with greater appeal of research courses (Secret, Ford, & Rompf, 2003).

Students in the social sciences commonly experience anxiety in learning about statistics (Pan & Tang, 2005). This anxiety may be particularly strong for social work students (Thomas, 2008). Onwuegbuzie and Wilson (2003) categorized factors associated with statistics anxiety as situational, dispositional, or personal. These categories echo throughout the social work literature on statistics anxiety. For example, Elliott et al. (2013) noted situational factors, including the limited number of math courses that social work students take as undergraduates, or the minimal time that gets devoted to research and statistics content in social work education. Junius and Sidell (2009) focused on dispositional factors, such as the need to help students increase their motivation and ownership of learning statistics. Davis (2003) is among the researchers who have explored personal factors, including the higher levels of statistics anxiety among female and minority social work graduate students.

While anxiety is a common barrier to learning statistics, a typical social work graduate course includes a "blend of students from more to less interested, anxious, and capable" (Bolen, 2006, p. 19) with statistics, and instructors often find it challenging to teach to such a range of feelings and abilities. Students' anxiety about statistics can be affected by teaching strategies, classroom climate, and instructor qualities (Lalayants, 2012). These factors are important to understand because they are within an instructor's control and can be incorporated into the design, structure, and teaching style of a course.

### **Teaching Strategies**

The empirical literature is replete with approaches for teaching statistics to students in professional education. Instructors do not need to pick only one teaching strategy (Secret et al., 2003), but can apply several approaches flexibly and responsively. The pacing and delivery of material can be intentional, such as using repetition, providing immediate feedback (Marson, 2007), or flipping the classroom by using class time to apply material learned outside of class (Wilson, 2013). Similarly, problem-based learning models (Junius & Sidell, 2009), peer-led team learning (Curran, Carlson, & Celotta, 2013), and service-learning research projects (Wells, 2006) create hands-on, interactive learning opportunities. These collaborative approaches encourage students to relate to their instructor as a mentor and resource person, instead of the traditional role of lecturer.

These teaching strategies suggest innovative approaches for helping students learn

statistics, and yet, there is a dearth of empirical literature evaluating their effectiveness in improving students' knowledge and abilities. Elliott and colleagues (2013) measured changes in MSW students' (n=25) perceptions after completing an online statistics lab concurrent with their research methods course. Students perceived themselves to be more confident in their knowledge of statistics, their use of this knowledge to enhance practice, and their comprehension of scholarly articles. Similarly, Wells (2006) used course evaluations to capture MSW students' (n=38) perceptions. Students described service-learning projects as a "purposeful" (p. 401) way to learn statistics with real data sets, and reported that they would be "less fearful" (p. 400) about using these skills in the future. In two studies that measured changes in statistical competence, the use of a flipped classroom (Wilson, 2013) and peer-led learning teams (Curran et al., 2013) were both found to be effective with undergraduates, compared to a course taught using traditional methods.

Calderwood (2002) urges that statistics instruction should be modeled after reality, in which practitioners do not memorize formulas or perform calculations by hand. Instead, students should be expected to understand the meaning and purpose of statistical tests, and develop the ability to read and critically appraise quantitative findings in scholarly articles (Rabin & Nutter-Upham, 2010). Students should know how to use available resources, such as computer applications (Wells, 2006) or colleagues who are statisticians, to support their work and make statistics more user-friendly (Stickels & Dobbs, 2007).

### **Classroom Climate**

A well-structured, nonthreatening learning environment can mitigate students' reluctance to learn statistics (Lalayants, 2012). In the beginning of the course, instructors may find it helpful to acknowledge students' range of feelings. Students often anticipate "boring, dry material" (Capshew, 2005, p. 860), but instructors can teach in ways that contradict this expectation, set an upbeat, interactive tone, and incorporate fun activities (Lesser et al., 2013). Students may continue to find the course challenging, but can be socialized to see that "having fun can mix with the difficult subject matter" (Macheski et al., 2008, p. 44). Other instructors might focus less on making statistics enjoyable for reluctant learners because students can increase their statistical knowledge without improving their attitude about the subject (Sizemore & Lewandowski, 2009).

### **Instructor Qualities**

Instructors can engage students in ways that promote statistics learning. They can bring humor to the topic, which is especially useful in engaging students who hold negative attitudes about statistics (Neumann, Hood, & Neumann, 2009). Connections with students outside of the classroom positively affect learning. McGrath (2014) explored the role of instructors' office hours in student success; students who met with an instructor and engaged in self-assessment improved their performance. Classroom assessment techniques are another tool with which instructors can encourage students to assess their developing competence and offer feedback about the course (Goldstein, 2007). This approach provides ongoing communication between the instructor and students, which can serve to strengthen their relationship.

### **The Efficacy of Different Approaches**

Learning statistics knowledge and skills may not equate to being statistically literate (Ramirez et al., 2012). In subsequent courses and later in the field, students should be able to recall and apply what they have learned, and even recognize when they need additional training to further their skills. Barnett and Ceci's (2002) taxonomy of transfer may explain the challenge with reaching statistical literacy. "Near transfer" refers to students' abilities to learn and use new material, and thus successfully pass an introductory course; "far transfer" includes the ability to develop "skills that extend beyond the performance in the class in which they were acquired" (Daniel & Braasch, 2013, p. 201). This theory may explain Secret et al.'s (2003) findings: despite having completed an introductory statistics course, the majority of social work students in their sample were unable to demonstrate statistical knowledge.

There are contextual factors that affect transfer, including the knowledge domain, temporal context, and functional context (Barnett & Ceci, 2002). Knowledge domain, or the knowledge base to which the skill is applied, is a relevant factor since most social work students do not take statistics as part of their graduate education. The temporal context refers to the time elapsed between learning and being tested on new concepts. Many students successfully pass a course during their undergraduate program, but experience erosion of knowledge by the time they pursue a graduate degree, take other courses, or begin working after graduation. Finally, the functional context relates to whether the academic learning carries over to the field. Professional education often involves the acquisition of skills in the classroom that are then applied in the field. It may be especially important for students to learn statistics in ways that can be applied in practice contexts, such as grasping the underlying concepts rather than memorizing formulas (Calderwood, 2002; Gordon, 2004).

### **Learning Statistics within Social Work Education**

There are benefits to a statistics course offered within the discipline. When social work students have a statistics instructor who is also a social worker, they have an opportunity to see a member of their profession who is comfortable, confident, and competent with this material. Students may also be more likely to view the material as relevant. Unlike a service course, a statistics course offered within professional education would likely use examples from empirical studies that are related to practice. Moran (2005) noted that often statistics courses are taught differently from the core courses within the discipline. Statistics could be taught in ways that are similar to other professional courses, such as emphasizing how statistics could be used to advocate for clients, analyze social justice issues (Lesser, 2007), or "utilizing [students'] own ideas as the medium for analyses throughout the course" (Bolen, 2006, p. 20). The similarities and overlap in method and content could help students see that statistics are indeed important and relevant to the rest of the curriculum. In a professional discipline, the most important motivator to learn is a relevant connection to the field (Bolen, 2006; Davis & Mirick, 2015]; Lalayants, 2012).

This article describes the attitudes, levels of anxiety and confidence, and ability of students who took an accelerated brief, non-credit bearing statistics course within their

social work graduate program compared to students who took a full-semester, for-credit course. The study addressed the following research questions: Was there an association between the type of statistics course (i.e., accelerated statistics course offered within a social work graduate program versus undergraduate statistics course) and students' anxiety, confidence, and belief in relevance to social work education and practice? Was there any difference in ability to apply statistical knowledge after the course? What factors do students self-report as facilitating or hindering statistical learning? Is there an association between type of statistics course and the factors perceived to facilitate or hinder statistical learning?

## Method

### Participants

Participants were enrolled in a graduate social work program at a small, accredited, private, urban school in the United States. Traditionally, the program required a statistics course taken within the past five years and with a minimum grade of a C. In 2013, the program began offering an accelerated three-week, non-credit option taught by a full-time social work faculty member for students who did not have this statistics prerequisite. This course consists of four 3-hour face-to-face sessions and two hours of online work. The course focused on understanding statistical concepts and interpreting implications of findings, instead of mathematical formulas. The course material included descriptive (percentages, frequencies, measures of central tendency, measures of dispersion) and inferential analyses (t-tests, Chi square, correlation, ANOVA, and regression), with an emphasis on the role of hypothesis-testing in determining statistical significance. In class, the instructor engaged students with interactive PowerPoint lectures with responseware "clickers," and used small group exercises to apply the concepts. In each class session, students were assessed on their understanding of the cumulative concepts. Outside of class, students completed homework assignments, contributed to online discussion forums, and completed assigned readings. In addition to an introductory textbook (Pryczak, 2014), students read several articles from the social work literature that reported on empirical studies using quantitative methods. These pieces provided relevant and relatable examples of how social workers use statistics to answer research questions and inform practice and policy. Students developed the ability to read statistical findings presented in narrative and table formats, and consider possible social justice-based implications.

The sample consisted of 168 MSW students who completed the survey at the end of their required social work research course. Forty-five (27%) students had taken the brief, non-credit statistics course, and 123 (73%) took a for-credit statistics course prior to entering the program. Of those students who took a for-credit course, 75% (n=92) took the course during their undergraduate program and 24% (n=29) took statistics after earning their undergraduate degree (missing = 2).

### Measures

Data were collected on students' experiences learning statistics, their attitudes about statistics, levels of anxiety and confidence about statistics, and their statistical ability.

Students were asked to report where they took statistics (e.g., the non-credit course or a full-credit course) but no other sample characteristics were obtained.

**Experiences learning statistics.** Participants were asked: “Which factors supported your development of statistics knowledge and skills?” Students were given a checklist of six factors and asked to select all that related to their experience of learning statistics. The six supporting factors were: 1) course was taught within the social work program, 2) relevant journal articles were used as examples, 3) instructor’s teaching style supported students’ understanding of the material, 4) material was presented in multiple formats, 5) collaboration among peers was encouraged in the classroom, 6) material was reviewed to reinforce previous concepts before introducing new ones.

Participants were asked: “Which factors of the course impeded your development of statistics knowledge and skills?” Students were given a checklist of six factors and asked to select all that applied. The six impeding factors were: 1) the statistics material taught was not in-depth enough, 2) material was taught at too advanced a level, 3) the workload was too much, 4) the instructor was not accessible to students, 5) the class size was too big, and 6) connections were not made between statistics and implications for social work practice and policy.

These factors were chosen because the literature on statistical learning identifies them as factors that can impede or facilitate learning. Additional factors were added because they reflected anticipated or assumed benefits or drawbacks of a brief, non-credit statistics course offered within the social work program. While the measure has strong face validity, other types of validity or reliability have not been determined.

**Attitudes, beliefs, and feelings about statistics.** Four 4-point Likert scale questions (1=*strongly disagree*, 2=*disagree*, 3=*agree*, 4=*strongly agree*) were used to determine the extent to which participants agreed or disagreed that: 1) statistics were relevant to social work education, 2) statistics were relevant to social work practice, 3) they felt anxious about statistics, and 4) they felt confident about statistics. Participants were asked whether anxiety was alleviated by the course with possible responses of yes, no, or not anxious.

**Statistical ability.** Participants matched five statistical terms (frequency, median, mean, standard deviation and chi-square) to definitions. Five additional questions required participants to identify a paired t-test and interpret a paired t-test, median, and Pearson correlation (see Appendix A). The author who taught social work research at the institution developed the questions that include knowledge that the research instructors expect students possess after taking an introductory statistics course. Correct answers were given a score of 1. Incorrect answers were given a score of 0. These answers were summed (total possible score = 10) to calculate the statistics ability score.

## Procedure

Data were collected from spring 2014 to spring 2015 through an anonymous, one-time, paper-and-pencil survey. After the research project was approved by the university’s IRB, a research assistant or the author who was not a faculty member at the institution visited social work classes to introduce the study and distribute surveys. Students were informed

that participation was voluntary and anonymous. Students who were absent did not have an opportunity to participate. Out of 217 possible participants, 170 (78%) took surveys. Two were incomplete, with only the first page filled out. These two surveys were dropped from the analyses, leaving a total *n* of 168.

### **Analyses**

Statistical analyses were performed with IBM Corporation (2012) SPSS statistics 21. Descriptive statistics (mean and standard deviation, frequency and percent) explored anxiety, confidence, and perceived relevance of statistics towards education and practice. With a four-point Likert scale, the responses were not normally distributed, so these responses were re-coded into a dichotomous variable (1=agree/strongly agree, 0=disagree/strongly disagree). Chi-square analyses were used to look for associations between anxiety, confidence, knowledge and the belief that statistics are relevant to social work education and practice and the learning context (i.e., the accelerated, in-program course versus a course taken outside of the social work program). Frequencies were used to describe the factors that supported and/or impeded students' learning. Chi-square tests were applied to look for associations between statistics learning context and the factors participants identified as supporting or impeding their learning of statistics. A t-test was used to determine if there was a difference in statistical ability based on statistics learning context. All hypothesis tests were performed at the 0.05 level.

## **Findings**

### **Anxiety, Confidence, Knowledge, Belief in Relevance, and Ability**

All participants (*n*=168) responded to questions about anxiety, confidence, knowledge and relevancy. Nearly two-thirds (63%) of participants (*n*= 105) agreed they felt anxious about statistics and 49 (29%) indicated they felt confident about statistics. One hundred twenty-one (72%) agreed that statistics was relevant to their social work education, and 144 (86%) agreed that statistics was relevant to their social work practice. Only 120 students (71%) completed the statistics ability measure; the average score was 6.68 (*SD*=2.31) out of a possible total score of ten. The internal consistency of this scale was acceptable (Cronbach's  $\alpha = 0.76$ ).

### **Perception of Factors that Affected Learning**

The most common factors that supported learning were instructor's teaching style (*n*=92, 55%), material presented in multiple formats (*n*=80, 48%), and review of material to reinforce concepts (*n*=78, 46%). The most common factors that hindered learning were a lack of connection between statistics and implications for social work practice or policy (43%, *n*=72), the workload (21%, *n*=35), and statistics material being insufficiently in-depth (19%, *n*=32). See Table 1.

Table 1. *Factors that Support and Hinder Statistics Learning (n=168)*

	<i>f (%)<sup>a</sup></i>
<b>Factors supporting learning</b>	
Instructor's teaching style supported students' understanding of the material	92 (55%)
Material was presented in multiple formats (lecture, PowerPoint, readings etc.)	80 (48%)
Material was reviewed to reinforce previous concepts before introducing new ones	78 (46%)
Relevant journal articles were used as examples	62 (37%)
Course was taught within the social work program	55 (33%)
Collaboration among peers was encouraged in the classroom	54 (32%)
<b>Factors impeding learning</b>	
Connections were not made between statistics and implications for social work practice and policy	72 (43%)
The workload was too much	35 (21%)
The material was not in-depth enough	32 (19%)
Material was taught at too advanced a level	26 (16%)
The class size was too big	24 (14%)
The instructor was not accessible enough to students	21 (13%)

<sup>a</sup> Participants could choose multiple responses, so the responses add up to more than the total n.

### **Anxiety Reduction**

One hundred sixty-three (96%) participants responded to a question that asked if their statistics course alleviated anxiety about statistics. Seventy-nine percent (n=133) reported having some anxiety about taking a statistics course prior to the start of the course. Forty-four percent (n=73) did not find the course alleviated their anxiety, 36% (n=60) reported their anxiety was alleviated, and 18% (n=30) were not anxious.

### **Comparisons Between Course Type**

There were no statistically significant associations between course type and anxiety,  $\chi^2(1, n=168)=1.07, p=0.30$ , confidence,  $\chi^2(1, n=168)=0.66, p=0.42$ , or belief that statistics are relevant to social work education,  $\chi^2(1, n=168)=0.68, p=0.41$ , or practice,  $\chi^2(1, n=168)=2.14, p=0.14$  (see Table 2). There was no significant association between the type of course taken and whether the course relieved students' anxiety about statistics for students who reported they were anxious entering the course,  $\chi^2(1, n=132)=3.07, p=0.80$ . There was no significant difference in statistical ability between the for-credit course ( $M=6.94, SD=2.55, n=34$ ) and the non-credit course ( $M=6.57, SD=2.21, n=85$ ),  $t(117)=0.804, p=0.42$ .

As many (n=49) of the responses for statistical ability were missing on surveys which were otherwise complete, a missing data analysis compared those with missing data to those without. There was no association between missing data and type of course taken,  $\chi^2(1, n=168)=0.66, p=0.42$ , anxiety,  $\chi^2(1, n=168)=0.004, p=0.95$ , confidence,  $\chi^2(1, n=168)=0.10, p=2.79$ , knowledge  $\chi^2(1, n=168)=0.24, p=0.62$ , or belief in relevance of statistics to social work education,  $\chi^2(1, n=168)=0.11, p=0.74$ , or practice  $\chi^2(1, n=168)=0.40, p=0.53$ .

Table 2. *Comparison of Feelings and Attitudes towards Statistics by Course Type (n=168)*

	Non-Credit	For-Credit	$\chi^2$	<i>p</i>
	Course	Course		
	<i>f</i> (%)	<i>f</i> (%)		
<b>Anxiety</b>				
Yes	31 (69%)	74 (60%)	1.07	0.30
No	14 (31%)	49 (40%)		
<b>Confidence</b>				
Yes	11 (24%)	38 (31%)	0.66	0.42
No	34 (76%)	85 (69%)		
<b>Relevance to social work education</b>				
Yes	30 (67%)	90 (73%)	0.68	0.41
No	15 (33%)	33 (27%)		
<b>Relevance to social work practice</b>				
Yes	35 (78%)	107 (87%)	2.14	0.14
No	10 (22%)	16 (13%)		
<b>Course relieved anxiety</b>				
Yes	22 (37%)	37 (63%)	3.07	0.08
No	17 (23%)	56 (77%)		

*Note:* df = 1 for all analyses

There were significant associations between course type and identifying the use of relevant journal articles with statistical examples,  $\chi^2(1, n=166)=5.48, p=0.02$ , and the fact that their course was taught within the social work program,  $\chi^2(1, n=166)=41.87, p<0.001$ , as supporting their learning. There was a significant association between course type and the identification of a lack of connection between statistics and social work practice and policy,  $\chi^2(1, n=166)=10.65, p<0.001$ , as a barrier to learning. There were no significant associations between course type and any other factors supporting or hindering learning, including the depth of material covered in the course,  $\chi^2(1, n=166)=1.35, p=0.25$  (see Table 3).

## Discussion

Overall, there were no differences in students' feelings and attitudes towards statistics based on the type of course taken. There was no significant association between feelings or attitudes towards statistics or statistical ability and the type of statistics course nor were there any significant differences in students' ability to apply statistical concepts. Students who took the accelerated, non-credit statistics course were equally able to use statistics, and no more anxious or less confident because they spent less time in a statistics course. In fact, students in the non-credit course were no more likely to endorse the lack of depth of the course as a barrier to their learning than those who took the full-credit course, suggesting that students do not perceive the shorter length of the course as detrimental to their learning. Students appear able to learn statistics in a variety of contexts and with different teaching strategies, which is consistent with literature on instruction in introductory statistics courses (Curran et al., 2013; Wilson, 2013).

Table 3. *Supports and Barriers to Learning Statistics for Students by Course Type*

	Non-Credit	For-Credit	$\chi^2$	<i>p</i>
	Course	Course		
	<i>f</i> (%)	<i>f</i> (%)		
<b>Course in Social Work program</b>				
Yes	32 (71%)	22 (18%)	41.87	<0.001
No	13 (29%)	99 (82%)		
<b>Relevant journal articles</b>				
Yes	23 (51%)	38 (31%)	5.48	0.02
No	22 (49%)	83 (69%)		
<b>Instructor's teaching style</b>				
Yes	30 (67%)	61 (50%)	3.50	0.6
No	15 (33%)	60 (50%)		
<b>Material in multiple formats</b>				
Yes	24 (53%)	65 (54%)	0.65	0.42
No	21 (47%)	56 (46%)		
<b>Collaboration encouraged</b>				
Yes	18 (40%)	36 (30%)	1.57	0.21
No	27 (60%)	85 (70%)		
<b>Review of material</b>				
Yes	24 (53%)	53 (44%)	1.20	0.27
No	21 (47%)	68 (56%)		
<b>Lack of connection with practice/policy</b>				
Yes	10 (22%)	61 (50%)	10.65	<0.001
No	35 (78%)	60 (50%)		
<b>Material not taught in depth</b>				
Yes	11 (24%)	20 (17%)	1.35	0.25
No	34 (76%)	101 (84%)		
<b>Material too advanced</b>				
Yes	8 (18%)	17 (14%)	0.36	0.55
No	37 (82%)	104 (86%)		
<b>Workload too heavy</b>				
Yes	10 (22%)	25 (21%)	0.05	0.83
No	35 (78%)	96 (77%)		
<b>Instructor inaccessibility</b>				
Yes	2 (4%)	19 (16%)	3.76	0.05
No	43 (96%)	102 (84%)		
<b>Class size too big</b>				
Yes	4 (9%)	20 (17%)	1.55	0.21
No	41 (91%)	101 (83%)		

*Note:* *df* = 1 for all analyses

These results may reflect the fact that the length of the course is only one factor in learning new material. The students who took the non-credit course were more likely to endorse that the following factors facilitated their learning: having the course was offered within the social work program, taught by a social work instructor, and using relevant, social work articles. In contrast, students who took the for-credit statistics prerequisite were more likely to identify a lack of connection between statistics and social work as a barrier to their learning. There may be a benefit to waiting to develop this knowledge and skill set

until graduate school, and learning and applying statistics within the same knowledge base, which is their professional discipline. Indeed, previous studies have shown that MSW students find statistics learning to be meaningful, relevant, and applicable when connected to practice settings and their coursework (Elliott et al., 2013; Wells, 2006).

By taking the non-credit course, students may have benefited from instructors' familiarity with social work practice and values, and their own beliefs about the relevance of social work research (Barretti, 2004). Scholarly articles may relate to topics students are familiar with and interested in, and therefore, they may be motivated to read the material closely and understand it thoroughly (Bolen, 2006; Lalayants, 2012; Rabin & Nutter-Upham, 2010). Relevant journal articles may become another vehicle for connecting the material to the discipline, which increases the likelihood of "far transfer" (Barnett & Ceci, 2002, p. 612; Daniel & Braasch, 2013). Using the concepts from Barnett and Ceci's (2002) taxonomy of transfer, the students in the for-credit course were more likely to have learned statistics apart from the knowledge base to which the skill is applied.

It is concerning that regardless of where students took statistics, the majority of students remained anxious, not confident, and demonstrated a low ability to use and apply statistics. Over three-quarters (79%) of the students endorsed some anxiety about learning statistics before entering the course. This finding is consistent with the literature that emphasizes social work students' anxiety about statistics (Capshew, 2005; Junius & Siddell, 2009; Marson, 2007). However, 44% of students did report that taking a statistics course alleviated their anxiety. Once students begin learning statistics, some appear to find it less overwhelming, and their anxiety dissipates. Students identified several reasons for their lessened anxiety: instructor qualities (e.g., being knowledgeable, patient, and kind), teaching approaches (e.g., normalizing anxiety, making material relevant), and the perception of the course as less overwhelming than expected. There were no differences between learning contexts; it may be that, as with anxiety about graduate school in general, students' anxiety tends to lessen once they have taken a course and start to know the unknown (Gelman, 2004). While almost half (44%) of these anxious students experienced a decrease in anxiety after taking the course, by the time of this survey, 63% reported being anxious about statistics. Clearly, anxiety about statistics is prevalent for students in this MSW program.

Of even more concern than student anxiety is the low level of ability to use and apply statistics ( $M = 6.68$  out of a possible 10), demonstrated by all the students in this sample, regardless of the type of statistics course. This reflects previous findings by Secret et al. (2003) who found that levels of ability to use statistics remained low even after the course was completed. Being able to understand, use, and apply statistics is an important component of many social work jobs and is necessary for consuming professional research, managing and tracking program statistics, and evaluating programs for effectiveness and/or grant funding. This finding suggests that most graduate social work students need more instruction in statistical concepts; determining how to do this in ways that are effective and feasible should be a focus of future research in this area.

### **Limitations**

There were several limitations of this study. The participants who attended the in-program course were enrolled in just one social work graduate program, and therefore, caution should be taken in generalizing the findings to other in-program statistics courses. Students' attitudes and statistical ability may be related to how statistics is, or is not, incorporated in the social work curriculum in that program. The number of individual statistical analyses used in this research study leads to an increase in the likelihood of type-1 errors; this suggests the possibility that some of the significant findings might be the result of a type-1 error.

The cross-sectional design of the study, while practical, makes it impossible to determine whether there were significant differences between the students who took the non-credit course and those who entered the program having already taken statistics. There was no way to determine whether one group entered with higher levels of anxiety, less experience with math, or a great number of years between their undergraduate program and their graduate program. In fact, some of the assumptions of differences between the two groups may not have been true for all students. For example, while this research project assumed that the for-credit students did not learn statistics within their discipline, in all likelihood, this is not true for some of the students, who might have been social work or psychology students and therefore, learned statistics in their undergraduate program within the context of their discipline, just as the non-credit statistics students did in this graduate program.

The measures that were used were developed for this project, so determinations of reliability and validity are preliminary. While the measures have face and content validity, test/re-testing is required in order to evaluate whether the measures produce reliable, consistent results over time. The measure of internal consistency for statistical ability was adequate (Cronbach's alphas = 0.756) suggesting that, although the survey was brief, it adequately measured a unidimensional construct. With the overall low scores on the measure of ability to apply statistics, a lengthier survey would have been more effective as it would be more sensitive to small differences between groups. The sample size for the group of students that took the accelerated, in-program statistical course, was small (n=45). This may have impacted the power of the study and whether significant results were found. A future study using a larger sample size could validate the findings in this study. Despite the limitations, these preliminary findings highlight important information about feasible options for statistical learning, which are less costly and time-consuming than a for-credit prerequisite.

### **Implications**

Students taking the brief, non-credit statistics course appear to leave the course with similar feelings and attitudes towards statistics, and a similar ability to apply statistical knowledge, as students who took a full-semester, for-credit course. This finding is important for social work graduate programs because brief courses, like this one, may be a convenient, time- and cost-effective option for students who have not already completed this pre-requisite in their undergraduate program. These courses have the benefits of being

able to consciously connect statistics with practice, which students in this study identified as facilitating their learning of statistics. These findings suggest that social work graduate programs that currently require a statistics prerequisite might consider the development of a brief, non-credit option within the social work department, especially if their students experience the statistics pre-requisite as a financial or time burden.

A substantial number of social work students (63%) remain anxious about the material after the course is completed, and it is important for social work programs to consider how to address this anxiety in their students. However, it is noteworthy that, prior to the start of the course, some students (11%) were not anxious about statistics. This finding indicates a wide diversity in feelings about statistics, from not at all anxious beginning the course to anxious about statistics even after successfully completing the course. Instructors need to assume a wide variation in students' attitudes, rather than a universal aversion toward research and statistics (Secret et al., 2003). Incorporating this into statistical course planning might improve feelings, attitudes, and ability for all students, not just those who are extremely anxious.

Regardless of the context for learning statistics, many students struggled to retain the material they have learned. They demonstrated "near transfer" (Barnett & Ceci, 2002, p. 615), or gaining enough knowledge to pass an introductory course, but had considerable erosion of knowledge afterward. In order to retain their knowledge, students may need frequent opportunities to review and integrate the material more fully. These opportunities can be provided throughout the curriculum, such as incorporating statistics within research methods courses, using statistics to show the efficacy of evidence-based practice models, analyzing statistics used in policies and advocacy work, and including the use of statistics in field placements. In this way, statistics are not set apart from the rest of the curricular content. This approach also models the instruction after reality; rather than the mathematical computations, students learn the meaning, purpose, and utility of statistical tests (Calderwood, 2002). Additionally, instructors may select examples related to social justice issues that students care about (Lesser, 2007); this focus can increase student engagement, motivation, and interest, and may make the content particularly relevant for students pursuing a profession aimed at addressing inequities.

Instructors can note the factors that students identified as facilitating or hindering their learning. Students valued having the material presented in multiple formats and being reinforced through repetition and review. Some of these factors were echoed in the ways that their course lessened their anxiety, such as making the content relevant and engaging students with clickers. Clickers encourage students to pay attention and actively participate, without the embarrassment of getting a question wrong or admitting not knowing an answer (Smith, Shon, & Santiago, 2011), which is important within a class where many students report anxiety and lack of confidence with the material. Clickers provide immediate feedback and are a technologically savvy version of the classroom assessment technique that Goldstein (2007) encouraged in introductory statistics courses.

## Conclusion

This study evaluated the use of a brief, non-credit statistics course in place of a requirement for a full-length, for-credit course. This option is a time- and money-saving solution for students who did not take, or successfully complete, an introductory statistics course during their undergraduate education. Findings suggest this is a comparable alternative for MSW students in terms of anxiety, confidence, and ability to apply statistics. The findings suggest that students identify benefits of a non-credit statistics course, including its location within the social work program and the use of relevant journal articles. While the majority of students in this study struggled to demonstrate strong statistical knowledge, those who took the non-credit statistics course performed comparably on a measure of statistics ability as their peers who completed the statistics pre-requisite elsewhere. However, the overall low ability to apply statistics and high levels of anxiety are concerning.

Future research should explore the experiences of students who have passed an introductory statistics course *and* maintained their statistical literacy (Ramirez et al., 2012). What helped them develop this lasting competence? Given that professional disciplines prepare students for practice, the functional context, or academic learning that carries over to the field (Barnett & Ceci, 2002), is most important. Once in professional settings, graduates may face barriers in using research and statistics to inform and evaluate their practice, such as a lack of time and inconsistent access to the literature (Edmond, Megivern, Williams, Rochman, & Howard, 2006). Social work educators can help students become aware of these realities of practice, and become intentional and resourceful in retaining their knowledge, maintaining their skills, and locating statistical resources. Social work educators need to develop an understanding of approaches for effectively socializing students to value and develop enduring competence with statistics.

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**Appendix A: Application Score Questions**

1. A social worker helps people who are unemployed transition back to work. She tracks how long it takes people to get a job again and finds a mean of 12 months and a median of 6 months. Why might the mean and median be different values?
  - Outliers affect the mean, but not the median.
  - The median is always less than the mean.
  - The median reflects the frequently occurring value.
  - All of the above.
  
2. A social worker learns that there is a significant strong negative correlation between number of days of exercise and severity of Depression (as measured by a standardized instrument). What does this finding mean?
  - People who exercise more frequently are more likely to experience severe Depression.
  - People who exercise less frequently are more likely to experience Depression.
  - Frequency of exercising and severity of Depression are not related.

3. Three social workers develop an all-day training on the best practices for suicide assessment and prevention. The social workers want to see how effective the training is at increasing participants' knowledge, confidence, and competence around suicide assessment and prevention.

Prior to the start of the training, participants take a pretest, measuring these three areas. At the end of the day, after the training, the participants take a post-test.

A t-test was run to look at the change in scores from pretest to posttest for each participant. The table below illustrates the means and standard deviations for the participants' scores as well as the mean difference between participants' pre and post-test scores and the standard deviation of this difference. Higher scores indicated higher levels of knowledge, competence, and confidence.

*Training participants' scores*

	Mean	SD	Mean of the differences between pre and post tests	SD of the difference between the mean scores	n
Pre-test	131.2	16.64	26.8	15.34	59
Post-test	158.0	14.32			

After conducting a t-test, she learns:  $t = -13.421, p < .001$ .

**Based on the example above, answer the following questions.**

4. Is the difference in mean scores statistically significant?
  - Yes
  - No
  - Cannot determine
  
5. Why?
  
6. Based on these findings, can they conclude that the training is effective?
  - Yes
  - No
  - Cannot determine
  
7. Why?

## Students' Perceptions of Service Learning in an Advanced Research Course

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**Abstract:** *Social work students are often anxious, apathetic, or resistant to learning research knowledge and skills. They may view research courses as irrelevant and disconnected from social work practice. Studies suggest that service-learning improves learning outcomes in social work research courses, but less is known about the processes through which these outcomes are achieved. This study explored the perceptions of 70 Masters-level social work students enrolled in an advanced research course that included a pro bono program evaluation of a shelter serving homeless men. Content analysis of students' narratives revealed three main themes. First, students perceived that they had changed their thinking about homelessness in positive ways. Second, students made connections between their research experience and the social work curriculum. Finally, an unanticipated theme of curriculum integration emerged. Critical reflection about a meaningful experience—an integral aspect of service-learning—supported students in developing metacognitive insight. This helped students to develop and apply social work research skills. The service-learning project supported students' mastery of other social work competencies and improved their integrated practice abilities. Because this approach is effective in helping students to embrace research and integrate it with social work practice, application and evaluation of service-learning are recommended for social work education.*

**Keywords:** *Service-learning; engaged teaching; social work; research competency; metacognition*

Three decades ago, Epstein (1987) referred to social work students as “reluctants” and averred that “no other part of the social work curriculum has been so consistently received by students with as much groaning, moaning, eye-rolling, hyperventilation, and waiver strategizing as the research course” (p. 71). Notwithstanding calls in the ensuing decades to implement evidence-based practice (Gambrill, 1999; Thyer, 2004), and the profession's ongoing commitment to research-informed practice (Council on Social Work Education [CSWE], 2015; National Association of Social Workers, 2008), more recent contributions to the literature suggest that social work students remain anxious, apathetic, and resistant to learning research knowledge and skills (Harder, 2010; Kapp, 2006; Knee, 2002; Steinberg & Vinjamuri, 2014). Importantly, some authors note that social work students see research courses as irrelevant and disconnected from social work practice (Harder, 2010; Hyde & Meyer, 2004; Shannon, Kim, & Robinson, 2012; Steinberg & Vinjamuri, 2014). Therefore, it is unsurprising that social work practitioners' use of research-informed practice is inconsistent at best (Edmond, Megivern, Williams, Rochman, & Howard, 2006),

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and that practitioners often lack the values and skills that underpin the use of research in practice (Shannon et al., 2012).

The shift from an emphasis on measuring course objectives to assessing professional competencies has sparked a challenge in higher education. In social work education specifically, this has required a deeper consideration of how to best activate learning that is aligned with CSWE research-related competencies. Emerging social work literature presents evidence that engaged and/or service-learning approaches improve learning outcomes in social work research courses by increasing students' motivation, knowledge, and skills (Anderson, 2000; Harder, 2010; Hyde & Meyer, 2004; Kapp, 2006; Knee, 2002). Hands-on assignments and team-based work are described as essential for fostering learning that is interesting, authentic, and connected to the real world and students' own lived experiences (Harder, 2010; Hyde & Meyer, 2004; Knee, 2002). Steinberg and Vinjamuri (2014) explain that this type of course design comes closest to Hardcastle and Bisman's (2003) "research as practice methodology" model for teaching research as contrasted with the "educated consumer of research" and the "practitioner scientist" models (p. 32).

Some assert that participation in actual research activities as a part of the social work curriculum increases the likelihood that students will use research in their future practice (Deck, Platt, & McCord, 2015; Hyde & Meyer, 2004; Kapp, 2006; Shannon et al., 2012). Kapp (2006) notes that gaining experience with conducting research in agencies, including exploring practice-related research and learning to design studies, develops skills that students will need in professional practice. While the connection between engaged and/or service-learning approaches and improved social work research course outcomes has been supported in the literature, less is known about the processes through which these outcomes are achieved.

## **Literature Review**

### **Adult Learning**

According to adult learning theory, adults who invest energy in the learning process on their own can weigh the pros and cons of learning versus not learning difficult content (Knowles, Holton, & Swanson, 2005). The principles of andragogy provide insight into strategies for facilitating adult learning including incorporating life experiences, fostering responsibility for one's own learning, and employing a self-directed approach. Adults arrive at institutions of higher education with a myriad of life experiences and varied educational backgrounds. Differences in the amount and quality of those experiences increase the heterogeneity of adult learners.

Layne, Fields, Moyse-Steinberg, Krishna, and Dinov (2009) proposed five adult learning principles that help social work students learn and apply evidence-based practices: (a) relevance, (b) a problem-focused process, (c) scaffolding, (d) hands-on learning, and (e) engineered failure. Steinberg and Vinjamuri (2014) described the implications of these principles for social work research courses. In keeping with the relevance principle, the authors suggested that educators help students connect theory with practice experiences as

well as their personal goals and values by engaging in a research process that begins with selecting a problem and ends with applying findings in practice. Problem-focused strategies are case-based with a focus on making meaning of evidence both conceptually and as a tool for research-based practice. The scaffolding principle suggests that students be given opportunities to think critically about varying perspectives and to synthesize new knowledge with their current practice approach. Hands-on learning (i.e., real-time application of evidence-based practice principles) and engineered failure (i.e., “opportunities to develop skills for contextually meaningful professional practice”) are critical to this process of integrating new perspectives, information, and skills (p. 372).

### **Experiential Learning**

Kolb’s (1984) experiential learning theory proposed that learning is a transformative process of creating knowledge through experience. Kolb’s four-stage model cycles from concrete experience and reflective observation to abstract conceptualization and active experimentation. Hands-on learning provides an opportunity for learners to encounter tangible and transformative experiences.

To develop students’ competency to respond to social concerns using best practices, experiential strategies should be employed across the social work curriculum (Campbell, 2012; Harder, 2010; Shannon et al., 2012; Wells, 2006). Intentional use of community engagement, active learning, and reflection is critical to professional skill development for effective practice. In pursuit of this, there is growing evidence that meaningful connections can be made between the social work knowledge base and effective practice by embedding service-learning throughout the curriculum including in research courses (Shannon et al., 2012).

As a form of experiential education, service-learning extends beyond the parameters of this approach (Campbell, 2012; Jacoby, 1996). Butin (2006) described service-learning as “an amalgam of . . . experiential education, action research, critical theory, progressive education, adult education, social justice education, constructivism, community-based research, multicultural education, and undergraduate [and graduate-level] research” (p. 490).

### **Service-Learning**

Bringle and Hatcher (1995) defined service-learning as “a credit-bearing educational experience in which students participate in an organized service activity that meets identified community needs and reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility” (p. 112). This seminal definition reflected the meaning of service-learning specified in the National and Community Service Act of 1990 (§12511), which explicitly describes service-learning as meeting community needs while enriching the academic curriculum. Thus, service-learning emphasizes systematic linkages between classroom experiences and service activities (Rhoads, 1998), it focuses on service as a means for learning (Averett & Arnd-Caddigan, 2014), and it requires deliberate reciprocity among students, faculty, and community agencies (Phillips, 2011). Mutual

responsibility, accountability, and benefits for all parties are emphasized (Hyde & Meyer, 2004; Jacoby, 1996; Phillips, 2011).

The values of social justice and citizenship underpin service-learning (Donaldson & Daughtery, 2011; Phillips, 2011). Phillips (2011) notes that “intentional, deep, and structured reflection... on the root causes of community problems, on the relationship between the service, community problems, and curriculum, and on the student’s role in the service activity” distinguishes service-learning from mere volunteerism (p. 3). In addition to promoting reflection, service-learning fosters critical thinking and problem-solving (Cronley, Madden, Davis, & Preble, 2014) and connects theory with practice experience (Kapp, 2006). Thus, service-learning is quite appropriate for social work education (Cronley et al., 2014; Robinson, Robinson, & McCaskill, 2013; Rocha, 2000; Williams, King, & Koob, 2002), aligns with its core values (e.g., service, justice, and the importance of human relationships) and the mission of the profession (Phillips, 2011), and emphasizes collaboration with clients and stakeholders (Robinson et al., 2013). Despite this goodness-of-fit, the social work profession lags behind other professions in its integration of and research on service-learning (Cronley et al., 2014; Phillips, 2011; Williams et al., 2002).

Research suggests that social work educators’ likelihood of using service-learning is driven by their beliefs about its effect on student outcomes and their expectation of obstacles they may encounter in its implementation (Cronley et al., 2014). An even more basic problem is general confusion about what service-learning entails (Phillips, 2011). Though grounded in service, it must also include well-defined learning objectives (Rhoads, 1998).

Finally, social work educators often use the terms service-learning, volunteerism, and field practicum interchangeably (Phillips, 2011). Lack of clarity about the meaning of service-learning has hindered its development, implementation, and evaluation in social work education (Lemieux & Allen, 2007). Phillips (2011) contended that inadequate conceptual understanding of service-learning has resulted in “social work’s arrival as a late-comer to service-learning scholarship” as well as a lack of “broader disciplinary recognition of service-learning’s role in supporting social work as a civically engaged discipline” (p. 9).

### **Background for the Current Study**

It has been established that social work students often begin research courses with trepidation, viewing research as something unpleasant that must be endured in order to graduate rather than as a way to understand, develop, and/or apply evidence-based practice (Steinberg & Vinjamuri, 2014). Applying adult-learning principles helps learners make meaning of practice-based research by integrating knowledge and skills (Daley, 2001; Layne et al., 2009; Otto, Polutta, & Ziegler, 2009). In designing the advanced social work research course described here, the instructors adapted Layne et al.’s (2009) learning principles for research-informed practice to the process of learning to conduct practice-informed research.

The curriculum for this required MSW-level, concentration year class featured a service-learning component involving community-based practice (a pro bono applied

research/program evaluation project for a local non-profit agency). Students in classes offered during four consecutive years worked in task-focused small groups on course-related activities that emphasized adult learning principles. Course topics included: (a) ethical issues in program evaluation, (b) using logic models to describe programs and their theory of change, (c) needs/assets assessment and formative/process evaluation, (d) client satisfaction and cost effectiveness, (e) qualitative/mixed methods, (f) measurement tools and strategies, (g) inferential statistics, (h) data analysis and interpretation, and (i) writing and presenting evaluation reports.

In keeping with adult learning principles as outlined by Layne et al. (2009), the study of these research concepts and skills was made relevant and problem-focused through engagement in the service-learning project, which included evaluation design, research ethics approval, participant observation, face-to-face client interviews, data entry, analysis, and reporting. Final products included a group paper, a class presentation of results to the agency's executive director and board, and peer evaluations. The service-learning project provided scaffolding for the course via a hands-on learning experience. Importantly, it offered opportunities for students to test and hone their assumptions, knowledge, and skills through engineered failure in a safe context that allowed them to learn from a direct feedback loop. Use of these adult learning principles was intended to directly promote students' development of competencies to conduct themselves as professional social workers, apply critical thinking, and engage in research-informed practice and practice-informed research (CSWE, 2008).

A previously published quantitative exploration of course outcomes (Deck et al., 2015) suggested that this service-learning model improved students' perceived ability to perform program evaluation and research tasks skillfully, as measured by the Evaluation Self-Efficacy Scale (Holden, Barker, Rosenberg, & Onghena, 2007, 2008). The authors, who were also course instructors, noted unmeasured but observable changes in students' mastery of core CSWE competencies related to human rights and social justice, community context, and social work practice (CSWE, 2008). Anecdotally, these seemed to result from students' meaningful, direct engagement with a vulnerable population, and from having the opportunity to directly affect program operations and community responses to this population through a hands-on experience of research and program evaluation. Content analysis of existing course-related documents was used to explore students' perceptions of the service-learning project and to gain insight into the competencies they believed they used to complete the project. These details were expected to complement the prior quantitative analysis of project outcomes by providing a deeper understanding of the process through which engaged, andragogy-based teaching methods can lead to increased research self-efficacy. Through narrative analysis of themes identified in students' written reflections on their service-learning experience, the present study aimed to provide insight into the meaning students made of the project and their perceptions of how this adult learning experience connected to their mastery of social work skills.

## **Methods**

Data were collected between 2012 and 2015 from a convenience sample of four consecutive cohorts of MSW students who were enrolled in a required advanced research

course in their concentration year. Over this period, the course was taught by three instructors, all of whom used the same assignment on which this study was based. In the first year, the class was conducted using a traditional face-to-face approach; subsequently, the course transitioned to a hybrid model in which some of the material was delivered online.

In all four years, the signature project for the course was a collaborative pro bono program evaluation for a non-profit agency that provides day shelter and services for homeless men. A collaborative relationship with this agency was originally established through professional connections between faculty and agency staff as well as faculty members who served on the board of directors for this agency and the local Coalition for the Homeless. Faculty worked with the executive director and other key agency staff to design the evaluation and create the survey instrument. Because the agency is required to submit an annual program evaluation to its funders, each annual survey included questions related to service utilization and client satisfaction. Additional survey items that varied each year explored characteristics, conditions, and experiences of the agency's homeless guests (i.e., trauma, access to health and mental health services, employment history, etc.). These questions were tailored to meet the agency's needs for information as they explored options for improving existing services and adding new services and staff.

### **Sample**

In 2011-12 and 2012-13, there were two sections of the course. However, only one instructor retained copies of material submitted by students. Data were available in those years for 11 and 14 students, respectively (two students' assignments were missing for 2011-12). In 2013-14 and 2014-15, instructors for both sections retained student assignments. Material for a total of 20 students in 2013-14, and 25 students in 2014-15 was available (data were missing for four students in 2013-14 and one student in 2014-15). In summary, this study was based on narratives submitted by an unduplicated total of 70 students over a four-year period. Because narratives for the 70 students included in the study were de-identified, it is not possible to report detailed demographic characteristics. However, most students in the sampling frame ( $n=77$ ) were female (84.4%), and about a third (35.1%) were African American or another racial/ethnic minority.

### **Data Collection**

This study analyzed existing data provided by an assigned reflection paper. Because student narratives were de-identified for research purposes, the study met the criteria for exemption from ongoing review under 45 CFR 46.101(b)(1) and 45 CFR 46.101(b)(4). The Research Ethics Committee at Spalding University reviewed the protocol before the study commenced.

A challenge for practice-focused disciplines such as social work is to help students connect theoretical constructs of content to the application of direct practice. The advanced research curriculum described here concentrates on evaluation of service delivery in social work practice. Overarching goals are:

- (a) to increase graduates' use of evaluation methods by developing their confidence in their own ability to do so (via direct engagement during the course)
- (b) to enhance graduates' valuing of research and program evaluation (via a direct experience of its relevance and potential impact on vulnerable populations).

The intent was to create a bridge between the classroom and the community through a hands-on experience—the service-learning project. Students were guided by faculty in designing the program evaluation, collecting and entering data, conducting analyses, interpreting findings, and reporting results. During one or more visits to the local day shelter, each student completed participant observation and one-to-one interviews with homeless men. After entering data into a password-protected, encrypted online database, small groups of students worked together to analyze and report findings for topically-related subsets of data items. Ultimately, these results were combined into a single, formal presentation to the agency's executive director and board members, which subsequently informed the agency's strategic planning efforts.

This project afforded students a contextual learning opportunity shaped by the core competencies. A written assignment offered a chance for individual reflection on the service-learning component of the course, and was also the basis for shared reflection during in-class discussion. The instructions for the assignment prompted students to link their experience to identified competencies. They were encouraged to offer a meaningful response, but were given no other constraints or parameters. The following questions were used consistently by each instructor over the four-year period of the project:

- (a) How has the service-learning project impacted your thinking, either positively or negatively, about the homeless population? Discuss two specific examples.
- (b) Discuss three (of the ten) Council on Social Work Education (CSWE) competencies that you have found most useful in completing service-learning activities such as instrument design/review, Research Ethics Committee application, conducting interviews, completing participant observation, writing a literature review, etc. Explain why these competencies were most useful.

Reflection papers were due at the end of the data collection period, and were worth up to five percent of the total points available for the course.

### **Data Analysis**

Shank (2002) defined qualitative research as a “systematic, empirical inquiry into meaning” (p. 11). In this study, the investigators aimed to gain a detailed, textured understanding of the meaning students made of the service-learning project, as well as the connections they made between this experiential learning activity and the formal social work curriculum. This understanding emerged inductively from close examination of student responses in their own authentic voice.

To establish credibility, all student papers were typed verbatim into electronic files using Microsoft Word, and were identified only by the instructor's name, the year

completed, and a sequential student identification number. Two investigators (one of whom had not been an instructor in this course) analyzed the content of these narratives using open coding to determine themes and patterns in responses to the two questions. Consultation with the third investigator, the principal instructor for the course, was used to make decisions about the coding process and to define concepts more precisely. Through triangulation and peer debriefing, the investigators checked their perceptions and understanding of the data, probing for perspectives and biases that might otherwise remain unknown (Lincoln & Guba, 1985).

### **Findings**

Content analysis of students' narratives revealed three main themes. First, students perceived that they had changed their thinking about homelessness in positive ways. Second, students made connections between their experience, the social work curriculum, and the requisite areas of competency in predictable as well as unexpected ways. Finally, an unanticipated theme of integration emerged.

### **Impact of the Service Learning Project**

The first part of the assignment invited students to reflect on whether they believed the service learning experience had a positive or negative effect on their thinking about homeless persons. Across all four years, students consistently identified their experiences as positive, and described how the service-learning project helped them apply theory to practice. As an example, one student acknowledged beginning the project with a sense of pity for homeless persons who were presumed to be "drunks" and people with "mental issues." This student articulated how direct connections with men at the shelter had changed the student's perceptions:

*This learning experience has been a unique one. My personal and professional world has been stretched more than I thought it would from five simple interviews, a literature review, an observation, and preparing a presentation. It challenged my thoughts and helped me to see how much context affects my practice. It was a beautiful reminder that practice must constantly evolve just like the field of social work does.*

Another student referenced concerns about the project prior to its execution, stating that she had been "fearful" of the interview process. She then reflected on benefits of the experience and the ways it affected her perspective on the engaged population:

*Before visiting [the center], I had never met a homeless person. I was never able to hear the struggles firsthand. I think a lot of people assume that someone who is homeless is probably uneducated, mentally ill, or a substance abuser. People forget that these individuals are human beings with feelings, and intelligence, and a desire to get help, yet they often don't have the resources to do so. It's hard to think otherwise without hearing from individuals firsthand. This experience opened my eyes, helped remind me of the importance of social justice, and reinforced my belief that all individuals should be treated with fairness and respect.*

A few participants believed the experience had a “negative” effect, but only in the sense that they became more aware that homelessness among veterans and/or adult men is a reality in their own and other communities.

### **Curriculum and Competency Connections**

A second question asked students to identify competencies they developed during the project. Over the four-year period, each of the ten CSWE competencies was acknowledged by at least two students. The five most commonly mentioned competencies or skill areas were research, professional use of self, social justice, equity, and diversity.

The most frequently named competency was research-informed practice and practice-informed research. This was followed closely by professional use of self (i.e., attending to roles and boundaries, advocating for clients, practicing personal reflection, etc.). As the project clearly required both, these were intended and expected responses. However, many students also made connections between research- and practice-related competencies. For example, one student said,

*Research has informed my practice and practice has informed my research. Having worked with homeless women...last year, I was able to do a significant amount of research to inform my practice. Through approaching this research into practice, I was able to learn a lot about myself and delivering my services. I was able to witness this knowledge and wisdom gained from my own practice in this service-learning project.*

The prevalent discussion of three additional concepts speaks to a secondary gain of the project. The frequency of mentions of social justice, equity, and diversity was separated by only one response from the top two themes. Though each of the three is considered a foundational element of both social work practice and social work education, they are not concepts that are traditionally linked to research (or explicitly taught in research courses). In this course experience, students resonated with the concept of research as a practice tool that supports work for social justice and equity.

Diversity was framed primarily with a focus on homelessness as a category of difference. Although the men they interviewed were racially diverse, students were particularly impacted by the causes and implications of homelessness that they heard described directly by those who are affected. One student explained:

*[Being able to engage with diversity and difference in practice] allows for stereotypes to be minimized. Seeing a wide age range, historical backgrounds, ethnic differences, and experiences is what allows for more effective services to be implemented as it allows for a larger population to be served and service providers to be knowledgeable about.*

It warrants acknowledging that approximately 15 percent of students responded to the question about competencies they used in the project by describing their own intrinsic strengths or abilities rather than discussing the CSWE competencies as instructed in the prompt for the assignment. However, a thematic analysis of these responses revealed that

mentions of personal strengths and skills used to accomplish project tasks were clearly expressions of the top five competencies as identified by the other participants.

### **Integrated Practice**

The discussion of competencies within a practice setting reflected an unanticipated yet tangible experience of integrated practice for participating students. The connections between skills, context, and community were evidenced not only by the acknowledgement of research and professional use of self as key competencies, but also in the exploration of how these were applied. In the process of using interviewing skills, for example, the implications of context and community became quite real. One student noted a clear interrelationship between direct practice, research, advocacy, and social change strategies:

*Every one of the [five] men that I interviewed had been diagnosed or said they knew that they had mental illness. You read articles and it is common knowledge in our field that this is a big [precursor] to becoming homeless, but actually sitting down and talking to the men really had an impact on me. It made me feel that maybe there was something that I could help with or be a part of to empower these men living with mental illness, and that is exactly what this survey is meant for.*

Student responses further indicated the application of effective engagement skills to ensure successful completion of the project. That is, practice skills were integral to the research process (and were improved by participating in the project). Likewise, research skills were experienced as an equally integral part of ethical social work practice as opposed to a tool that is only employed by program evaluators and scientists. In other words, the nebulous, theoretical construct of integrated practice became real and relevant in its application. The impact on students is portrayed in this passage from one student's narrative:

*One example I recall [of how my thinking changed] was when I was actually conducting the interviews. When we got to the last question, the gentleman told me that we need to know what it is to be homeless and not just doing a survey, or whatever we do. The gentleman explained that he was not that educated but unless you have lived every day in a homeless shelter for at least two months you don't understand. I told the gentleman he was right, many of us do not know what it is really like, and I was sorry for that. I also explained that we do care, and want to do better. What I took from this is that we really don't know what it is like... [It] is more than just learning all the stuff related to homelessness or research. There are experiences, feelings that become a part of who you are.*

In describing competencies developed through the service-learning project, this student noted that strengthening her ability to engage in research-informed practice "helped me see just how vulnerable and oppressed homeless men were and their culture of marginalization and repeated trauma."

## Discussion

The service-learning approach for this graduate-level research course was associated with significant increases in students' self-efficacy related to research and program evaluation skills (Deck et al., 2015). Importantly, through a process of reflecting on the experience, students also described changes in their knowledge, values, and skills in other areas of the social work curriculum. Reflection helps students to "gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility" (Bringle & Hatcher, 2002, p. 505) by providing an opportunity to think, feel, and do things differently and to make connections between in-class learning and experiential learning outside the classroom (Campbell, 2012). Jacoby (1996) emphasized that direct experiences are necessary, but not sufficient, for learning and development to occur. Rather, it is reflection that explicitly fosters these service-learning outcomes.

### Effects of Reflection

For the four cohorts of students in this study, the service-learning project clearly opened a door to new perceptions of research (Campbell, 2012). Yet, students went beyond this in their comments. Reflection—in writing as well as discussion with instructors and peers who shared the experience—gave them insight into ways that the research project connected to many other curriculum areas. Because they moved from concrete experience and reflective observation to abstract conceptualization, students could link their real-world experiences to content they had previously learned in other classes (Kolb, 1984). As evidenced by their narrative responses, they could envision ways to actively experiment with newfound understanding (e.g., notice "how much context affects my practice," "constantly evolve" practice, treat all individuals "with fairness and respect," "empower these men living with mental illness," and so on). Coulshed (1993) described this process as meta-learning, or developing higher reasoning and critical thinking abilities that helps make it possible for students to continue to apply knowledge they gain in future practice.

One particularly important finding of this study is that new knowledge and skills gained in this course were meaningful to students. A constructivist perspective on learning suggests that educational activities should help students integrate thinking, feeling, and behavior. Daley's (2001) study of how knowledge becomes meaningful in practice for various professions including social work found that interaction with clients was often central to the process, especially if this involved an emotional encounter and/or challenged a practitioner's existing knowledge, beliefs, or assumptions. Reflection is central to processing experiences, exploring meaning, and deepening understanding. Daley (2001) noted that powerful and memorable client encounters often lead professionals to restructure their work.

In the current study, significant—and often emotional—interactions with homeless men elicited meaningful shifts in students' perspectives and their orientation to professional practice (e.g., their personal and professional worlds were "stretched," thinking was "challenged," eyes were "opened," and students gained "wisdom" by learning about themselves as this related to "delivering my services"). In other words, students

expressed awareness of how the service-learning project affected and changed them (Yorio & Ye, 2012).

Students also developed personal insight into social issues such as homelessness, mental illness, diversity, and oppression. Yorio and Ye (2012) proposed that “self-revealing information, activated through the process of reflection, can become a source of self-development” (p. 12). This, in turn, affects students’ self-definition (i.e., “I was able to learn a lot about myself” and “actually sitting down and talking to the men really had an impact on me”), as well as their perception of themselves as leaders with a civic responsibility (i.e., “It made me feel that maybe there was something that I could help with or be a part of”).

Finally, the opportunity for immediate and real application of research knowledge and skills learned in the classroom changed their meaning for students. That is, information, theory, and techniques became more relevant. Reflection and structured discussions developed students’ awareness of linkages between their service activities and educational outcomes. Steinberg and Vinjamuri (2014) noted that such reflection and discussion are “particularly useful in helping students who can articulate the relevance of research principles but have difficulty connecting this material to actual practice,” as well as those who “are quick to apply content but have difficulty grasping the nuances of important research constructs” (p. 375).

The fact that this service-learning project required individual activities as well as small- and large-group collaboration may have contributed to the positive outcomes in this research course. Talking with members of peer groups can challenge assumptions, increase awareness of other perspectives, and enlarge each member’s point of view (Coulshed, 1993; Steinberg & Vinjamuri, 2014). Students with varying aptitudes in elements of the research process could learn these skills by observing one another in real time. Lastly, working in small groups may have helped students who were anxious about the course to find mutual support through a shared experience (Steinberg & Vinjamuri, 2014).

### **Development of Social Work Competencies**

**Research.** The finding that using service-learning supported students’ development and application of social work research skills aligns with other studies (Anderson, 2000; Harder, 2010; Hyde & Meyer, 2004; Kapp, 2006; Knee, 2002). In a general sense, service-learning has empirically demonstrated effects on academic learning, including cognitive development, critical thinking, and application of skills (Cronley et al., 2014; Phillips, 2011; Williams et al., 2002; Yorio & Ye, 2012). Eyler and Giles (1999) explained that the observed positive effects of service-learning on cognitive development (including writing and problem-solving skills, critical thinking, and course performance) are a function of three factors: (a) students’ increased motivation to address community problems, (b) real-world opportunities to test theories and deepen understanding by directly applying knowledge and skills, and (c) exposure to others who are different. Indeed, students in this course spoke of the importance of being able to directly and actively witness the ways that practice informed their research and research informed their practice.

**Professional use of self.** The literature also supports the notions that service-learning positively affects students' personal and moral development as well as their sense of personal efficacy (Cronley et al., 2014). Yorio and Ye (2012) referred to this outcome as development of personal insight, which encompasses identity, awareness of one's strengths and weaknesses, professional aspirations, self-efficacy, self-esteem, persistence, and determination. They underscored the importance of reflection and social interaction—inherent in service-learning—in the enhancement of personal insight.

Williams et al. (2002) used Bandura's (1997) self-efficacy theory to explain the underlying process of self-development. Self-efficacy, or a belief in one's own capability, depends upon how students perceive their experience, the role they play in the learning process, and the meaning they assign to this process. Service-learning involves students more directly in the learning process, and reflection supports them in noticing their perceptions and creating meaning. Self-efficacy theory proposes that these conditions, in combination with experiences of agency and mastery, lead to generalizable performance expectancies, which are further associated with motivation, persistence, an ability to make decisions and set goals, and willingness to engage in learned tasks in the future. In other words, as one student in this study said, this project involved "more than just learning all the stuff related to homelessness or research. There are experiences, feelings that become a part of who you are."

**Social justice, equity, and diversity.** Research on service-learning outcomes reveals positive effects on students' cultural competency, understanding of social issues, and civic engagement (Cronley et al., 2014; Phillips, 2011; Williams et al., 2002; Yorio & Ye, 2012). Yorio and Ye's (2012) conceptualization of understanding social issues as a learning outcome included students' diversity/cultural awareness, perceptions of marginalized groups, ethical/moral decision-making, understanding of how to meet community needs, and commitment to the responsibilities of citizenship. Coulshed (1993) argued that adult learners who confront uncertainty, as well as their own and others' divergent assumptions about the nature of human behavior in social environments, may progress through confusion to arrive at a deconstruction of their own over-simplified thinking. While diversity and difference can be conceptually approached in the classroom, the experience of entering an unfamiliar place and functioning in an unfamiliar role—as students did in this project—can deepen social awareness, promote empathy, and increase tolerance and appreciation of persons who are different from oneself (Williams et al., 2002; Yorio & Ye, 2012).

Building relationships with community partners, gaining a deeper understanding of social issues, and cultivating moral awareness can stimulate an understanding of and commitment to social justice (Yorio & Ye, 2012). In this sense, service-learning is consonant with the values and principles of the social work profession. Phillips (2011) asserted that many scholars and practitioners see service-learning as a tool for social transformation. However, some have expressed concern that traditional service-learning approaches that position the university as a source of expertise and benevolence, and/or reinforce stereotypes and the status quo, do not align with the social work profession's emphasis on strengths, empowerment, challenging privilege and oppression, and being client-centered (Donaldson & Daugherty, 2011; Phillips, 2011). In one survey of social

work educators about perceived effects of service-learning, respondents were least likely to say that service-learning “has the explicit social justice aim of dismantling structures of inequality” (Cronley et al., 2014, p. 161). When power and privilege are imbalanced among service providers and recipients, and self-determination is neglected, service-learning may undermine rather than promote social justice.

Donaldson and Daughtery (2011) advocated for progressive service-learning models that involve service recipients in defining problems, identifying priorities, and making decisions, and that reinforce their existing and potential strengths and capabilities. Service-learning experiences that emphasize social work values should also lead students to question the distribution of power and resources. Students involved in the service-learning project presented in this study made these connections, noting that “empowering these men” was “exactly what this survey [was] meant for.”

Asserting that “if we are to promote democratic citizenship in these challenging times, then we must foster in our citizens a commitment to caring,” Rhoads (1998) expressed a critical point: “Higher education has a major part to play in this process, and involving students in community service may be one vehicle for meeting this challenge” (p. 283). Rhoads argued that development of positive regard for self and others is transactional, and that fostering relationships with diverse others through personalized service and meaningful interaction can heighten one’s ability to care. In this project, a commitment to serving and caring was most powerfully expressed by the student who acknowledged an inability to completely understand the experience of homelessness and expressed a desire to do better.

### **Integrated Practice**

Shannon et al. (2012) argued that widespread student dissatisfaction with social work research courses is due to the failure of these courses to incorporate research consumption, production, and integration outcomes, and the authors concluded that “demonstrating the usefulness of research to social work students through service learning projects [provides]... a more integrated experiential strategy” (p. 231). Similarly, Steinberg and Vinjamuri (2014) maintained that when students believe that research skill development will improve their practice, their anxiety about research courses can be neutralized.

A positive, yet unanticipated, outcome of this service-learning project was the depth of integration students described. As commonly taught, social work research is often esoteric and isolated from other areas of the core curriculum (Kapp, 2006; Shannon et al., 2012; Steinberg & Vinjamuri, 2014). However, students involved in this project not only described connections between research and practice, they also noticed how they had incorporated other areas of the social work curriculum.

In response to CSWE’s requirement to integrate research with practice, social work programs have experimented with situating integration efforts within a course, embedding integration experiences in practicum, and even overhauling the entire curriculum (Kapp, 2006). Some have incorporated a weaving session (Colby, 2013) or transfer seminar (Coulshed, 1993) to support students in synthesizing content across courses or the curriculum. Coulshed (1993) referred to this metacognitive process as an opportunity for

expanded learning. As expressed by students in this study, a service-learning experience in the advanced research course promoted reflection on their learning process and an active experience of weaving together all or many of the social work competencies.

### Conclusion

In summary, students who participated in a graduate-level research course with a service-learning project as the primary teaching-learning experience described learning outcomes in many domains that extended beyond the traditional, bounded content of social work research courses. Furthermore, through the process of reflection—which is inherent in service-learning—students integrated their experiences in ways that allowed them to synthesize and apply knowledge, values, and skills that are often fragmented among social work graduates. This was not an incidental byproduct of service-learning, but rather an outcome that can be explained by adult learning theory (Kolb, 1984). Concrete experience and reflective observation are the *sine qua non* of service-learning, and the fact that they lead to abstract conceptualization and active experimentation is exactly what adult learning theory predicts.

To date, the literature related to application and evaluation of service-learning in social work is underdeveloped and should be further explored (Cronley et al., 2014; Phillips, 2011; Williams et al., 2002). This study contributes to that process in that it expresses—in students' own words—the meaning made of a service-learning experience and the ways it affected their perception of knowledge, values, and skills. One participating student concluded that “it was a beautiful reminder that practice must constantly evolve just like the field of social work does.” It is to this explicit evolutionary challenge that social work educators are called.

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## The Impact of a Title IV-E Program on Perceived Practice Skills for Child Welfare Students: A Review of Five MSW Cohorts

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**Abstract:** *Title IV-E Education for Public Child Welfare training programs are designed to build knowledge and practice skills among students and current child welfare workers in efforts to build a competent and highly trained workforce. A mixed methods study was conducted to: 1) measure changes in MSW Title IV-E students' perceived confidence to perform skills across 13 practice content areas for public child welfare practice, and 2) to explore students' perceptions of their competency for child welfare practice. This study also focused on the impact of prior child welfare experiences on perceived child welfare knowledge and skills among Title IV-E students. A total of 224 Title IV-E MSW students over the course of five academic cohorts participated in this study. Surveys were conducted at three time points: pretest, posttest, and retrospective pretest. Twenty focus groups were conducted during the study time period. Findings indicate gains across all practice content areas with the largest gains in areas of working with the courts and conducting assessments. Qualitative findings assessing student's perception of competency to practice in child welfare include themes of students' preparation to practice post-graduation and differences between the students' experiences in the IV-E program and what they witness in the field. Specific practice area recommendations include addressing workers' age and prior experience in Title IV-E seminars and trainings as well the importance of Title IV-E field instructors in helping to prepare students for child welfare practice.*

**Keywords:** *Title IV-E; child welfare knowledge; child welfare practice; child welfare training*

Over the last 20 years, federal funding through Title IV-E and Title IV-B, Section 426, (Adoption Assistance and Child Welfare Act, P.L. 96-272) has provided states with resources to design, implement, and facilitate child welfare training programs for future and current public child welfare employees in the United States. Workforce retention and specialized child welfare knowledge, skills, and competencies are the key outcome objectives of these training programs. A considerable amount of research has been dedicated to evaluating the impact of Title IV-E training on workforce retention, suggesting that IV-E programs are a significant predictor of stronger workforce retention outcomes and therefore are a valuable tool in reducing staff turnover in public child welfare (Zlotnik,

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DePanfilis, Daining, & McDermott Lane, 2005). Additionally, Title IV-E programs place a strong emphasis on building and strengthening knowledge and practice skills among program participants and subsequently, within the child welfare workforce. In 2008, the Council on Social Work Education (CSWE) adopted a competency-based education framework and described social work competence as “the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being” (CSWE, 2015, p. 6). CSWE (2015) defines values as recognizing social, economic, cultural, and political climates and the impact of these areas on the clients they may serve. Indeed, the inclusion of values in definitions of competence sets the social work profession apart from other professions that do not consider values to be an integral part of competence in addition to knowledge and skills. This is especially salient for assessing competencies in child welfare, as not all child welfare workers have professional degrees in social work and thus agencies often provide training on social work values (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008).

#### *Child Welfare Knowledge and Skill Acquisition*

Overall, research indicates that Title IV-E participants score higher on public child welfare measures of knowledge and practice skills compared to non-program participants, suggesting that IV-E education provides students with fundamental child welfare knowledge and practice skills (Bagdasaryan, 2012; Fox, Miller, & Barbee, 2003; Franke, Bagdasaryan, & Furman, 2009; Jones & Okamura, 2000; Yankeelov, Barbee, Sullivan, & Antle, 2009). Hartinger-Saunders and Lyons (2013) identified 10 peer-reviewed studies that used empirical data to evaluate Title IV-E programs. Only 4 of the 10 studies measured competency through knowledge and skill assessment among IV-E participants, while the remaining studies focused on areas of job satisfaction and retention. Based on knowledge tests, 3 of the 4 studies indicated improved knowledge gains among Title IV-E participants (see Franke et al., 2009; Gansle & Ellet, 2002; Jones & Okamura, 2000). One study assessed findings from an evaluation of a new employee pre-service training program and revealed that newly-hired Title IV-E employees scored higher on both pre and posttest measures of child welfare content knowledge (i.e., areas such as permanency planning, maltreatment definition) and knowledge associated with application of practice skills (i.e., vignettes for decision-making related to child welfare cases) compared to newly hired non-Title IV-E employees (Franke et al., 2009).

#### *Previous Child Welfare Experience*

A variety of external factors may influence student practice skills in child welfare. Specifically, one overlooked area is the influence of prior child welfare experience. Child welfare experience prior to a formal social work education often includes volunteer experience or paraprofessional roles that may introduce students to professional child welfare practice and build skills specific to child welfare settings. This experience may also include generalist practice courses or exposure as well as a values orientation to the field. Previous child welfare experience exposes and socializes students to the [social work] field, which subsequently increases self-perceived competency in child welfare practice (Cheung

& Tang, 2010). Very few studies, however, have explored the impact of prior child welfare experience on practice skills and knowledge among IV-E participants. Overall, the impact of socialization to the field on child welfare competency, social work values attainment, and practice skills, requires further study.

#### *University of Maryland, Baltimore Title IV-E Program*

The Title IV-E Public Child Welfare Education Program in the State of Maryland is a collaborative effort between the University of Maryland, Baltimore School of Social Work (UMB SSW) and the Maryland Department of Human Resources. The mission of the Title IV-E program in this state is to prepare Master of Social Work (MSW) students for social work practice to provide family-focused and strengths-based public child welfare services to families and children. The program is funded through federal Title IV-E funds for state and local child welfare training. The primary objectives of the program are to increase the number of professionally trained social workers in Maryland's public child welfare system and to further the development of core values, knowledge, and skills necessary for competent provision of services to children and families served in public child welfare. At the MSW level, UMB SSW's Title IV-E Program recruits students who are interested in the Families and Children specialization. The Families and Children specialization prepares graduates for clinical, community development, and human services management practice with families and children. It also provides focused studies in family and child programming and policies, with particular emphasis on public child welfare issues. Students in the IV-E program are required to complete specialized coursework that includes a child welfare practice class and training in child welfare. Trainings include monthly seminars on child welfare topics and specialized trainings, such as court and testimony preparation.

Title IV-E students also fulfill field placement requirements at local public child welfare agencies. The student units at UMB SSW are composed of a combination of MSW foundation and MSW advanced clinical students under the supervision of a university field instructor who is assigned to the agency in which the unit is located. The field instructors provide individual instruction to each student in the unit and conduct case presentations and seminars relevant to practice issues. Students are assigned child welfare cases being served in the local child welfare agency and work as a team with child welfare workers to provide services to children and families.

#### *Purpose of Study*

The current study has two primary aims: first, to measure changes in MSW students' perceived confidence to perform skills across 13 public child welfare practice content areas before and after participation in the university's Title IV-E Education for Public Child Welfare program and second, to explore students' perceptions of their competency to practice in child welfare. The following research questions were addressed in the current study: 1) Is participation in the Title IV-E program associated with changes in student self-reported confidence across 13 public child welfare practice content areas? 2) Is there a difference in student self-reported confidence at pretest and retrospective pretest? 3) Are confidence gains influenced by student demographic characteristics? 4) Is prior child

welfare experience associated with higher levels of perceived confidence prior to and following participation in the Title IV-E program and retrospectively? and 5) How do students perceive their competency and readiness for their post-graduation, full-time employment with a public child welfare agency? Questions 1 through 4 are addressed quantitatively and question five is addressed through focus groups.

The current study strengthens the empirical body of research on Title IV-E programs by examining perceived practice skill confidence across five MSW cohorts. Additionally, two critical, yet understudied, areas within Title IV-E research are addressed. First, the impact of prior child welfare work experience on perceived practice skills among IV-E participants is evaluated. Examining the effect of prior child welfare experience on IV-E participants' perceptions of their skills may highlight specific training needs for IV-E students with prior experience. Second, few studies have assessed students' perceptions of their competency and readiness to begin a full-time position with a public child welfare agency post-graduation. Assessing students' perceptions of their competencies and ability to practice after completing the Title IV-E program can provide insight into possible training needs. In addition, specific strategies that helped students gain a sense of competence to practice are presented.

## Methods

Both qualitative and quantitative methods were used to evaluate the university's Title IV-E program. Pretest, posttest, and retrospective pretest surveys were administered and focus group interviews with IV-E participants were conducted to analyze students' perceived practice competency. Qualitative and quantitative methods held equal status in the research design and both types of data were collected simultaneously throughout the study (see Johnson & Onwuegbuzie, 2004). Additionally, the use of the retrospective pretest evaluation approach has been shown to be an effective way of accounting for response shift bias that would otherwise not be accounted for in traditional pre-posttest designs (Pelfrey & Pelfrey, 2009). Using retrospective pretest-posttest design mitigates the underestimation of program effects (Pratt, McGuigan, & Katzev, 2000) that can occur in curricula such as Title IV-E training; that is, as an understanding of social work and child welfare concepts grows, respondents' original understanding of their prior knowledge may change.

### *Sampling and Recruitment*

Recruitment for study participants occurred through a two-stage process. First, program staff provided all Title IV-E participants with information on the study during IV-E program orientation, which is held annually in the beginning of each academic year. All IV-E students were invited to participate in the evaluation. Participants were also provided with Title IV-E evaluation goals, objectives, and consenting procedures. Second, evaluation consent forms and stamped, self-addressed envelopes were mailed to all students who agreed to participate in the evaluation. This study is comprised of students from five cohorts who participated in the Title IV-E program during the academic years of 2009 to 2013. Over this time period, 256 students were eligible to participate in the evaluation. Among the 256 eligible students, a total of 224 students participated, yielding

a response rate of 88%. University Institutional Review Board (IRB) approval was obtained for the current study.

#### *Data Collection Procedures*

Participants completed a Self-Assessment Child Welfare Competency Practice Skills survey at the beginning (pretest) and end of the academic year (posttest) in which they participated in the Title IV-E Program. At the end of each academic year, students were asked to rate themselves on how confident they believed they were now (standard posttest) and how confident they thought they were at the beginning of the year (retrospective pretest measure). This measure asked participants to rate, on a 10-point scale, their level of confidence to perform 13 practice skills related to public child welfare practice (see Table 3 below for a list of all 13 practice skills). The Self-Assessment Child Welfare Competency Practice Skill Survey was created using the knowledge and skill competencies derived from the key competencies identified for this IV-E program (for more information on key competencies, see Zlotnik, 1997) across 13-different child welfare content skill areas. Skills such as engaging families, developing a service plan, and working with the courts are assessed. Scores of 0-4 are considered to be perceived low confidence in ability to practice the skill; scores of 5-7 are considered to be perceived levels of moderate confidence in ability; and scores of 8-10 are considered to be perceived levels of excellent confidence in ability. All surveys were administered through an online survey software program.

At the pretest measure (beginning of the academic year), students were also asked to answer a demographic survey that captured age, race and ethnicity, gender, and prior child welfare experience. For prior child welfare experience, students were asked to indicate their years of experience and to describe by a text write-in option their prior experience. Prior child welfare experience was counted as prior experience if it included working in any child welfare setting (i.e., public child welfare agency, private foster care settings, group homes or residential treatment centers), for non-profit agencies involved in child welfare work or working in hospital or mental health settings.

Following recommendations from Dillman, Smyth, and Christian (2008), a web-based survey and emailing strategy were used. Specifically, students were emailed an initial survey invitation, which included a link to the online survey. Over the course of three weeks, students were sent three reminder emails to complete the survey. Completed survey data were available for all 224 participating students. However, demographic data were not available for the full sample (data available for  $n=146$ ). All quantitative data were analyzed using SPSS Version 22.0. Paired samples t-tests, one-way ANOVAs, and multiple regression analyses were conducted to assess survey outcomes.

A total of 20 focus group interviews (approximately 1 hour each) were conducted by the lead IV-E evaluator (first author). The groups were conducted at the end of each academic year at field instruction sites. A semi-structured focus group questionnaire was developed to assess students' perceived competency in child welfare, as well as their perceived readiness and ability to apply newly learned skills to their practice in child welfare. Students were specifically asked, "how competent do you feel about your ability

to practice as a public child welfare worker post graduation” (prompt: “How do you feel about your ability to competently practice as a new child welfare worker?”) Among the 224 students participating in the evaluation, a total of 155 students participated in focus groups, yielding a participation rate of 69% for the qualitative portion of the evaluation. Narrative data were analyzed using the qualitative data analysis software program NVivo (QSR International Pty Ltd, 2010). Qualitative analyses were conducted through a four-step process. First, all focus group interviews were audio-recorded and transcribed verbatim. Second, interviews were analyzed using open coding techniques and recurrent themes were identified. Third, a constant comparative method, following Padgett’s (2004) qualitative analysis framework, was employed to compare themes that emerged from the data. Finally, categories and themes were organized and interpreted (Krueger, 1988; Krueger & Casey, 2009).

## Results

### *Demographics*

Demographic data for age and ethnicity were available for 3 out of 5 academic years ( $n=146$ ). Table 1 presents ethnicity data for participants. Study participants were primarily female (92%), White/Caucasian (39%) or Black/African American (20%) (See Table 1). The average age of participants was 27.6 years (range 21-55). There was approximately a two-year age difference between those who indicated they had prior child welfare experience ( $M=29$ ) compared to those without prior child welfare experience ( $M=27$ ). However, this was not a statistically significant difference,  $F(1, 111)=2.972, p=.087$ . See Table 2 for details. The length of prior child welfare experience was available for only 64 participants; the average number of years of prior experience was 3.3 ( $SD=4$ , range 6 months – 22 years).

Table 1. *Ethnicity of MSW Student Participants (n=146)*

<b>Ethnicity</b>	<b>n (%)</b>
White/Caucasian	87 (39%)
Black/African American	45 (20%)
More than one race	8 (4%)
Hispanic	6 (3%)

Table 2. *Age Data for IV-E Students With and Without Child Welfare Experience (n=146)*

	Mean	Mode	Median	SD	Range
Age-All	27.6	24	25	6.6	21-55
Students with prior child welfare experience ( $n=64$ )	29	26	25	7	21-55
Students without prior child welfare experience ( $n=82$ )	27	23	24	5	22-46

### *Changes in Perceived Practice Skills after Program Participation*

Findings for pre and post-practice skill assessments are provided in Table 3. Overall, students demonstrated increased self-reported confidence across all 13 skills. Students

indicated perceived levels of moderate gains across all 13 practice skills at pretest. Scores ranged from 1 to 2 points higher between pre and posttest, suggesting that students had increased self-perceived child welfare practice skills after completing Title IV-E education. By posttest students were classified as either having perceived levels of moderate to excellent practice skills. Students demonstrated the largest gains between pre-post test scores within the areas of working with court systems and conducting assessments for child sexual abuse. Students had modest gains in areas such as diversity, use of self in practice, working in settings other than their current field placements (e.g., investigations, foster care), and working with a variety of child developmental stages (e.g., infancy, adolescence).

Table 3. *Pre and Post-Program Participation Scores on Self-Assessed Competencies (n=224)*

Child Welfare Practice Content Area	M	M	M	95% CI		t	p
	Pretest	Posttest	Difference	LL	UL		
1. Engaging families in assessment	6.8	8.2	1.4	0.81	1.68	5.68	<.001
2. Developing a service plan	6.7	8.1	1.3	0.89	1.77	6.00	<.001
3. Collaborating as a team member	6.9	8.4	1.5	0.88	1.76	5.96	<.001
4. Diversity & use of self	7.4	8.4	1.0	0.56	1.25	5.18	<.001
5. Assessing for abuse & neglect	6.7	8.2	1.5	0.97	1.87	6.21	<.001
6. Using clinical skills	5.9	7.6	1.7	1.21	2.12	6.95	<.001
7. Working in other settings	7.4	8.4	1.0	0.49	1.56	3.82	<.001
8. Assessing & intervening for substance abuse	6.0	7.4	1.4	0.83	1.80	5.36	<.001
9. Assessing & intervening for sexual abuse	4.9	6.9	2.0	1.32	2.48	6.52	<.001
10. Arranging out-of-home placement	5.2	6.9	1.7	0.57	1.71	4.03	<.001
11. Permanency planning	6.1	7.2	1.1	0.42	1.57	3.43	0.01
12. Working with the courts	5.2	7.1	1.9	1.14	2.44	5.47	<.001
13. Working with developmental stages	7.3	8.3	1.0	0.69	1.42	5.74	<.001

Notes. CI=confidence interval; LL=lower limit; UL=upper limit

### *Retrospective Pretest Findings*

Table 4 details findings for the differences between the pretest and the retrospective pretest. Ten of the thirteen skill areas were statistically significant, indicating differences in student perception from pretest to retrospective pretest. Students did not report gains in the areas of using clinical skills, assessing for sexual abuse, and working with court systems. Overall, at the beginning of the academic year, students reported perceptions of a higher level of confidence for practice skills than they did when retrospectively assessing their skill level.

### *Demographic Differences*

The demographic variables of age and ethnicity were used to assess differences at the three survey time points. Results from the multiple regression analysis suggest significant differences at pretest. Specifically, the demographic variables had an impact on the participant's overall score ( $R^2=.094$ ,  $F(2,110)=5.707$ ,  $p=.004$ ). Ethnicity was not a significant variable in differences at pretest. However, age was significant. For each

additional year in age, participants scored 1 point higher on the practice skill assessment ( $p=.002$ ) at pretest. Multiple regression analysis was also used to assess demographic differences at retrospective pretest ( $R^2=.094$ ,  $F(2,106)=1.602$ ,  $p=.206$ ) and posttest ( $R^2=.030$ ,  $F(2,109)=1.671$ ,  $p=.193$ ). Both models were non-significant; demographic variables did not have a significant difference on the retrospective pretest or the posttest scores.

Table 4. *Pretest and Retrospective Pretest Scores on Self-Assessed Competencies (n=224)*

Child Welfare Practice Content Area	M Pretest	M Posttest	M Difference	95% CI		t	p
				LL	UL		
1. Engaging families in assessment	5.9	6.8	0.9	.35	1.36	3.36	<.001
2. Developing a service plan	5.9	6.7	0.8	.26	1.31	2.98	.004
3. Collaborating as a team member	6.3	6.9	0.6	.26	1.21	3.07	.003
4. Diversity & use of self	6.5	7.4	0.9	.46	1.33	4.09	<.001
5. Assessing for abuse & neglect	6.1	6.7	0.6	.18	1.23	2.67	.009
6. Using clinical skills	5.4	5.9	0.5	-.05	1.07	1.79	.076
7. Working in other settings	6.2	7.4	0.2	.65	1.75	4.30	<.001
8. Assessing & intervening for substance abuse	5.4	6.0	0.6	.05	1.20	2.16	.033
9. Assessing & intervening for sexual abuse	4.9	4.9	--	-.57	0.66	0.16	.876
10. Arranging out-of-home placement	4.8	5.2	0.4	.30	1.50	2.98	.004
11. Permanency planning	5.0	6.1	0.1	.59	1.79	3.90	<.001
12. Working with the courts	4.8	5.2	0.4	-.22	1.05	1.28	.202
13. Working with developmental stages	6.6	7.3	0.7	.28	1.15	3.24	.002

Notes. CI=confidence interval; LL=lower limit; UL=upper limit

*Prior Child Welfare Experience*

Data were available for 164 students regarding their prior (to the start of the academic year) public child welfare experience. Table 5 presents results from three one-way ANOVA analyses that explored: 1) the difference between students with and without prior public child welfare experience before and after program participation, 2) differences on the retrospective pretest, and 3) overall change in total practice skill score. Students with prior public child welfare experience had significantly higher scores on the self-assessment measure prior to program participation (i.e., pretest). However, there were no significant differences at posttest and retrospective pretest time points (see Table 5).

Table 5. *Differences Between Total Competency Scores for Students With and Without Prior Public Child Welfare Experience*

Time point	Experience	n	M Score	F	p
Pre-IV-E	None	68	5.6	3.75	<.001
	Prior	62	7.0		
Post IV-E	None	49	7.8	0.59	0.59
	Prior	51	7.8		
Retrospective	None	49	5.5	1.16	0.284
	Prior	52	5.9		

## Qualitative Findings

Students were asked to assess their perceived child welfare competency gains throughout their graduate education in conjunction with their Title IV-E program experience and to gauge their perceived or anticipated competency post-graduation as a projected full-time employee in a public child welfare agency. Three main themes emerged from the qualitative data: 1) preparation to practice post-graduation; 2) difference between IV-E field experience and what they witness in practice during field; 3) work and life balance. Qualitative themes are presented below, along with supporting documentation from participants.

### *Preparation to Practice Post-Graduation*

Overall, student responses indicated two distinct perceptions of competency readiness to practice post-graduation from the IV-E program: those who felt competent to practice post-graduation and those who felt less prepared to practice. Students who felt competent or ready for the "challenge" reported that they felt as prepared as they could be to practice in child welfare and appeared to anticipate the unexpected challenges they would likely face as an employee. These students understood that they would eventually be exposed to situations and experiences they had not previously encountered in their field placements while in the IV-E program. Still, this group of students felt confident that they possessed the foundation skills necessary to practice competent social work and manage unexpected challenges. These students also described strategies that increased their self-confidence in practicing social work and managing unexpected challenges. Two main strategies were repeatedly mentioned: field instructors and seminars. Students reported that they learned the most from their field instructors. Field instructors provided the opportunity to "hone skills," process cases, and discuss child welfare policy and practice. They provided students with practical and hands-on experience and were able to model child welfare practice skills for students. Other descriptions of field instructors included "sounding boards" or people who eased the students' anxiety. Seminars provided a means of structured and concrete teaching of child welfare practice and policy. The resources and discussions held during these seminars were seen as useful and applicable.

*...You're just never going to, you can't prepare us for everything but I think you've got all the bases down.-Student, 2011*

*I've learned to gain confidence to be able to speak to people and confront them about the things that they're resistant about,...and having the courage to do that. It definitely is a learning process to build that level of confidence.-Student, 2012*

An additional strategy students indicated as valuable to achieving competency was shadowing other workers in the field. Shadowing experiences had two main benefits: 1) exposing students to numerous and varied situations/experiences in their units and 2) allowing students to see how other social workers conduct themselves and implement practice skills in the field.

Other students thought that despite the resources, preparation, and training received from their public child welfare field placements and the IV-E program, they still did not

feel prepared to graduate and practice at a public child welfare agency. Students who felt less prepared also mentioned the role of shadowing in their field placement experiences. Unlike students who felt competent and confident, the shadowing experiences, which were often identical (i.e., multiple students shadowed the same child welfare workers), appeared to make this particular group of students feel more anxious about practicing in a public child welfare agency post-graduation. These students reported satisfaction with the IV-E program, but appeared to have the feeling they could never "get enough practice" before becoming full-time employees. These students wanted to feel prepared in all areas of child welfare so they could be "prepared for anything." The following quotes from two students illustrate this theme:

*Everything scares me...just scares me. I'm scared. I'm really not prepared. Not that this IV-E experience hasn't been really awesome. And it has helped me out a lot. I think I'm, I mean I don't know if I'll ever feel prepared.-Student, 2014*

*.The way I see it, it's really, this job is so much, seems so much on the job versus, ya know, reading this or class training...there's things that you're not going to know until you come across it...there's tons I haven't come across yet.-Student, 2013*

#### *Difference from IV-E Field Experience and What They Witness in Practice*

All students reported concern about their ability to transfer what they learned from the IV-E program to their practice. Students believed they were being trained to provide quality practice with their child welfare clients, though they reported witnessing current workers doing mainly case management activities and not having opportunities to practice clinical skills. Students viewed their role as a child welfare worker as combining both clinical skills and case management activities. Students reported that there is a strong emphasis on developing and mastering clinical skills and competence within the Title IV-E program. However, students' view of workers in their field placement was that there was no emphasis on, or no time to use, clinical skills. Instead, the focus was to "get the work completed."

*I mean, here [in field] we spend a lot of time being with the client, what the client wants, and following their lead...but the time constraints in a DSS work relationship, you don't have time to really explore and get them to elaborate and talk. You've got this checklist that's mandated.-Student, 2011*

*Some things are beyond your control because the caseloads are cumbersome, so, and like, documentation becomes a priority so you want to spend this extra hour there engaging but you want to get back because you know you've got this stuff to do. So it's a struggle.-Student, 2013*

Students also reported on various aspects of professional behavior, including attitudes among child welfare workers at their field placements, which brought about additional concerns for students. Based on what they had witnessed from workers, students were concerned that once they began working they would become overwhelmed with job

demands and "lose" their ability to both implement comprehensive clinical child welfare practice skills and perform the necessary case management activities.

*Well what I've noticed is there's just like this tension where we learn the right way to do things a lot of times in the IV-E seminars and [in] the school and a lot of good practices and then you go out to field and it's a little discouraging sometimes when you are around a bunch of social workers that have become a little bit cynical and you have people telling you just do the bare minimum, like that's all they want you to do. And it's just like, like for me, I think that you're kind of like if I want to do this, I care about it, so you're not really supported in that. They kind of look [at you] like you're going to burn yourself out.*-Student, 2013

#### *Work and Life Balance*

Additionally, many students reported future concerns related to their ability to balance having a family and being able to practice the IV-E skills they had learned. Several students (the majority of participants in the evaluation were female) reported plans or hopes of having their own family within five years after graduation and reported concerns that they would not have the time and energy to have both a family and a job in public child welfare. Students appeared to be influenced by what they had witnessed from child welfare workers in the field placement and perceived there would be future conflict over the demands of the job, being overwhelmed, and obligations to their family.

*...You could do this job with, if you really wanted, it would be hard. I think it's good when you're young and you're vibrant but I could see it getting, it being really hard to juggle this specific job in family welfare and also having a family.* -Student, 2014

### **Discussion**

The multifaceted nature of social work practice in the field of public child welfare is undeniably challenging, especially for new social work practitioners. Rigorous and comprehensive training in child welfare practice, such as the preparation provided in Title IV-E programs, is needed to build an efficacious public child welfare workforce. Additionally, Jones and Okumura (2000) suggest that the more competent child welfare workers feel in their practice, the more likely they are to remain in public child welfare over time. Overall, findings from the current study provide support for UMB SSW's Title IV-E educational program. Results from participants' pre-posttest scores indicate increased perceived confidence to practice in child welfare settings. This finding is consistent with previous studies on IV-E programs (Bagdasaryan, 2012; Franke et al., 2009; Gansle & Ellet, 2002; Jones & Okamura, 2000). Measuring perceived confidence in practice skill ability among IV-E participants is a step towards measuring actual competency in child welfare practice. This study provides empirical evidence through a mixed methods approach to support UMB SSW's Title IV-E program goals, which are focused on graduating social workers who are competent to practice in public child welfare.

Still, there were differences in participants' perceived skills for specific areas of child welfare practice. Pre-posttest results suggest only modest gains in areas of diversity and

use of self, working in other settings, and working with children of different developmental stages. However, for all three practice domains students entered scoring in the moderate range of perceived skills and there was approximately a one-point difference from pretest to posttest. This suggests students entered the MSW program with a fair amount of confidence in these areas, but were still able to make gains through their Title IV-E experience. Greater gains were made in areas of assessing and using clinical skills, arranging out-of-home placements, intervening for sexual abuse, and working with the courts. These gains would tend to support the use of some specific strategies employed by this IV-E program. For instance, as IV-E students have historically stated that they were very anxious about preparing for and testifying in court, this IV-E program includes a full-day mock court experience. Similarly, feedback from past students about their need for additional preparation for addressing child sexual abuse resulted in additional emphasis on this topic in their required child welfare practice course. Other IV-E programs, therefore, may want to consider adding or emphasizing training and educational support in these areas. Students reported differences between pretest and retrospective pretests in all but three areas; clinical skills, assessing for sexual abuse, and working with court systems. This finding is not unexpected as these areas require specific training and exposure for students to feel comfortable with the skill and it is highly likely that students did not have these skills at the start of the academic year (pretest) and thus the retrospective pretest would not have picked up any differences. For the other practice areas, students rated themselves higher at pretest but at retrospective pretest students likely had more perspective after having two semesters of field and classes, and thus retrospectively rated themselves lower in 10 of the 13 practice areas.

Other findings from this study suggest several interesting and important patterns. For example, age and prior child welfare experience were associated with increased self-perceived confidence in practice skill ability at the beginning of the IV-E program. There may be an interaction between age and having prior child welfare workforce experience, as those who had prior child welfare workforce experience were on average two years older than those who did not have prior child welfare workforce experience; however, this was not a statistically significant difference. Additionally, at the conclusion of the academic year, no difference was found on the posttest or the retrospective pretest for those with or without prior child welfare experience. In addition, age was not a predictor of scores at posttest or retrospective pretest. This suggests that upon completion of the IV-E program, all students had fairly equal levels of competency. All students gained confidence after participation in IV-E, but those with prior experience in child welfare or who were older did not have additional or greater gains than those without prior experience. This finding is somewhat surprising, since other research suggests that prior work experience contributes to higher levels of perceived competency after training (Cheung & Tang, 2010). Explanations for this finding may be that students with prior experience truly thought they had more confidence in the practice area than those without experience and through their academic and field experience, they realized there were new skills they could learn or skills on which they could improve. However, it is likely that the rigor of the Title IV-E participation that included specialized field experiences and coursework provided younger students and students without prior experience the opportunity to learn or catch up to their counterparts. Regardless, Title IV-E programs may need to be tailored to provide

maximum benefit for students with prior child welfare experience and/or older students. Future research is needed to assess the differences in needs for students with and without prior child welfare experience as well the impact, if any, of the age of the student. Previous research suggests the possibility that older child welfare workers may benefit from a holistic approach to teaching and learning (Franke et al., 2009) and this may address different learning styles. Training for older child welfare workers and/or those returning to school after work experience may need to address how the older student assimilates new information and material with what they have already learned or have already been practicing. Tailoring trainings, supervision, and for this university, seminars to these specific subpopulations of Title IV-E students likely will impact perceived practice abilities.

Findings from the qualitative portion of this mixed methods study also yield interesting themes related to preparedness and perceived competency. Although all students in the IV-E program receive the same program elements (e.g., field placement, field supervision, training seminars, and academic coursework), there were differences in reported preparedness to practice post-graduation. Several focus group participants reported that the IV-E program prepared them for practice. This “more prepared” group also reported being aware of *and* feeling prepared to address the unknown elements of public child welfare they would likely encounter post-graduation. Field instructors seemed to be invaluable to these students, providing them with learning opportunities, support, and guidance for child welfare practice. For the remaining focus group participants, they appeared to feel “less prepared” and it seems that their IV-E experience appeared to make them feel more anxious and even less prepared for child welfare practice post-graduation. This may reflect different student learning styles. In addition, focus groups were conducted at the end of the academic year and it is likely that these students either expressed or would have expressed anxiety (if asked) at other times during the academic year. These types of students may require additional supervision and support by their assigned field instructors. Preparation for the inevitability of “unexpected challenges” and uncertainty faced in child welfare may reduce anxiety among students. Perception of preparation to practice in child welfare is likely highly influenced by personal characteristics and future research should identify these specific characteristics. Overall, students’ reports of either feeling more prepared or less prepared suggest the need for IV-E programs and IV-E field instructors to prepare students for unexpected challenges in the field and to remain attuned to students’ individual education and training needs.

Additional findings from the focus groups included students’ perceptions of practice competency post-graduation as full-time employees. Students noted discrepancies between what they were being taught in IV-E curricula and what was actually happening in the field. While students believed they were being taught means to be competent and current clinical skills to practice in their field units (in local departments of social services), they witnessed child welfare workers’ not having opportunities to perform these clinical skills. Students identified that issues of time management and agency-mandated task requirements likely explain workers’ inability to conduct clinical practice with children and families. Indeed, the transition from being a social work student to a public child welfare employee is difficult to navigate. This finding also suggests the need to prepare students for the

organizational climate of child welfare agencies. Students may likely benefit from post-graduation support from Title IV-E programs (e.g., access to seminars and trainings, IV-E alumni networking). Other possible avenues may include Title IV-E programs working with child welfare supervisors and administrators in efforts to provide clear communication regarding the skills the students and future employees are being taught and will be using in the field as a child welfare worker.

### *Limitations*

There are several limitations to the current study. First, this study was conducted at one university using a convenience sample of Title IV-E students and findings may not be generalizable. Additionally, the use of self-report measures, including a retrospective measure, is susceptible to recall bias, which impacts the reliability of study findings. While quantitative measures distinguished between those students with and without prior child welfare experience, the questions in the focus groups and therefore subsequent analyses did not account for this difference. This is a significant limitation as those students with prior experience may have had different perspectives on preparation for practice and the types of practice they witnessed in the field. The quantitative measure in this study assessed perceived confidence of child welfare practice skills and did not assess other areas of social work competence, such as values. In addition, focus groups participants were asked about their perceived competency to practice. Questions used in the focus groups did not address student definitions of competency. Assessing student definitions of competency may have clarified whether or how students view competency in relation to CSWE definitions that include knowledge, skills, and values. In addition, given the number of t-tests completed for the analyses there is an inflated Type I error rate. Finally, IV-E students are placed in a variety of departments and units within the public child welfare system which may impact their perceived practice skills and was not accounted for in this study. Additionally, the amount of experience and expertise among field instructors supervising IV-E students may also impact student competencies. Differences in students' assigned units, including the structure of the departments, the types of cases to which students were exposed, and the level of experience among field instructors, were not evaluated. Therefore, the extent to which these factors impacted perceived competency among students is unknown. Future studies might explore the various aspects of practice settings and their moderating or mediating effects on perceived competency among IV-E students.

### *Conclusion and Recommendations*

Funding for Title IV-E programs has provided universities and public child welfare agencies with substantial support to develop training programs that build and retain a competent child welfare workforce. Research suggests that graduates of IV-E programs have more on-the-job competence when compared to non-IV-E participants (Government Accountability Office, 2003). However, the particular components of IV-E education that contribute to competency gains remain unknown (Bagdasaryan, 2012). Additionally, no research has examined the impact of competency gained through IV-E programs on child and family outcomes (Hartinger-Saunders & Lyons, 2013). Findings from the current study suggest that Title IV-E programs be tailored to students with different learning styles and/or

for older students or those students with prior child welfare experience. Additionally, students need to be prepared for the unpredictability of child welfare and how to respond to the many unexpected challenges that may arise. Finally, the relationship between competency and burnout or turnover is not clearly understood. Future research should focus on the application of skills, knowledge, and values attained through the Title IV-E program in IV-E graduates' practice as full-time child welfare employees, and on the outcomes for the children and families they serve.

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## Competency Curriculum Intervention: Student Task Self-Efficacy and Attitudes in Child Welfare

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**Abstract:** *Three cohorts of BSW and MSW Title IV-E and NCWWI student scholars (n=125) were educated using a university-agency developed competency-based curriculum and field placement. In order to determine if this curriculum and field placement would improve perceived competence and attitudes toward child welfare work, pre and post-field placement surveys were used. Statistically significant change was demonstrated for most competencies. Attitudes toward child welfare work demonstrated no change from the favorable attitudes students had before entering their field placements. There were no statistically significant differences between BSW and MSW students. Students who had higher perceived competence endorsed motivation and intent to remain in child welfare. Based on the findings, we recommend key strategies to keep up the morale of BSW and MSW graduates in child welfare agencies: transition-to-work initiatives by schools, mentoring programs by agencies, manageable caseloads, and the application of skills and knowledge learned.*

**Keywords:** *Child welfare students; competencies; task self-efficacy; work attitudes*

For too long social work organizations that specialize in public child welfare have faced considerable difficulties in recruiting and retaining qualified, experienced practitioners. As a result, the ability of organizations to provide effective services to their clients may be compromised (Daly, Dudley, Finnegan, Jones, & Christiansen, 2001). While the status quo of public child welfare invites many, often conjectural explanations, the here-and-now of how to curb or even to fix the endemic turnover in public child welfare demands increased vigilance and attention. Through their research, Ellett, Ellis, Westbrook, and Dews (2007) have already established the structural persistence of such turnover. Willis, Chavkin, and Leung (2016) agree but go a step further to indicate that turnover is to be expected for a variety of reasons, some of which can be healthy for the agency. These authors describe means by which agencies work not to cut the rates of turnover but to reduce its impact on the agency. Their study does not necessarily take into account the disruption to children and families when they lose a caseworker for reasons such as low pay or high caseloads. The negative impact of turnover on children in the foster care system is well-documented. For example, Flower, McDonald, and Sumski (2005) indicate that higher permanency outcomes for children occur when they have the same caseworker throughout their time with the agency.

Much of the research on turnover and retention strategies has addressed two key concerns: the importance of retaining highly educated and skilled workers; and, absent that, the negative impacts on the worker, client, and agency experience in the wake (Mor Barak, Nissly, & Levin, 2001). As noted above, Flower and colleagues (2005) established that

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permanency outcomes for children (74.5% of the cases) are much higher when the same caseworker follows a client from start-to-finish. Without that consistency, negative effects quickly surface in ways that impede social workers from remaining on-the-job. First, there is the physical toll: because the existing workforce is often required to assume the responsibilities and assignments of departed workers, workloads tend to balloon beyond the limits of what can be accomplished conscientiously and effectively (Webb & Carpenter, 2011). As a result, the performance level of those still employed lessens (Iglehart, 1990). A second issue is the emotional toll: because the morale of colleagues left behind in these circumstances suffer, stress, burnout, and trauma routinely fill the vacuum (Iglehart, 1990). Agencies that must endure the loss of employees also suffer, particularly in terms of direct and indirect costs (Lambert, Cluse-Tolar, Pasupuleti, Prior, & Allen, 2012). Mor Barak et al. (2001) have grouped the direct costs of employee turnover into three categories: “separation costs (exit interviews, administration, functions related to terminations, separation pay, and unemployment tax); replacement costs (communicating job vacancies, pre-employment administrative functions, interviews, and exams); and training costs (formal classroom training and on-the-job instruction)” (p. 627). Retention, then, precludes these negative effects and preserves those limited resources that agencies can ill-afford to spend on processes better avoided. The best benefit is that families will receive the services they need from the seemingly simple act of keeping caseworkers on the job, which allows for caseworkers to get to know families better and to shepherd them through the successful completion of a case plan.

Research on child welfare worker’s turnover or retention and attitudes toward the work has identified more than 20 factors that impact turnover including job satisfaction, self-efficacy, organizational commitment, work conditions, supervisor support, stress, secondary trauma, etc. (Landsman, 2008; Mor Barak et al., 2001). Of those, job satisfaction was identified as a direct predictor of turnover or retention among child welfare workers (Chen & Scannapieco, 2010; Ellett et al., 2007; Hopkins, Cohen-Callow, Kim, & Hwang, 2010; Levy, Poertner, & Lieberman, 2012; Strolin-Goltzman, 2010). Low job satisfaction has a negative impact on employee’s desire to stay and commit to child welfare work.

While we know much about workers attitudes regarding job satisfaction and retention behavior, less is known about pre-service student attitudes and behaviors with regard to attitudes toward working in child welfare or perceived self-efficacy. This paper aims to enhance knowledge about social work students by testing one means of correcting the turnover problem, that is, by implementing competency-based education for social work students, thereby increasing self-confidence, and ultimately self-efficacy. The literature appears to link self-efficacy and attitudes toward child welfare work and retention in the child welfare workforce (Ellett, 2000; Jayaratne & Chess, 1984; Siefert, Jayaratne, & Chess, 1991; Tracy, Bean, Gwatkin, & Hill, 1992). Thus, we expect that graduating students with high self-efficacy and favorable attitudes toward working in child welfare may enhance retention.

## Literature Review

### Self-Efficacy

Self-efficacy has been defined as “beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (Bandura, 1997, p. 3). Not surprisingly, it also comprises matters of competence. Hughes, Galbraith, and White (2011) contended that self-efficacy signifies the cognitive perception of competence, which bear comparison with Pajares and Schunk (2002), who noted that perception of self-efficacy answers “Can I” questions. Additional refinements have appeared in the literature. Maddux (1995) recognized the need to partition self-efficacy into task self-efficacy and coping self-efficacy. Task self-efficacy evinces the simple ability to perform a task, while coping self-efficacy figures as grace under pressure: the confidence needed to perform well under challenging circumstances (Rogers, Markland, Selzler, Murray, & Wilson, 2014). The current study defines task self-efficacy as the perceived competence to perform a task ably.

Self-efficacy, as an agent of retention, has benefited from its established and recognized association with intent to remain and attitudes about working in child welfare (Ellett, 2000; Jayaratne & Chess, 1984; Siefert et al., 1991; Tracy et al., 1992). For social workers, acquisition of the knowledge and skill to produce an outcome starts in the social work educational program and becomes fully realized in the agency. Ellett (2000) surveyed 941 public child welfare workers in Arkansas and Louisiana regarding intent to remain employed. Intent to remain employed was positively correlated with human caring, self-efficacy, and perception of a professional organizational culture (administrative support). Intent to remain employed was negatively correlated with professional organizational culture deprivation (lack of professionalism and commitment). The study also demonstrated that those workers with social work degrees had higher scores on measures of intent to remain. Similarly, Cole, Panchanadeswaran, and Daining (2004) randomly surveyed 500 Maryland social workers. Based on 232 responses of workers who completed surveys on perceived workload, efficacy, and job satisfaction, they observed that higher levels of perceived efficacy were correlated with higher job satisfaction. In addition, Cole and colleagues (2004) found that “perceived efficacy mediated the relationship between perceived workload and job satisfaction” (p. 8). We may reasonably conclude that lack of self-efficacy indeed looms as one reason why those new workers with high caseloads and little experience are often the first to leave agencies.

With the support of Title IV-E funding, public child welfare agencies and child welfare educators mapped a strategic course to provide consistency in quality child welfare services by recruiting and retaining qualified child welfare workers (Hartinger-Saunders & Lyons, 2013). This funding became available in the 1980s and provides scholarships to students in publicly funded social work programs who wish to work in public child welfare in exchange for a required number of years of payback employment to a public child welfare agency (Zlotnik, 2002). Studies designed to investigate the effectiveness of Title IV-E programs via the retention rates of those workers who graduated from its programs have confirmed that stipend program graduates were and continued to be more likely to stay in public child welfare after the required service years (Ellett et al., 2007). Both the stipends and field placements provided to social work students interested in child welfare have

served as a useful incentive in the field of child welfare. Overall, then, evidence appears to demonstrate that Title IV-E programs assist agencies to retain caseworkers (Dickinson & Perry, 2003; Gansle & Ellett, 2003; Jones & Okamura, 2000; Rosenthal & Waters, 2006). Money alone, however, does not give a full picture of the success of Title IV-E programs.

When they gain child welfare knowledge and practice through field placements, social work students develop confidence in their ability to practice. In fact, Jones and Okamura (2000) found Title IV-E program graduates scored higher than non-Title IV-E graduates in work knowledge and confidence in child welfare. Building on past successes of Title IV-E, additional funding from the National Child Welfare Workforce Institute (NCWWI) via the US Children's Bureau (Strand, Dettlaff, & Counts-Spriggs, 2015) allows for more flexible use of funds in support of developing and enhancing university-agency partnerships to educate students and provide leadership for the development of innovations to recruit and retain child welfare workers.

### **Student Attitudes Toward Child Welfare Work**

The literature on student perceptions or attitudes toward child welfare work is sparse. Perry (2004) found that MSW students who were interested in working in public child welfare wanted to work with economically disadvantaged populations and had personal growth goals. Seroka and Zugazaga (2008) reported high student satisfaction with their internships and subsequent placements and found high overall satisfaction levels particularly among the white students. Nearly three-quarters (74%) of all graduates intended to remain employed in the child welfare field. Alperin (1998) noted that satisfaction with the internship was the largest predictor of intent to accept employment at a child welfare agency. Other studies on MSW graduates who were specially educated through Title IV-E programs revealed that Title IV-E participants were better equipped with knowledge and skills necessary for the work and provided better outcomes than their counterparts (Bagdasaryan, 2012; Leung & Willis, 2012; Williams, Kirk, & Wilson, 2011). Leake, DeGuzman, Rienks, Archer, and Potter (2015) likewise found high levels of satisfaction among NCWWI partnership trainees upon final evaluation. Traineeship students felt "ready" for the job (Leake et al., 2015, p. S310). However, some Title IV-E graduates reported that their newly acquired skills were not put to good use in their agencies when they return to work (Fitch, Parker-Barua, & Watt, 2014). New social workers in child welfare agencies report that high caseloads too soon after initial employment was a key predictor of their leaving the job (Weaver, Chang, Clark, & Rhee, 2007). Studies on student attitudes toward child welfare work and what it might take to persist or remain employed were not evident in the literature.

### **Competency-Based Curriculum**

According to Council on Social Work Education (CSWE, 2015), "Competencies are measurable practice behaviors that are comprised of knowledge, values, and skills" (p. 3). School of social work are expected to increase students' knowledge, values, and skills along with confidence in the ability to do the job. Competency education is thought to improve the ability of learners to actually perform more accurately and professionally. Social work programs began to teach from a formally developed competency-based

curriculum in 2008 when the Council on Social Work Education released the Educational Policy and Accreditation Standards (EPAS) outlining core competencies for social work education (CSWE, 2015). These competencies were to be measured at least partly in the field where students are observed actually practicing the desired competency. At the same time, some states and universities began to identify core competencies for child welfare practice (Clark, 2003). California's child welfare partnership, known as California Social Work Education Center (CalSWEC), developed competencies in the 1990s with other states following suit (Clark, 2003). Measuring competence with child welfare across the country is difficult as there is no one set of core competencies for child welfare such as there is for general social work education (Leake et al., 2015).

Leake et al. (2015) defined a set of child welfare competencies and evaluated perceived competence for NCWWI students nationally and demonstrated increased perceived competence in the NCWWI traineeship student population. The state child welfare agency in Louisiana partnered with seven public universities to develop a common set of competencies based on the CalSWEC competencies but tailored for the education of Title IV-E and NCWWI students. This study assessed changes in perceived competence and in attitudes toward child welfare work in this student population.

## Methods

The aim of this study was to identify potential growth in perceived competence and changes in attitudes toward child welfare work from pre-to-post field placement. Seven universities and the state agency developed and implemented a mutually agreed-upon set of competencies in their child welfare curriculum. All universities transparently demonstrated where in their curriculum specific competencies were met and all agreed to use the same field evaluation tools. Of note is the knowledge that the state agency was undergoing a massive leadership overhaul that created increased turnover and other workforce issues within the agency. All members of the partnership agreed to continue, however, with the use of the competency-based curriculum. The general line of inquiry included testing the effect of the competency-based curriculum on students' perceived competence and analyzing student attitudes toward the work.

Within this evaluation study, we hypothesized that: 1. Overall students will show increased confidence in competence from pre-to-post internship; 2. Student attitudes toward doing the job of child welfare work from pre-to-post will diminish due to agency workforce issues; 3. Students with higher perceived confidence in competence will have more positive attitudes toward child welfare work; and 4. there will be no difference between MSW and BSW graduates in competence and attitudes toward child welfare work. University Institutional Review Board permission was granted for the conduct of this study.

## Participants

Three cohorts of student social workers over three years ( $n=125$ ) in child welfare programs at seven universities in Louisiana were asked to participate in the survey. All used the same set of university-state agency developed child welfare competencies. Both BSW ( $n=58$ ) and MSW ( $n=35$ ) students were included in this study. Thirteen students did

not report their programs. The sample comprised Title IV-E scholars ( $n=76$ ) as well as students selected to receive National Child Welfare Workforce Institute (NCWWI) stipends ( $n=49$ ). There was no appropriate comparison group as all child welfare students in one state participated in this study. Given that the state partner had a vested interest in having trained employees at the end of the educational intervention, random assignment (perhaps by school) was not acceptable.

### **Design and Data Collection**

This study used a pre-post survey design. In order to assess student attitudes toward child welfare as a field of practice, for purposes of recruitment and retention and perceived competence, all child welfare students (Title IV-E and Scholars) completed a survey prior to the start of their field placements and again at the completion of placements. Students beginning their final field placement completed their pre-survey at one of two regional orientations at the beginning of the fall semester, at which time they also completed a basic demographics inquiry. The post-survey was administered prior to graduation in either December (when necessary to accommodate those institutions that had December graduations) or April (immediately prior to May graduations).

### **Measures and Data Analysis**

A 13-item scale mirroring the state competencies was developed to measure the degree of students' perceived confidence in their ability to answer the "Can I" question. That is, "How confident am I that I can do a particular competency measure". Degree of perceived competence was used in this study to operationalize task self-efficacy. The scale asked students to assess their ability to meet the identified competencies using a seven-point Likert-type scale with responses ranging from 1 (*no confidence*) to 7 (*complete confidence*). For the attitude variable, a 10-item scale was developed to measure attitudes toward child welfare work. This scale also used a seven-point Likert-type rating, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Cronbach's Alpha determined reliability coefficients of 0.9 for the competency survey and 0.8 for attitude toward child welfare work.

Relevant statistics included descriptive statistics and paired-t tests to identify overall change from pre- to post- on each scale. The Bonferroni correction was applied to minimize Type-I errors due to multiple tests. As computed for both scales, the significance level at 95% confidence using the Bonferroni correction was 0.004. Multiple Linear Regression analyses determined the relationships between students' confidence level and attitudes toward public child welfare and an independent samples *t*-test measured differences between BSWs and MSWs.

## **Results**

A total of 125 Title IV-E and NCWWI Scholar students completed the internship in this state during the test period. However, only 115 completed the pre-survey and 93 completed the post-survey process. Differences in graduation times may account for the loss of some data (December vs. May). The mean age of respondents was 28 ( $SD=8.6$ ),

61.1% were below 25 years, 91.5% were female, and 68.8% were African American. Of these, 60.2% completed internships in rural communities, 62.4% obtained the BSW, and 37.6% completed the MSW. Most students had no previous child welfare experience. Students came from the seven participating Title IV-E child welfare programs in social work schools in the state, which includes two Historically Black Colleges and Universities (HBCU). See Table 1.

Table 1. *Characteristics of Post-Survey Study Participants (n=93)*

		Frequency (%)		
		BSW	MSW	Total
<b>Age</b>	Below 25 & 25	43 (46.0%)	14 (15.1%)	57 (61.1%)
	Over 25	15 (16.1%)	21 (22.6%)	36 (38.7%)
	<b>Total</b>	<b>58 (62.4%)</b>	<b>35 (37.6%)</b>	<b>93 (100%)</b>
<b>Gender</b>	Female	52 (56.0%)	33 (35.5%)	85 (91.5%)
	Male	5 (5.4%)	2 (2.2%)	7 (7.6%)
	<b>Total</b>	<b>57 (61.3%)</b>	<b>35 (37.6%)</b>	<b>92 (100%)</b>
<b>Ethnicity</b>	African American	40 (43.0%)	24 (25.8%)	64 (68.8%)
	Caucasian/White	18 (19.4%)	10 (10.8%)	28 (30.1%)
	Other		1 (1.1%)	1 (1.1%)
	<b>Total</b>	<b>58 (62.4%)</b>	<b>35 (37.6%)</b>	<b>93 (100%)</b>
<b>Internship Place</b>	Urban	27 (29.0%)	10 (10.8%)	37 (39.8%)
	Rural	31 (33.3%)	25 (26.9%)	56 (60.2%)
	<b>Total</b>	<b>58 (62.4%)</b>	<b>35 (37.6%)</b>	<b>93 (100%)</b>

## Competence

Paired *t* tests were conducted to identify differences between pre- and post-measures of attitudes toward child welfare work. The Bonferroni Correction was applied to decrease Type 1 errors due to multiple tests. The adjusted alpha was 0.004.

Hypothesis one states that overall students will report higher confidence in competence from pre-to-post internship. Overall, students reported a relatively high confidence level in their ability to meet the child welfare competencies by post-test. Students also reported an increase in confidence from pre- to post-survey. The overall mean for the competency scale on the pre-survey was 68.20 ( $SD=14.37$ ); whereas the mean for the post-survey was 74.52 ( $SD=9.65$ ). A statistically significant increase in confidence occurred from pre- to post-testing,  $t(92) = -4.27, p < .001$ . Thus, hypothesis one was supported. Although increases for most individual items appeared, only eight items reached statistical significance individually after the adjusted alpha level was applied. The eight items were: understanding social work values; history of child welfare; writing court reports; assessing risk to children; making sound placement decisions; knowing different supervisory styles; successfully engaging with a parent; and analyzing, formulating, and influencing social policy. Students rated themselves as least confident in working with the courts. Ability to testify in court demonstrated a drop in confidence after students had the actual experience of attending court in their field placements; still, the result was not statistically significant ( $M1=4.80, M2=4.82$ ). Of the competencies that did see statistically significant growth, writing court reports remained the one that students felt least confident in being able to do ( $M1=4.23,$

$M2=4.99$ ). Students felt most confident in their ability to understand social work values and ethics ( $M1=5.86$ ,  $M2=6.35$ ).

We tested effect size using *Cohen's d*. Effect sizes of 0.5 to 0.7 indicate moderate effect size and 0.8 and above are considered large. The overall effect size was .40, which is a small effect size. Individually engaging, assessing risk, making sound placement decisions, and understanding social work values and ethics showed the highest effect sizes in this sample. All were in the moderate range (see Table 2).

Table 2. Pre/Post-tests Difference in Perceived Confidence

Confidence	Mean (SD)		Cohen's <i>d</i>	<i>t</i>	Sig.
	Pre (n≈93)	Post (n≈93)			
Apply critical thinking skills	5.67 (1.01)	5.94 (0.88)	-0.29	-2.2	0.03
Understand the social work values	5.86 (1.05)	6.35 (0.71)	-0.55	4.45	<.001*
Apply strategies of advocacy	5.46 (1.12)	5.74 (1.03)	-0.26	-2.12	0.04
Understand the history of child welfare	5.27 (1.36)	5.85 (1.06)	-0.48	4.07	<.001*
Write court reports	4.23 (1.89)	4.99 (1.6)	-0.43	-4.17	<.001*
Testify in court	4.8 (1.77)	4.82 (1.54)	-0.01	0.16	0.87
Understand and can work with Family Group Decision-making	5.58 (1.24)	5.83 (0.97)	-0.22	-2.03	0.05
Assess the risk to children	5.18 (1.49)	5.89 (0.95)	-0.57	4.55	<.001*
Make sound placement decisions	5.17 (1.51)	5.99 (0.82)	-0.67	-5.14	<.001*
Make adaptations to work with families	5.77 (1.2)	6.1 (0.83)	-0.32	2.39	0.02
Know different supervision styles	5.02 (1.55)	5.62 (1.15)	-0.44	-2.96	<.001*
Successfully engage with a parent	5.22 (1.5)	5.92 (0.97)	-0.55	-4.62	<.001*
Analyze, formulate and influence social policy	4.96 (1.53)	5.5 (1.14)	-0.38	3.3	<.001*
Overall Mean	68.2 (14.37)	74.52 (9.65)	-0.4	-4.27	<.001*

\* Statistically significant at 95% confidence with Bonferroni Correction ( $p.</ =.004$ ).

SD: Standard Deviation

### Attitudes About Working in Child Welfare

Paired *t* tests were conducted to identify differences between pre- and post-survey for attitudes. The Bonferroni Correction was applied to decrease Type 1 errors due to multiple tests. The adjusted alpha was 0.004.

Hypothesis two states that there will be a negative change in attitude from pre to post survey. Attitudes about working in child welfare were actually positive and remained so over the course of the internship. The overall mean for the attitude survey was not

statistically significantly different from pre- to post-testing  $t(90)=.26, p=.79$  and there were no individual items in which the pre to post scores were statistically significant. Thus, hypothesis two was not supported. Means were high indicating positive attitudes remained stable over the course of the internship. While decreases in means existed in some categories, the differences were not statistically significant (See Table 3).

Concerning single items for this survey, students remained motivated and persistent in helping children and families ( $M1=6.32, M2=6.38$ ); rebounded and persisted after setbacks ( $M1=5.93, M2=6.00$ ); were proud of their work ( $M1=6.43, M2=6.52$ ); felt confident in their abilities ( $M1=6.25, M2=6.34$ ); felt personal accomplishment ( $M1=6.43, M2=6.38$ ); continued to want to help others ( $M1=6.80, M2=6.80$ ); and believed that child welfare work offered opportunities to make a difference ( $M1=6.72, M2=6.62$ ). Students were also concerned that some clients did not receive the services they deserved ( $M1=6.39, M2=6.40$ ). Students were asked if they would delay personal plans to help a client and in fact they continued to endorse that attitude but were not as inclined to do so ( $M1=6.14, M2=5.90$ ).

Table 3. *Pre/Post-test Differences in Perceptions of Child Welfare Work*

Perceptions of Child Welfare Work	Mean (SD)		<i>t</i>	Sig.
	Pre (n≈91)	Post (n≈91)		
I feel I am working hard but rarely see results.	5.25 (1.43)	5.12 (1.47)	-0.75	0.46
I remain motivated and persist in helping children and families.	6.32 (1.04)	6.38 (0.74)	0.56	0.59
I rebound and persist after setbacks in efforts to accomplish goals.	5.93 (1.37)	6 (0.74)	-0.44	0.66
I am proud of my work.	6.43 (1.01)	6.52 (0.65)	0.81	0.42
I am confident in my ability to perform services in Child Welfare.	6.25 (1.12)	6.34 (0.79)	-0.69	0.49
I feel a sense of personal accomplishment through my work.	6.43 (0.96)	6.38 (0.76)	-0.39	0.71
I chose this profession because I want to help others.	6.8 (0.76)	6.8 (0.48)	0	1
I would delay personal plans in order to help a client who needs assistance.	6.14 (1.02)	5.9 (1)	-2.03	0.05
It bothers me that some clients don't receive the services they deserve.	6.39 (1.04)	6.4 (0.88)	-0.09	0.93
I believe my work in child welfare will offer opportunities to make a difference.	6.72 (0.8)	6.62 (0.63)	-1.12	0.27
Overall Mean	62.07 (7.86)	62.38 (5.21)	0.26	0.79

\* Statistically significant at .05 with Bonferroni Correction ( $p. < /=.004$ ).

SD: Standard Deviation

### Confidence and Attitudes toward Doing Child Welfare Work

Hypothesis three stated that students with higher confidence in their competence would have more positive attitudes toward child welfare work. Linear regression was performed

to evaluate how well confidence in child welfare work predicted students' attitudes toward the job. The correlation between perceived confidence in competence (task self-efficacy) and attitude toward the job was statistically significant ( $r=.56, p.<.01$ ). The regression equation for predicting students' attitude toward the job was found to be  $Y=39.9 + .3 \times X$ . In this sample, 31% of the variance in attitudes toward the job can be explained by students' perceived confidence in their ability to meet the competencies. That is, the students who had high perceived confidence in their competence were more likely to have better attitudes toward the work of child welfare ( $R^2=.32, \beta=.30, p<.001$ ). Thus, hypothesis three was supported.

### **Differences Between BSW and MSW Students**

An independent samples *t*-test was used to determine whether level of education (BSW or MSW) made a difference in competence or attitude toward child welfare work. Findings demonstrated that for this sample there were no significant differences between MSWs and BSWs in perceived competence,  $t(92)=1.258, p=.218$ , or attitude toward child welfare work,  $t(2)=1.301, p=.457$ .

### **Discussion and Implications**

Overall, this study demonstrates high levels of confidence in competence or task self-efficacy for most competencies and growth in most areas among BSW and MSW child welfare students. Further, attitudes toward child welfare work were positive and remained so throughout the field placement despite a difficult leadership transition at the agency. Students with higher perceived competence were more likely to have more positive attitudes toward the work of child welfare. There were no statistically significant differences between BSW and MSW students.

### **Competence**

Overall, students' confidence in their ability to meet the competencies or task self-efficacy grew from pre- to post-survey. Students had the most confidence in their ability to understand social work values and ethics, a topic emphasized in their social work programs. They experienced growth in this area perhaps as they began to apply values and ethics in case situations in the field. Students experienced statistically significant change in perception of competence from pre to post in a positive direction. The field placements gave them experience to practice knowledge, values, and skills initially learned in the classroom. Students also reported growth from pre to post in their perceived confidence to write an effective court report as they were able to practice writing these reports with their field instructors. A decrease in perception of competence in testifying is not surprising. Working with the courts can be difficult, in light of the specialized vocabularies and procedures; nevertheless, enhanced training in this area would serve all parties well. As it turns out, those students who attended court with their field instructors actually lost confidence over the course of the internship, once the realities of how difficult testifying were demonstrated. Child welfare courses in schools of social work should therefore become more attentive to this dimension of social work practice by offering more

instruction and practice in testifying in court before students engage in the actual field experience.

### **Attitude Toward Child Welfare Work**

This study revealed no statistically significant differences from pre- to post-internship with regard to attitudes toward child welfare work. In this instance, non-significant results were considered positive. Students started out with positive attitudes and did not appear to lose their enthusiasm or desire to work with children and families in public child welfare. Although slight drops in attitude did occur, they were not statistically significant. Of note, this survey was conducted in a state that had experienced massive changes in the administration of the public child welfare agency during the time students were in their internships. Even though staff turnover increased, student attitudes remained high and positive. A number of possible reasons can account for their equanimity. First, students tended to be placed with field instructors who had worked in the public child welfare agency for several years. Those instructors may be considered as stayers, which likely translated into a more positive attitude about their work in general, which they then transmitted to students. Second, students were actively recruited to the Title IV-E and NCWWI programs and were mentored by child welfare faculty who approached the field with enthusiasm. Third, students did not have independent caseloads and thus did not have to bear the weight of that responsibility alone. Such burden, over time, sometimes comes with a price. At the beginning of the process, student attitudes were strong and remained positive.

### **Task Self-Efficacy and Positive Perceptions of the Work**

Regression analysis revealed that students who had higher confidence in their competence were more likely to have positive perceptions about doing the work of child welfare. One of the items measured was intent to remain motivated to persist working with children and families and remain on the job. This result confirms previous findings of Cole et al. (2004), Ellett (2000), Siefert et al. (1991), Tracy et al. (1992), and Jayaratne and Chess (1984), all of whom demonstrated links between self-efficacy in ability and retention. Students and workers who feel competent or have high self-efficacy are more likely to remain motivated and to meet the challenges they face in the internship or workplace.

### **Differences by Education**

In this study no differences were found in the areas of competency, or attitude toward child welfare work, that is, intent to remain in child welfare work, based on educational level or program. Perceived competence and intent to remain were high in our sample and echo the results of Ellett (2014) with regard to higher performance on standardized measures and remaining employed. While some literature has demonstrated a difference between BSWs and MSWs with regard to retention (Lewandowski, 1998; Nissly, Mor Barak, & Levin, 2005), others found no difference (Rosenthal & Waters, 2006). Our study compared attitudes along with perceived competence. Because these students were all exposed to the same educational competencies and similar curricula across programs and schools, it is not surprising that there are no statistically significant differences among these

students. It is important to build strong competency-based curricula to help students to understand the realities of child welfare work.

### **Implications**

Overall, the students in this study had statistically significant gains in perceived competence and began their final year in school with very positive attitudes toward the work of child welfare and ended with the same positive attitudes despite agency issues. These students appeared ready and willing to do the job as they graduated. Chances are many Title IV-E and NCWWI scholars have the same positive outlook and self-efficacy when they graduate from their social work programs. Yet, turnover remains a huge concern as we see graduates having caseloads too high too quickly (Weaver et al., 2007) and MSWs reporting that their education is not valued or put to good use in their agencies (Fitch et al., 2014). While educators seem to be doing a good job with competency education and keeping morale high while students are in school, they tend to lose track of their graduates after graduation. Transition-to-work initiatives may be helpful as faculty can remain somewhat involved with their students for a time after graduation in order to provide support and encouragement during the first year of employment. Agencies can facilitate a smooth transition to professional child welfare by offering mentoring programs for the first year of employment. Agencies should aim to keep caseloads down initially as students in public agencies rarely carry a full caseload and the new graduate must learn to manage a vast array of practice skills and responsibilities. Further, agencies who expend time and money in educating MSWs can elicit and encourage ideas from new graduates. This may help to keep morale high for the MSW graduate and enable agencies to benefit from new evidence-based approaches.

### **Strengths and Limitations of the Study and Future Research**

The major strength of this study collected data on a student population (rather than agency workers) specifically by its inclusion of three cohorts from seven universities over the course of their internships. While there is no comparison group, this study reports on all of the child welfare scholars within a three-year period in one state. Its major limitation is that it only looks at perceptions of competence rather than actual demonstrated competence. The competency-based curriculum, however, was successfully implemented to improve students' perceived competence in child welfare. These students started their careers in child welfare with high task self-efficacy, in general. Another strength of this study is the further refining of the term self-efficacy by specifically using the term task self-efficacy and operationalizing it as perceived confidence in abilities or answering the "Can I" question.

Maturation, always a concern with pre-post designs, is certainly a limitation. Yet, the competency curriculum was reinforced throughout the curriculum and field placements so it seems likely that this intervention had a positive effect on students' perception of competence. Also, attitudes were highly positive to begin with and did not change over time. Creating a scale to measure self-efficacy and attitudes toward child welfare work is another limitation since there are existing scales for self-efficacy (Chen & Scannapieco, 2010; Ellett, 2000; Hughes et al., 2011). Although reliability of those scales were tested

and presented, further study needs to examine the validity of the scale. However, the measures in this study were developed specifically for child welfare workers. This aspect could have contributed to high Cronbach Alpha scores.

Future studies should examine both task and coping self-efficacy over the long-term in the transition from students to workers, particularly once the latter continue employment in their post-payback period. Approached that way, such a study could help establish a more certain longitudinal link between self-efficacy and attitudes toward child welfare work and possibly retention with a more refined understanding of self-efficacy. Self-efficacy, of course, faces repeated storms in the workplace. The key is in keeping it afloat and moving toward its port: continuity in work with children and families.

### Conclusion

It is important for Title IV-E and NCWWI programs to evaluate workers' perceived competence as it may have an impact on future retention. This study aimed to identify differences in perceived competence and attitude toward child welfare work pre- to post-field placement after initiation of a statewide competency-based curriculum within seven state university child welfare programs. There were no differences among programs or level of education, perceived competence was improved, and attitudes toward the work were positive and remained so. Those with higher perceived competence appear to have more positive attitudes toward child welfare work. While this study used perceived competence as a measure of task self-efficacy, further work in refining self-efficacy measures for child welfare could enhance our knowledge of student and worker efficacy as students make the transition to full-fledged social workers in their agencies and begin the challenging work of caring for children and families.

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## Dual Master of Social Work / Master of Public Health Degrees: Perceptions of Graduates and Field Instructors

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**Abstract:** *Despite growing interest in Master of Social Work/Master of Public Health (MSW/MPH) programs, limited research literature is available on MSW/MPH graduates and none has examined field instructors' perceptions of MSW/MPH students. This study describes the perceptions and experiences of MSW/MPH alumni and field instructors from a recently implemented MSW/MPH program at the University of Georgia. Electronic surveys were administered to 32 alumni and 34 field instructors; response rates were 71.9% (n=23) and 70.6% (n=24), respectively. Alumni reported satisfaction with the dual degree and utilization of both social work and public health skills in the workplace. Field instructors underscored the complementary skill sets of dually-trained students and noted the added value of MSW/MPH professionals in their agencies. Dually-trained MSW/MPH practitioners are uniquely prepared to address the need for transdisciplinary and interprofessional collaborations to address long-standing social and health issues.*

**Keywords:** *Public health social work; MSW/MPH: dual degree; joint degree; dual degree programs*

Public health social work (PHSW) is a growing profession (Ruth, Marshall, Velásquez, & Bachman, 2015; Ruth et al., 2008; Ziperstein et al., 2015). While enjoying resurgence in popularity, PHSW actually dates back to the early 20th century when social workers engaged in infectious disease control, maternal and child health promotion, and worked in settlement houses (Popple & Leighninger, 2004). PHSW practice focuses on: a) promoting health, including disease prevention and protection from environmental dangers, and b) populations rather than individuals (Sable, Schild, & Hipp, 2012; Watkins, 1985). The knowledge and skills of social workers complement those of public health professionals. Social workers understand the need for tailoring interventions to specific populations, adopt a person-in-environment/family-centered perspective, and provide insight into the social conditions that negatively affect health and health equity (Moniz, 2010; Sable et al., 2012). The knowledge, skills, and values of the two professions coalesce in PHSW and support contributions to research, policy analysis, program development, direct service provision, and administration (Sable et al., 2012).

### Need for Collaborative Practice in Social Work

There is an increased focus on health among social workers. About one-third of social workers practice in health-related settings, with a projected 19% increase in the need for health care social workers by the year 2024 (U.S. Bureau of Labor Statistics, 2015). The International Federation of Social Workers (2012) calls for an understanding of health,

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asserting “health is an issue of fundamental human rights and social justice and binds social work to apply these principles in policy, education, research, and practice” (p. 1). Moreover, passage of the Affordable Care Act in 2010 has changed the shape of social work practice in health-related settings in the U.S., strengthening focus on improved patient care, reducing costs, and emphasizing prevention as a critical component of health care (Koh & Sebelius, 2010; Ruth, Marshall et al., 2015). As a result, attention is shifting to interprofessional and transdisciplinary teams to provide health services to meet patient, family, and community health care needs (Haire-Joshu & McBride, 2013; Koh & Sebelius, 2010), as evidenced by the creation of the Interprofessional Education Collaborative (IPEC, 2016). The Council on Social Work Education (CSWE) became a member of IPEC in 2014 (CSWE, 2016). Further, long-standing issues of terrorism, disasters, war, disease, viral outbreaks, climate change, oppression, and social justice reinforce the need for creative and multi-perspective problem-solving (Jackson, 2015; Sable et al., 2012).

### **Added Value of Public Health Education**

Public health education adds tremendous value to an interprofessional partnership with social work. Public health’s focus on prevention (primary, secondary, and tertiary) at the population level, coupled with social work’s emphasis on intervention at the individual level, ensures a more holistic approach in addressing persistent social problems (McCave, Rishel, & Morris, 2013; Rine, 2016; Ruth, Velasquez, Marshall, & Ziperstein, 2015). Underscoring the disciplines’ complementary relationship, public health training offers greater inclusion of the biological/physiological aspects of health and well-being which is critically needed to extend the scope of social work education beyond its traditional focus on the psychosocial realm (Andrews, Darnell, McBride, & Gehlert, 2013; Reisch, 2012; Spitzer & Davidson, 2013; Ziperstein et al., 2015). Public health education provides skills (e.g., biostatistics, epidemiology, social marketing) that promote a wider range of health-related opportunities for students. Public health and social work’s shared history, values (e.g., social justice), theory (e.g., ecological), research/evaluation (e.g., community-based participatory), and practice (e.g., interdisciplinary) are strongly aligned (Ashcroft, 2014; Bronstein, Kovacs, & Vega, 2007; Ruth & Sisco, 2008; Sable et al., 2012). Students with social work and public health training can apply both perspectives to solving trenchant social and public health issues, and thus address the increased need for transdisciplinary and interprofessional problem-solving (CSWE Commission on Educational Policy & the Commission on Accreditation, 2015; Haire-Joshu & McBride, 2013; IPEC, 2016; Koh & Sebelius, 2010). MSW/MPH students also expand perspectives and conversations in MSW classrooms (Reardon, 2009).

Unquestionably, interest in MSW/MPH degree programs is growing. Over a 30-year period, MSW/MPH programs have maintained high marketability, increasing in number from 20 in 2008 to 42 in 2015 (McClelland, 1985; Ruth, Marshall et al., 2015; Ziperstein et al., 2015). These programs provide a formal integration of knowledge between social work and public health that prepares students to contribute to a dynamic and complex world (Miller, Hopkins, & Greif, 2008). Students pursue dual degrees for multiple reasons, e.g., a competitive edge in a tight job market, identification with the values of both disciplines, access to the resources (financial, research, course options) of two areas of study, blending

of the preventive aspect of public health and the problem-solving orientation of social work, and the desire to become a public health social worker (McClelland, 1985; Michael & Balraj, 2003; Moniz, 2010; Rosenstock, Helsing, & Rimer, 2011; Ziperstein et al., 2015). Universities may implement dual degree programs in order to increase enrollment or to attract high-quality students, and dual degree programs (vs. serial degree programs) ensure incorporation of the philosophies and concepts of both disciplines (McClelland, 1985).

### **Limited Literature on MSW/MPH Programs**

Despite the growing interest in and proliferation of MSW/MPH programs, there is a dearth of research literature pertaining to MSW/MPH programs (Miller et al., 2008; Ruth et al., 2008; Ruth, Marshall et al., 2015; Ziperstein et al., 2015). Current literature underscores several challenges for MSW/MPH graduates as they transition to the workplace, including few PHSW role models to demonstrate integration of social work and public health knowledge and skills, limited employer understanding of PHSW, and the perception that dual degree students are over-qualified (Michael & Balraj, 2003; Ruth et al., 2008). A survey of 153 MSW/MPH alumni from one long-standing program found that a majority of respondents identified as social workers and held social work licenses (Ruth, Marshall et al., 2015). A majority also reported engaging in core public health functions on a daily or weekly basis, focusing primarily on community mobilization, program evaluation, health promotion, and policy planning/analysis (Ruth, Marshall et al., 2015). While the majority expressed success in integrating public health and social work knowledge and skills, limited employer understanding of PHSW remained a challenge (Ruth, Marshall et al., 2015).

The purpose of this study was to describe and better understand the perceptions and experiences of MSW/MPH alumni and field instructors in a recently-implemented MSW/MPH program in the Southeast. The following questions guided our investigation:

1. How do alumni perceive their preparation by the MSW/MPH program?
2. How are alumni using their MSW/MPH education in the workplace?
3. What are field instructors' perceptions of the preparation and competencies of MSW/MPH students?

The findings reported herein make two important contributions to the literature. First, this study is the first to report data from both graduates and field instructors, and second, it contributes to the limited body of literature on MSW/MPH program outcomes.

### **Program Overview**

The University of Georgia launched a MSW/MPH program in 2011 through a collaborative partnership between the School of Social Work and the College of Public Health. Based on the challenges identified in the literature and discussions with existing MSW/MPH program coordinators across the U.S., the program was designed with three distinguishing features: a) concurrent social work and public health coursework throughout the program; b) an integrated field practicum that addresses both social work and public health internship requirements; and c) an intensive (seven consecutive semesters, two-and-a-half years; many programs are three-year programs), 90-credit program of study. The

MSW/MPH degree is an option for students in the clinical or community empowerment and program development concentrations in social work and the health promotion and behavior or gerontology concentrations in public health. Students must apply separately to the School of Social Work (MSW program) and the College of Public Health (MPH program) and can enroll at two time points: in fall or spring semester of their first year of graduate study.

The MSW/MPH program is intense, with students typically enrolling in 15 credit hours each semester. MSW/MPH students complete two placements: a one-semester MSW foundation placement and a two-semester integrated social work and public health concentration placement. The integrated placement is completed as a block (40 hour/week) placement over the summer, continuing into a 24-hour/week placement in the fall semester of their third year. During the block placement, students integrate public health and social work activities. Field coordinators from both programs work closely together to identify placement sites (e.g., clinics, hospitals, behavioral health clinics) that meet the internship requirements of their respective accrediting bodies and that will offer learning experiences to integrate the knowledge and skills of the two disciplines. Students develop learning plans with objectives, activities, and interventions that will achieve both public health and social work competencies. Assignments during the semester address the competencies of both disciplines. Site visits take place at the beginning and end of the integrated summer semester, with the MSW/MPH program coordinator working in conjunction with field instructors to oversee the integration of the knowledge and skills of both disciplines during the placement.

## Methods

### Survey

The authors developed surveys for each group (alumni and field instructors) based on existing literature (Ruth, Marshall et al., 2015). The surveys included closed- and open-ended questions. Closed-ended questions used a five-point, Likert-type scale with ratings from 1 (*strongly disagree*) to 5 (*strongly agree*). The alumni survey included 51 questions addressing topics such as MSW/MPH program experiences, employment and career experiences, professional identity, and the practice of PHSW. The field instructor survey included 21 questions addressing topics such as perceptions of MSW/MPH student competencies and integration of PHSW in the field experience.

### Sampling and Analysis

As of January 2017, 32 students had graduated from the MSW/MPH program and 34 field instructors had supervised MSW/MPH students during their integrated field placements. Emails with the survey link were sent to all alumni and field instructors inviting them to participate in the survey. Follow-up reminders were emailed at one- and two-week intervals after the initial email. No incentives were provided for participation in the survey and data collection occurred between January and April 2017. The evaluation protocol was reviewed and approved by the university's Institutional Review Board. Descriptive statistics, means, and frequencies were calculated for each of the survey

questions using SPSS (version 24, IBM Corporation). Open-ended survey responses were reviewed for overarching themes.

## Results

Twenty-three graduates (response rate of 71.9%) and 24 field instructors (response rate of 70.6%) completed surveys. About a third of alumni (39.1%) had graduated within the previous year and over half (56.5%) had graduated more than two years ago (see Table 1). The majority of alumni (91.3%) identified as female, White (75%), and non-Hispanic (81.3%). Field instructor respondents were almost evenly divided among the four academic years since inception of the program. A little over half (54.2%) typically supervised both MSW and MPH students, and 45.8% typically supervised MSW students. Supervisory experience ranged from one to 25 years, with two-thirds (66.7%) having one to five years of supervisory experience.

Table 1. *Descriptive Statistics of Survey Respondents*

<b>Characteristic</b>	<b><i>n</i></b>	<b>%</b>
<b>Graduates (<i>n</i>=23)</b>		
Academic Year ( <i>n</i> =23)		
2013-2014	5	21.7
2014-2015	8	34.8
2015-2016	1	4.3
2016-2017	9	39.1
Gender ( <i>n</i> =23)		
Female	21	91.3
Male	2	8.7
Race <sup>i</sup> ( <i>n</i> =16)		
White/Caucasian	12	75.0
Black/African American	2	12.5
Other or mixed race	2	12.5
Ethnicity <sup>i</sup> ( <i>n</i> =16)		
Not Hispanic	13	81.3
Hispanic	3	18.8
<b>Field Instructors (<i>n</i>=24)</b>		
Academic Year		
2013-2014	5	20.8
2014-2015	7	29.2
2015-2016	6	25.0
2016-2017	6	25.0
Students typically supervised		
MSW & MPH students	13	54.2
MSW students	11	45.8
Supervision experience		
1-5 years	16	66.7
6-10 years	3	12.5
11-15 years	2	8.3
16+ years	3	12.5
Note: <sup>i</sup> Race and ethnicity were not collected from all participants		

### Perceptions of Preparation by the MSW/MPH Program

When asked about their professional preparation, alumni agreed that they had a strong grasp of social work competencies ( $M=4.57$ ,  $SD=.73$ ) and public health competencies ( $M=4.52$ ,  $SD=.51$ ), and that they could easily see the connections between social work and public health ( $M=4.83$ ,  $SD=.39$ ; see Table 2). Respondents reported a good understanding of PHSW that they could describe to others ( $M=4.65$ ,  $SD=.57$ ), easily drawing from public health and social work competencies ( $M=4.65$ ,  $SD=.65$ ), and seeing problems differently because they had a dual professional perspective ( $M=4.83$ ,  $SD=.39$ ). Alumni were satisfied with the decision to pursue a dual degree ( $M=4.65$ ,  $SD=.71$ ), and they generally agreed that they felt a part of both public health and social work professions ( $M=3.91$ ,  $SD=1.2$ ). In terms of their current employment situation, alumni agreed that their dual degree had a positive impact on their ability to obtain the position ( $M=4.45$ ,  $SD=.69$ ).

Table 2. *Alumni Perceptions of Preparation (n=23)*

Survey statement	Mean	SD
I...		
have a good grasp of social work competencies.	4.57	.73
have a good grasp of public health competencies.	4.52	.51
can easily see the connections between social work and public health.	4.83	.39
have a good understanding of public health social work and can describe it to others.	4.65	.57
can easily draw from both public health and social work skills and competencies.	4.65	.65
see problems/issues differently because I have a dual professional perspective.	4.83	.39
feel I am part of both public health and social work professions	3.91	1.2
Program satisfaction		
Satisfaction with decision to pursue the dual degree program	4.65	.71
Employment (n=20)		
MSW/MPH had a positive impact on ability to obtain current position	4.45	.69

Overall, the written comments by MSW/MPH alumni were also very positive, focusing mostly on their expanded professional perspective and the marketability of the MSW/MPH degree. For example, alumni described having broader perspectives when approaching social problems:

*The dual degree program has provided me with a more well-rounded understanding of human beings and the array of problems in our world today (that need attention from a social work and public health perspective). I believe that social work has provided me with great tools for intervening and working directly and competently with diverse people, while public health has given me a more fact-based/science-based approach to improving health outcomes in American society and in other cultures.*

*It [dual degree program] has allowed me to have more input in my organization's operations. It has given me higher social standing (in some cases) than other social workers. It has given me multiple frameworks to address client health issues and*

*organizational challenges. I have research and evaluation skills as well as direct practice competencies, and that has created a niche role for me at my organization.*

Most alumni indicated that the MSW/MPH degree increased their marketability and helped them stand out from other candidates, as one noted: “I was told that the reason I got my first job after graduating was because I had two degrees. That put me ahead of other applicants.” However, one alumnus expressed doubt about having a competitive edge because of the dual degree, stating, “I think it helped me to meet the minimum requirements for master’s-level jobs in these fields, but most jobs only care if I have one degree or the other.”

Most alumni also commented on an overall positive learning experience in the MSW/MPH program, including meaningful learning and field placement experiences and positive relationships with advisors. A few, however, expressed frustration with the program having limited options for electives and disappointment with a lack of rigor in the curriculum.

### **Use of MSW/MPH Education in the Workplace**

The majority (87%) of alumni were employed at the time of the survey and two (8.7%) were pursuing doctoral studies (see Tables 3a and 3b). Slightly less than half of alumni (40%) worked in a health care setting, followed by government settings (25%). Alumni reported a variety of position titles, with about half (55%) requiring a MSW and only one (4.8%) requiring an MPH. Over half (63.2%) were earning salaries of \$40,000 or more. Most respondents (73.9%) pursued licensure or certifications, with 52.2% having or pursuing a Licensed Master Social Worker or Licensed Clinical Social Worker credential (Association of Social Work Boards, 2017), followed by the Certified Health Education Specialist (21.7%) credential (National Commission for Health Education Credentialing, Inc., 2017), and the Certified in Public Health (13%) credential (National Board of Public Health Examiners, 2017). About a third (34.8%) of alumni reported belonging to a professional organization, including the National Association of Social Workers (21.7%), American Public Health Association (4.3%), or other organizations (21.7%). Alumni described themselves to others in a variety of ways, including as a social worker (43.5%), public health social worker (21.7%), public health professional (8.7%), health educator (4.3%), or by their position title (13.0%). Alumni somewhat agreed that they were constrained in their PHSW practice by the limits of their work setting ( $M=3.35$ ,  $SD=1.35$ ), that their position was the ideal integration of PHSW ( $M=3.35$ ,  $SD=1.63$ ), and that their workplace acknowledged their unique PHSW competencies ( $M=4.0$ ,  $SD=1.26$ ).

Table 3a. *Use of MSW/MPH in Workplace (n=23)*

<b>Survey item</b>		<b><i>n</i></b>	<b>(%)</b>
Employment status	Employed	20	87.0
	Unemployed, looking for work	1	4.3
	PhD student	2	8.7
Type of employer ( <i>n</i> =20)	Health care	8	40.0
	Government or other public agency	5	25.0
	Private, not-for-profit agency	3	15.0
	University/research	2	10.0
	Private, for-profit agency	1	5.0
	Self-employed	1	5.0
Position titles ( <i>n</i> =19)	Coordinator/specialist, health department	5	26.3
	Medical social worker	5	26.3
	Social worker/behavioral health provider	3	15.8
	Clinical specialist	2	10.5
	Executive director	2	10.5
	Other	2	10.5
Degree required	MPH ( <i>n</i> =21)	1	4.8
	MSW ( <i>n</i> =20)	11	55.0
Salary range ( <i>n</i> =19)	<\$30,000	1	5.3
	31,000-40,000	6	31.6
	41,000-50,000	9	47.4
	>\$50,000	3	15.8
Uses the following competencies ( <i>n</i> =20):	Both social work and public health	15	75.0
	Social work only	2	10.0
	Public health only	1	5.0
	Neither set of competencies	2	8.7
Licensure/certification <sup>i</sup>	LMSW, LCSW or applying	12	52.2
	CHES or applying	5	21.7
	CPH	3	13.0
	None	6	26.1
Self-description	Social worker	10	43.5
	Public health social worker	5	21.7
	Public health professional	2	8.7
	Health educator	1	4.3
	By position title	3	13.0
	Other	2	8.7
Professional organizations <sup>ii</sup>	National Association of Social Workers	5	21.7
	American Public Health Association	1	4.3
	Other	5	21.7
	None	15	65.2

Notes: <sup>i</sup>Two alumni maintain both CPH & CHES; one maintains both CPH & LMSW; <sup>ii</sup>Three alumni were members of more than one professional organization

Table 3b. *Use of MSW/MPH in Workplace (n=23)*

<b>Survey statements (n=20)</b>	<b>Mean</b>	<b>SD</b>
I am constrained in my public health social work practice by the limits of my work setting.	3.35	1.35
My position is the ideal integration of public health social work.	3.35	1.63
My workplace acknowledges/understands my unique public health social work competencies.	4.00	1.26

The majority of alumni (75%) reported using both social work and public health skills and competencies in their position. Alumni were asked to describe the public health and social work skills they used in their workplace settings; of those who responded ( $n=15$ ), all listed both public health and social work skills, regardless of position title or profession. Table 4 summarizes the five most commonly cited public health and social work skills, with program design and planning the top skill in public health and assessment and counseling the most often used skills in social work. It should be noted that more social work skills were mentioned, which may reflect the greater number of alumni employed in social work-related positions.

Table 4. *Top Five Public Health and Social Work Skills Used (n=15)*

<b>Skill</b>	<b>n</b>	<b>%</b>
<b>Public health</b>		
Program design/planning	6	40.0
Health education	5	33.3
Program evaluation	5	33.3
Health/healthcare policy	3	20.0
Health promotion	3	20.0
<b>Social work</b>		
Assessment	8	53.3
Counseling skills	8	53.3
Case management	5	33.3
Diagnostic criteria	5	33.3
Therapeutic techniques	4	26.7

### Perceptions of Field Instructors

Field instructors agreed that MSW/MPH students evidenced a good grasp of social work competencies ( $M=4.67$ ,  $SD=.48$ ) and public health competencies ( $M=4.46$ ,  $SD=.59$ ), and demonstrated understanding of social work and public health values ( $M=4.79$ ,  $SD=.42$ ), theories ( $M=4.29$ ,  $SD=.81$ ), and practices ( $M=4.54$ ,  $SD=.59$ ; Table 5). They agreed that MSW/MPH students were competent to apply for MSW positions ( $M=4.71$ ,  $SD=.69$ ) and MPH positions ( $M=4.58$ ,  $SD=.58$ ), and that they would hire an MSW/MPH graduate if given the opportunity ( $M=4.75$ ,  $SD=.53$ ). Field instructors also agreed that their agency effectively integrated both the MSW and MPH field experience ( $M=4.63$ ,  $SD=.50$ ). Supervising a MSW/MPH student also helped field instructors learn how social work and public health are integrated in practice ( $M=4.42$ ,  $SD=.65$ ), and field instructors expressed satisfaction with their decision to supervise MSW/MPH students ( $M=4.88$ ,  $SD=.45$ ). All but two field instructors (91.3%) expressed willingness to supervise another MSW/MPH

student, with the two who were unwilling citing time constraints. All field instructors (100%) stated they would recommend this university's MSW/MPH program to other students.

Table 5. *Field Instructor Perspectives (n=24)*

<b>Survey statement</b>	<b>Mean</b>	<b>SD</b>
MSW MPH students demonstrated...		
social work and public health values	4.79	.42
competence to apply to MSW position	4.71	.69
good grasp of social work competencies	4.67	.48
competence to apply to MPH position	4.58	.58
social work and public health practices	4.54	.59
good grasp of public health competencies	4.46	.59
social work and public health theories	4.29	.81
Field placement effectively integrated both MSW and MPH field experience	4.63	.50
Would hire a MSW/MPH graduate	4.75	.53
Field instructor learned how social work and public health are integrated	4.42	.65
How satisfied are you with decision to supervise a MSW MPH student	4.88	.45

Written comments by field instructors were very positive overall, with most pertaining to the high caliber of the students. Field instructors described them as “motivated,” “confident,” “outstanding,” “ingenious,” “self-directed,” and “team-oriented.” As one stated, “Dual degree students appear to be extremely self-motivated, self-directed, and confident when they arrive at the field placement. They are eager to jump right in.” Field instructors also commented on the added value to the agency in hiring dual degree students, especially in comparison to MSW-only students. They noted, in particular, the stronger skill sets of dual degree students in conducting literature reviews, program development and evaluation, grant and accreditation management, and prevention and physical health. The following statement by one field instructor captured a common sentiment: “Our dual degree intern provided a perspective that was not formerly represented in this organization, so the public health perspective was innovative and valuable. The intern was taken more seriously by administration (MBAs and MDs) at least partly due to the intern’s ability to speak a language they understand better than ‘MSW talk.’”

Field instructors also noted that the benefits of having MSW/MPH students in comparison to MPH-only students. One, for example, indicated that MSW/MPH students were “better equipped to manage social barriers to medical care.” Several remarked that MSW/MPH students were a better fit for their agency’s mission. As one expressed, “they can see the larger needs of a population and where they fit in the community, to the more specific work of helping clients connect with those resources they need.”

Additionally, field instructors reported a very positive perception of MSW/MPH students and believed their dual degrees would enhance their marketability. They also offered suggestions for improving the MSW/MPH integrated field experience including providing greater clarity for students about expectations prior to entering the field placement, modifying the timing and length of the integrated field placement (for example,

three semesters instead of two), and coordinating MSW and MPH field evaluation paperwork.

### **Discussion**

Despite growing interest in MSW/MPH programs, limited literature exists that describes how alumni from these programs practice PHSW (Ruth, Marshall et al., 2015; Ziperstein et al., 2015) and, to our knowledge, no literature exists on field instructors' perceptions of MSW/MPH students' competencies when completing their field placement experience. The purpose of this study was to describe the perceptions and experiences of MSW/MPH alumni and field instructors associated with a recently implemented MSW/MPH program at the University of Georgia. We found that overall, MSW/MPH alumni were satisfied with their experiences in the program, were employed in PHSW settings, and used both social work and public health skills in their workplace. Field instructors were impressed with MSW/MPH students' performance in the field placement, and saw the added value of dual degree professionals in their agency settings.

Our findings add weight to those found by others. For example, the majority of alumni used both social work and public health skills and competencies in their current employment as well as agreed or strongly agreed that their position is the ideal integration of public health and social work (Ruth, Marshall et al., 2015). As Ruth and colleagues noted, our respondents tended to identify more strongly with the profession of social work, calling themselves social workers or public health social workers, and about half pursued social work licensure. Alumni reported success in grasping public health and social work competencies, felt a part of both professions, believed their dual degree had a positive impact on their ability to obtain their current position, and reported satisfaction with their decision to pursue a dual degree.

Previous literature has suggested that the workplace may not fully appreciate the competencies of MSW/MPH practitioners (Ruth, Marshall et al., 2015). We found that our alumni were more likely to agree that practice as PHSW professionals was constrained by the limits of their work setting, and less likely to agree that their position was the ideal integration of PHSW and that their workplace acknowledged their unique PHSW competencies. Nevertheless, our MSW/MPH alumni still found opportunities to apply both social work and public health competencies in their work settings.

Field instructors were very positive in regard to MSW/MPH students' preparation for entering the field and their demonstration of social work and public health competencies. The majority strongly agreed that their agency was able to effectively integrate both MSW and MPH field experiences, which supports the call in the research literature for transdisciplinary and interprofessional perspectives to address current societal problems (Haire-Joshu & McBride, 2013; Koh & Sebelius, 2010). Supervising MSW/MPH students also helped field instructors learn more about how social work and public health are integrated in practice. Field instructors clearly appreciated the promise of MSW/MPH practitioners, which seems somewhat in contrast to the perception of MSW/MPH alumni of less understanding of the value of PHSW in their workplace. Prior to student placement in field and to help bolster their willingness to take a MSW/MPH student (with his/her

unique field requirements), the program's public health and social work field coordinators emphasized to field instructors the value of MSW/MPH students. Thus, field instructors in our sample may have had a more thorough understanding of what MSW/MPH students could offer to an agency. Further, MSW/MPH students work with their field instructors to create learning plans that explicitly describe public health and social work competencies. Perhaps this added orientation helped foster positive field instructor expectations.

MSW/MPH graduates would be well-advised to explicitly describe (both written and verbally) their PHSW competencies to prospective employers as a way to increase awareness of the knowledge and skills they would bring to the workplace setting, and to have continued conversations about how those PHSW competencies can benefit the agency moving forward. Unfortunately, however, as indicated in extant literature and as our findings confirm, a large majority of positions specifically seek an MSW- *or* MPH-prepared practitioner; very few specify both. Thus, it is incumbent for MSW/MPH graduates to advocate strongly for themselves, and to make a compelling case for how their broader, transdisciplinary, and interprofessional perspective on societal problems can benefit the workplace. Most encouraging, as our study and others have shown, is that MSW/MPH graduates understand and can clearly describe the affordances of being dually educated and trained in public health and social work.

### **Limitations**

This study has some limitations. As the first systematic attempt to collect evaluation data from a newly-implemented program, the sample size is relatively small. However, the literature on MSW/MPH programs suggests that most programs are quite small, graduating an average of seven individuals per year (Zipperstein et al., 2015). Also, the findings are limited to alumni and field instructors associated with one MSW/MPH program, which, as noted earlier, has three distinguishing structural features; thus, the results may not be generalized to other MSW/MPH programs. A further limitation is that gender and racial/ethnic data were not collected from field instructors. Additionally, there is a potential for bias as the authors evaluated their own program. We attempted to minimize this bias by assuring students survey data were anonymous, survey participation (or non-participation) would not affect program participation, and by presenting both positive and negative data and comments. Despite these limitations, this study adds to the literature on the perceptions and experiences of MSW/MPH practitioners and adds those of field instructors who have supervised MSW/MPH students, thereby contributing to a broader understanding of MSW/MPH practitioners in real-world settings.

### **Implications**

Health is a growing area of focus in the social work profession, as is the need for transdisciplinary and interprofessional collaborations to address long-standing social and health issues. Dually-trained MSW/MPH practitioners are uniquely prepared to address such issues. Additional research is needed to gain a more nuanced understanding of the experiences and unique contributions of MSW/MPH practitioners. A national, cross-program evaluation could help identify common challenges across programs as well as the unique structural strengths of each program (Michael & Balraj, 2003; Ruth et al., 2008).

Such feedback would help programs best tailor the educational experience of MSW/MPH students for maximum benefit.

Further, there is a strong need for MSW/MPH practitioners to advocate for how their dual education and training uniquely positions them to address intractable social and health problems. At the individual level, for example, they must confidently and explicitly describe their unique set of PHSW competencies to potential and current employers, and at the macro/policy level, they must engage in advocacy and education. Others have called for cross-school leadership, enhanced resources, a greater investment of faculty time, more student funding, expanded career services, and postgraduate professional education to help maximize the ability of MSW/MPH professionals to apply transdisciplinary approaches to problem-solving, with the long-term result of improved community health (Ruth, Marshall et al., 2015). We enthusiastically support this call. Two potential professional resources for MSW/MPH practitioners are the Public Health Social Work section of the American Public Health Association, and the Health practice area of the National Association of Social Workers.

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## Perceptions of Macro Social Work Education: An Exploratory Study of Educators and Practitioners

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**Abstract:** *Social work graduate education is responsive to and reflective of larger environmental forces, including economic and job market trends, regulations by diverse organizations, and student interests. A national online survey of macro social work educators (n=208) and macro social work practitioners (n=383) explored their perceptions of the intersections between these forces and graduate social work education. Findings indicate that while there remains a consistent level of support for and inclusion of macro social work within MSW programs from both groups, macro practitioners identified a concurrent experience of negative perceptions, attitudes, and experiences toward macro social work education while in their graduate programs. We suggest that social work programs seek out opportunities to integrate macro practice content and field experiences into their curriculum, so that students can be better equipped to respond to the complex systemic challenges they will encounter while in professional practice.*

**Keywords:** *Social work education; social work licensure; macro social work*

Macro practice is defined as social work practice with larger systems, such as communities, human service agencies, or public policy environments. CSWE indicates that the number of macro social work MSW graduates (inclusive of policy, administration, and organizing) has been consistent over the past twenty years at less than 10% of all MSW students (CSWE, 2015b, 2016). Despite this, there have been growing concerns about the decline in the number of social work students with specialized macro knowledge and skills (Fisher & Corciullo, 2011). In 2013, the Special Commission to Advance Macro Practice was formed to give focused attention to strengthening and advancing macro practice concentrations/specializations and curricula throughout CSWE-accredited programs (Association for Community Organization and Social Administration [ACOSA] 2017). This exploratory study investigated the impact of internal and external factors on macro practice in social work graduate education as perceived by faculty and practitioners specializing in this area.

Social work practice and education responds to and reflects the larger social, cultural, and political environments (Lein, Uehara, Lightfoot, Lawlor, & Williams, 2017). Since its

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very earliest roots in both Charity Organization Societies and the Settlement House movement (Lubove, 1977; Wenocur & Reisch, 1989), social work education has been influenced by several societal factors. The first is faculty expertise and competing practice orientations such as scientific casework, group work, community organization, and policy practice. The second includes those organizations that regulate educational content and practice. The Council on Social Work Education (CSWE, 2015a) Commission on Accreditation develops educational standards that define competent social work practice at both the undergraduate and graduate levels and administers an accreditation process to ensure compliance with those educational standards. Another important influence on social work education includes state licensure standards and the Association of Social Work Boards (ASWB) which develops multiple social work licensing exams to reflect various social work degrees and specializations (i.e., BSW Generalist, MSW Generalist, MSW Clinical). The academic environment of social work programs, as well as students' expectations for their social work education and professional trajectories, also play a role in the implicit activities that promote educational content. Finally, third-party reimbursement and employer hiring practices shape how social work opportunities are framed in the job market. Taken together, these factors influence the profession in numerous, interrelated ways.

### **Literature Review**

In 2014, Rothman and Mizrahi explicitly called for rebalancing social work education and field components with macro social work content, noting a clinical content dominance in these areas. These scholars argue that despite the historical emphasis on both the individual and community, micro and macro practice, our professional Code of Ethics, and numerous professional organizations representing macro practice, the profession is "preponderantly weighted toward clinical practice" (p. 92). Data supports this. The number of graduate social workers with a clinical license dominates the professional landscape, as approximately 93% of post-MSW licensee's hold a clinical license (Donaldson, Hill, Ferguson, Fogel, & Erickson, 2014). Earlier, we suggested that there are interrelated factors that have worked to create this dynamic. Examples follow.

#### **Faculty Orientation**

Debates about the place of macro practice in social work have been present in the literature and in the academy for decades (Ezell, Chernesky & Healy, 2004; Hill, Ferguson, & Erickson, 2010; Miller, Tice, & Hall, 2008; Pine & Healy, 1994). In 2012, ACOSA commissioned a study of their academic membership to better understand the state of macro practice in social work education programs. Based on this study, Rothman (2012) identified a number of factors that contributed to faculty concerns about macro social work education. Among those factors were: lack of faculty interest in or understanding of macro practice, the marginalization of macro courses, declining curriculum space and field placement opportunities among clinically-structured programs, students being discouraged from selecting a macro concentration, and clinical social work licensing driving curricular decisions. One respondent wrote, "[Clinically-bounded] licensure is the death of macro practice and is tragic for the future of social work" (p. 9). These results suggest that

graduate social work curricula may favor educational content reflective of state licensing options, even if this is an unintentional outcome (Miller, Deck, Grise-Owens, & Borders, 2015). Fogel and Ersing (2016) note that there has been a decline in completed social work dissertations with a focus on macro practice, and suggest that this decline may be related to fewer faculty members interested in and prepared to teach this content within schools of social work, an area that warrants further study.

### **Regulatory Organizations**

Most states have laws that require that graduates of MSW programs achieve state-regulated licensure in order to practice as a social worker. For the purpose of this article, the term “license” refer to those types of licenses that are available as options for MSW graduates. The universal qualifier for social work licensing in the United States is for individuals to attain a social work degree from a CSWE-accredited program and pass a licensing exam. Most of these State laws are modeled after the Association for Social Work Board’s (ASWB) Model State Social Work Practice Act (Bibus & Boutté-Queen, 2011).

Various types of social work licenses are available for post-MSW students depending on professional experience, interest, and state board criteria. The types of licenses available vary from state to state. In addition, states have a variety of additional requirements for the types of licensure they offer (Donaldson et al., 2014). Indeed, some states have moved to include specific MSW curricular content for advanced clinical social work licensure. Required content that some states include is related specifically to clinical diagnoses and interventions and require field placements in clinical settings where students gain experience in clinical diagnosis and methods of treatment and intervention (Donaldson et al., 2014). As State board requirements have become more specific, some schools have moved to ensure that their students, who will need the licensing credential to practice, have the requisite clinical coursework during their MSW program (Miller et al., 2015). Thus, curricula have shifted in response to State board requirements, which in turn, are responding to workforce trends and/or legislative requirements.

State board mandates for these additional requirements vary from state to state, limiting social workers’ ability to move among states and qualify for the same license. For example, a social worker may be licensed as a clinical social worker in one state but may be ineligible in the next state due to these expanded curriculum requirements, even though the student has passed the clinical exam and graduated. Scholars have raised questions about the fit between content covered in licensure exams and content that is taught as part of the MSW curriculum (Black & Whelley, 1999; Cherry, Rothman, & Skolnik, 1989; Strom & Gingerich, 1993). Biggerstaff (2000) identified multiple concerns with increased public regulation of social work practice, including the limitation of practice to “...certain theoretical and practice perspectives...” (p. 112) which are included in the statutory language, as well as the possibility that statutory language may limit the scope of practice, to the deficit of “...practice, future technological development and knowledge expansion...” (p. 111). There seems to be consensus that licensing requirements do, in fact, influence both social work practice and social work education (Boutté-Queen, 2003; Cherry et al., 1989; Ezell et al., 2004; Strom & Gingerich, 1993; Wermeling, Hunn, & McLendon, 2013). However, there is scant literature about how schools of social work

specifically implement and infuse curricula content to help students pass licensing exams (Miller, Grise-Owens, & Esobar-Ratliff, 2015). Furthermore, the relationship between CSWE competencies/practice behaviors and the content on social work licensure exams has not yet been examined.

### **Student Expectations**

Ezell and colleagues (2004) identified a number of challenges within social work education impacting student expectations after graduation including those in the implicit environment such as reports of social pressure from other students to select a clinical concentration, and negative attitudes among both students and faculty about macro practice and employability. Rothman (2012) identified similar challenges including a lack of interest from faculty in schools of social work regarding macro practice, shrinking faculty numbers in macro concentrations, and social work curriculums that were overwhelmingly focused on clinical practice. Difficulties with providing field practicum experiences for macro social work students have also been identified, such as a smaller number of placement opportunities and a lack of supervision for students in these types of placements (Mor Barak, Travis, & Bess, 2004).

Challenges to student expectations regarding selecting a macro concentration that are external to social work graduate programs include opportunities for professional identity development and identification of macro social workers as field instructors and mentors (Hill et al., 2010; Lightfoot, Nienow, Moua, Colburn, & Petri, 2016). When community practice social workers do not identify themselves professionally as social workers, the field loses role models and representation, both for other social workers and to other professions. Additionally, social workers who practice with larger systems are not always supported or well-represented within the profession (Moore & Johnston, 2002; Weiss, 2003, 2006). For example, many positions that macro practice graduates may compete for, may not be identified as “social work” positions in the job title, description, or requirements. While social workers’ knowledge, skills, and abilities may be an excellent fit for these positions, the positions may not be identified as specifically for social workers (Pritzker & Applewhite, 2015).

Employment opportunities are also part of the context for current social workers and students. Market forces such as employment trends and third-party reimbursements as well as social trends and public policies have moved much of the profession towards a more clinical and micro direct-practice focus (Gibelman, 1999; Schneider & Netting, 1999; Specht & Courtney, 1994). Recent research suggests that graduate students are interested in obtaining their clinical social work license in order to increase their job opportunities and be recognized as a professional with specialized skills (Miller, Grise-Owens et al., 2015). Licensing implies that in order to have the “right to practice” (Kleiner & Krueger, 2008, p. 1), it is necessary for individuals to have specific expertise. Thus, having a license indicates that the field has a “...specific skill applied to a specific function” (Lubove, 1977, p. 23).

As shown, there are many interrelated factors that influence content in social work education. As Reisch (2015) indicates, given the new sense of “urgency” regarding the

plethora of social and global problems and the cultural divide (p. 2), the need for macro practice “has become increasingly apparent” (p. 3). The authors of this study sought to learn from macro practitioners and faculty about their experiences of macro social work education within schools of social work, the barriers and supports for a macro specialization, as well as the effect of external factors such as employment trends, public perceptions, and state licensing on this content area in social work curricula.

### Method

Funded by a two-year grant from the New York Community Trust, this study draws from data collected as part of a larger exploratory study on licensing and graduate education in social work (Donaldson, Fogel, Hill, Erickson, & Ferguson, 2016). A survey research design was used to collect both open and closed-ended responses from two distinct groups—faculty who teach macro courses in accredited social work programs (e.g., social policy, community organizing, international social development, nonprofit administration, etc.) and self-identified social work macro practitioners. Human subjects review and approval was obtained through the Institutional Review Board of the Catholic University of America.

Using a subset of the data collected in the larger project, this study explored following research questions:

1. What are the perceptions of macro practitioners and faculty of macro social work education?
2. What do macro faculty and practitioners identify as the internal and external influences on macro social work education?

### Sample

**Macro practitioner respondents.** Identifying macro social workers can be difficult. Our first plan, to identify individuals through their licensure status (i.e., those with an advanced macro license) proved to be unsuccessful for several reasons. First, only three states offered an advanced macro license (Donaldson et al., 2014). Second, our collective professional knowledge told us that many macro social workers do not have an advanced license, and if they do, it is typically an advanced generalist license, not a macro license. Finally, many of the lists of licensed social workers did not differentiate among licensee types nor did they include e-mail information.

As an alternative, we ordered lists of social workers from the two state licensing boards (District of Columbia and Minnesota) that captured e-mail addresses and also differentiated between licensees. Neither of these offer an advanced macro license; rather, both areas offer an advanced generalist license (an LISW) as well as an advanced clinical license (LICSW). To supplement the list, we used a snowball sampling method to connect with macro social workers across the U.S., requesting they send out the survey via email to others. We also used snowball sampling methods to locate macro social workers without licenses, and posted notices on Facebook, LinkedIn and other social media sites and listservs inviting participation in the survey. In addition, we culled the contact information from the macro practitioners in the membership lists of ACOSA, the Network for Social

Work Management, and the Social Welfare Action Alliance. This approach yielded 383 respondents. In order to identify their expertise in macro social work, practitioner respondents were provided with an overview and definition of macro social work practice, and then asked if they identified as macro social workers. If they self-identified their primary professional interest in one of these areas, they were asked to complete the survey.

**Faculty Respondents.** For our initial attempt to recruit a geographically diverse faculty sampling frame, we organized the list of CSWE-accredited schools by census region and randomly selected 15 schools from each of the four regions. Through online research and phone calls, we identified the faculty in those programs who taught macro courses, and gathered their contact information. In order to identify their expertise in macro social work, faculty respondents were provided with an overview and definition of macro social work practice, and then asked if they identified as macro social work faculty. Those who self-identified their primary academic interest in one of these areas were invited to complete the survey.

Because response rates from this first random sample were too low to be meaningful, we instituted a snowball sampling approach to increase participation. We sent the survey out through the MSW Education listserv to macro faculty colleagues and invited colleagues to forward it to other macro faculty. Additional sources we used included membership lists of the three primary macro-oriented social work associations: ACOSA, NSWM, and SWAA. These efforts increased the number of respondents to 208 educators.

### Survey Instrument

The surveys were developed and distributed using Qualtrics, an online survey tool. The instrument development grew from a review of existing literature and from the authors' experiences as social work practitioners and academics. The faculty survey was pilot-tested with three faculty from CSWE-accredited MSW programs, and the practitioner survey was pilot-tested with four macro social work practitioners. The final surveys were made available in November 2012, and remained open until May of 2013.

The faculty survey consisted of four sections: 1) MSW program information, 2) barriers for student selection of macro concentration; 3) faculty attitudes toward licensing, and 4) faculty demographics. This article presents data from Sections 1, 2, and 4; data from section 3 were discussed in previous publications. Section one included seven questions about the macro components of their MSW program, e.g., whether or not they offered a macro concentration, average student enrollment in concentration, and whether the concentration is growing, stable, or declining. Section two included four questions related to faculty perceptions of student experiences in the MSW program, particularly as it related to selecting a macro concentration. This section included a list of items which respondents were asked to rank as barriers, from 0 (*not at all important*) to 100 (*extremely important*), in selecting a macro concentration or program. Barriers included licensing considerations, advice from peers, or the number of field placements available. Section 4 included seven demographic items (e.g., position, number of years at institution, age, gender, race).

The macro practitioner survey had five sections: 1) attitudes toward licensing, 2) licensure pursuit path, 3) experience in their MSW program, 4) professional macro practice and social work identity, and 5) demographics. This article presents findings from the third

and fifth sections. Section three included four questions related to the practitioner's experience in their MSW program as a macro student: 1) did the program have a macro-focused concentration, 2) did the respondent choose the macro concentration, 3) six items related to school climate toward macro to which they responded yes or no (e.g., did they feel supported as a macro student, did they feel pressured to reconsider their choice in macro, did macro seem as important as micro practice, whether or not there was an emphasis on clinical social work), and 4) an open-ended question giving respondents an opportunity to share more about their MSW experiences.

### **Data Analysis**

The survey results for faculty and practitioners were analyzed separately. Simple descriptive statistics, using SPSS software, were used for the quantitative data. For the open-ended responses, we followed the same approach that we had used in our larger study (Donaldson et al., 2016), pairing the open-ended responses with the closed-ended questions that immediately preceded them. In both surveys, the open-ended questions included in this analysis follow multiple closed-ended questions, and provide respondents with the opportunity to expand upon their responses. For example, in the faculty survey, the first open-ended question asks respondents to identify possible reasons for enrollment changes in their macro programs. This question follows five closed-ended questions about the history and health of macro social work education in their MSW program. Thus we chose to view the responses to the open-ended questions as a continuation of respondents' answers to the close-ended questions that immediately preceded them.

### **Findings**

While exploratory, the findings of this study provide some insight into the state of the macro specialization in social work educational programs, faculty's perceptions of student's attitudes towards macro concentrations, and current practitioner's perceptions of their own macro practice education. This information provides some insight into how the social, cultural, and political contexts may be influencing macro social work practice.

### **Participant Demographics**

Table 1 presents the demographic characteristics of the faculty and practitioner respondents. Fifty-one percent (n=70) of faculty and 57.6% (n=175) of practitioners reported having an advanced level social work license. Of those who had a license, 71% (n=34) of faculty and 22.4% (n=39) of practitioners reported having a clinical license, 21% (n=10) of faculty and 63.8% (n=111) of practitioners had an advanced generalist license, and 8% (n=4) of faculty and 13.8% (n=24) of practitioners reported having a macro license.

Table 1. *Respondent Demographics*

	Faculty (n=208)		Practitioners (n=383)	
	n	$\bar{x}$	n	$\bar{x}$
Average Age	91	53	172	46
Average Years in Social Work	138	27.6	290	16
Average Years at Current Institution	138	12.7	--	--
Avg. Years in Macro Social Work	--	--	138	11
	n	%	n	%
Graduate Level License	--	--	212	68.2
Advanced Level License	70	51	175	57.6
Advanced Clinical License	34	71*	39	22.4**
Advanced Generalist License	10	21*	111	63.8**
Advanced Macro License	4	8*	24	13.8**

\*This is the percentage of the 48 faculty respondents who provided this information.

\*\* This is the percentage of the 174 practitioners who provided this information

### Faculty Reports of Availability of Graduate Macro Content in Their Program

Fifty-seven percent (n=119) of faculty respondents indicated that a macro concentration was currently available in their MSW program, and that their macro concentrations included content on administration and management (32.1%), community organization (25.8%), policy practice (20.6%), international social development (6.7%), and 'other' areas (5.7%), which included social enterprise administration, planning, organizational development, and organizational change. Of the faculty respondents who were employed in social work programs that did not currently include a macro concentration, 70% (n=38) indicated that there was not currently any interest in creating a new concentration focused on macro practice.

Among faculty teaching in MSW programs that currently have macro concentrations, 81 faculty members responded to the question about whether or not their programs were growing, stable, or declining. Slightly more than half (52%, n=42) of the 81 respondents indicated that enrollment in their macro concentration was stable, while 23% (n=19) indicated that enrollment was growing and the same number (23%, n=19) that it was declining. Respondents pointed to marketing efforts that began with entering MSW students, flexible and diverse program options (including online MSW programs with a macro focus), and specialized concentrations (for example, human resources, public and nonprofit management, and social, economic, or international development) within the macro curriculum as key components to their programs' growth. Several respondents from all kinds of programs (growing/declining/stable) also mentioned the impact of dual degree programs, such as MSW/MPH or MSW/MPA, on their MSW macro concentrations. A few of the respondents saw the dual degrees as detracting from the macro concentrations; others saw them as an area of strength for their programs.

For programs that are declining in enrollment, open-ended responses referred to the impact of clinical licensure on curbing students' interest in macro education. Comments included "faculty are advising students that a clinical license will be critical for employment, even if the student aspires to a macro career" and "students seem very

concerned about being able to get their license with an administration concentration.” Respondents also discussed market forces, lack of faculty trained in macro practice, lack of field placements with “...MSW agency supervision”, limited employment opportunities for macro practitioners, and “school’s ambivalence” about a macro focus. Several respondents also indicated that macro faculty were retiring from their schools and were not being replaced.

### Faculty Perceptions of Student Attitudes Toward Macro Practice Education

Faculty who indicated that their MSW programs included a macro concentration (n=119) were asked to rate statements about their perceptions of the importance of various factors in students’ selection of an area of emphasis in their MSW concentration—either clinical or macro. Each statement had a scale of 0 (*not important*) to 100 (*very important*). Of the 119 faculty who indicated that their MSW programs included a macro concentration, 109 completed the scale items.

Table 2. *Faculty Perceptions of Reasons Students Do Not Select Macro Concentration*

	n	$\bar{x}$	$\sigma$
Perceptions that there are fewer jobs available for macro social workers	74	72.1	28.23
Advice from peers to select a clinical concentration	74	70.7	26.59
Licensing considerations	73	68.0	28.00
Advice from faculty to select a clinical concentration	72	63.2	30.70
Confusion about what macro social work is	71	59.9	23.23
Perception that clinical social work is more lucrative than macro social work	70	59.0	31.83
Advice from foundation year field instructors to select a clinical concentration	70	54.9	30.71
Lack of role models	71	46.9	27.81
Fewer course options/electives in macro concentration	69	45.3	27.42
Don’t see a need for additional training in macro practice	68	43.9	27.62
Fewer field placement options in macro concentration	66	37.0	27.96

As presented in Table 2, the highest rated factors for student selection of concentrations included “perception that there are fewer jobs available for macro social workers” ( $\bar{x}$ =72.1), “advice from peers to select a clinical concentration” ( $\bar{x}$ =70.7), and “licensing considerations” ( $\bar{x}$ =68). The lowest rated factors were “fewer field placement options in macro concentration” ( $\bar{x}$ =37.0) and “don’t see a need for additional training in macro practice” ( $\bar{x}$ =43.9). Although the standard deviations are fairly large, they do not change the overall interpretation of the responses. For example, for the first choice, “perception that there are fewer jobs available for macro social workers,” the standard deviation was 28.23. This is a fairly wide range of responses; however, within one standard deviation, they are all still positive (i.e., higher than 50, the midpoint of the scale), indicating that although there was a wide range of responses, 68% of faculty agreed with the statement (Monette, Sullivan, DeJong, & Hilton, 2014).

Following their responses to the scale questions, over half of the respondents (n=50 of n=77) provided an additional narrative comments. Several themes emerged from these responses including a lack of “role models” or examples of macro social workers, students coming into MSW programs with a clear clinical goal already determined, the mechanics of curriculum (i.e., selecting courses or tracks early in a program, the inability to move between or among concentrations, and/or the lack of macro content in the early parts of the MSW curriculum), and a perception that there are not adequate jobs for macro social workers. For example, one respondent stated, “If macro concepts are not interwoven with theory and practice; how will students understand what macro social work is or how it ‘looks’ in the real world. Similarly, how many faculty are involved in macro-level activities as part of their professional identities and how are they bringing it to their students? This isn't just about licensure. It's about us!” Another faculty respondent identified licensing concerns for many students, stating, “Desire to be a therapist rather than a social worker. Fear of not getting enough content in mental health diagnoses to pass licensing exams. Some states only license clinical social work.”

Another theme that emerged was concern that there is a divide in social work education and practice around macro vs. micro practice. For example, one respondent stated: “First – ‘macro’ practice does not exist. We do ourselves a great disservice when we use a term that really has no meaning and just serves to further bifurcate us.” Another stated, “My real concern is that we have a clinical/macro split. We need to integrate the theoretical underpinnings of our profession. This will involve supporting the overall consciousness development of social workers.”

### **Faculty Perceptions of Program Attitudes About Macro Curriculum**

Faculty respondents reflected on their MSW program’s unconscious or conscious bias or preference for clinical or macro social work practice in its curriculum and approach. A five-item Likert-type scale was used, with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The research team used SPSS to assess the reliability of the scale using Cronbach’s alpha procedure for inter-item consistency. In doing so, the calculated Cronbach’s alpha score came to .83; an alpha of .6 or higher demonstrates scale reliability (DeVellis, 2003). Faculty reported that students felt supported in their MSW macro concentration (59% agreed or strongly agreed with this statement). They were almost evenly split (41% strongly disagreed or disagreed; 45% agreed or strongly agreed) with the statement that students understood that macro social work practice is just as important as micro practice. However, faculty also supported (88% agreed or strongly agreed) the statement that the majority of MSW students in their programs were interested in clinical practice, and 59% agreed or strongly agreed with the statement that students felt there was an emphasis on clinical social work practice (see Table 3).

Table 3. *Faculty Perceptions of Student Attitudes Towards Macro Concentrations*

Scale Item	Strongly Disagree n (%)	Disagree n (%)	Neither Agree nor Disagree n (%)	Agree n (%)	Strongly Agree n (%)
Students feel that our MSW program is supportive of those who pursue a macro concentration	3 (3.9)	18 (23.4)	13 (16.9)	25 (32.5)	18 (23.4)
In our program, students understand that macro social work is just as important as micro (clinical or direct) social work practice	3 (3.9)	29 (37.7)	10 (13)	22 (28.6)	13 (16.9)
In our program, students understand that clinical social work is more complex and needs more training than macro social work practice.	6 (7.9)	27 (35.5)	23 (30.3)	17 (22.4)	3 (3.9)
The majority of the students in our program are interested in clinical social work.	2 (2.6)	3 (3.9)	5 (6.5)	23 (29.9)	44 (57.1)
Students report that they feel there is an emphasis on clinical social work in our program.	1 (1.3)	14 (18.2)	16 (20.8)	24 (31.2)	22 (28.6)

Table 4. *Macro Practitioner Experiences in their MSW program\**

Scale Item	Strongly Disagree n (%)	Disagree n (%)	Neither Agree nor Disagree n (%)	Agree n (%)	Strongly Agree n (%)
My program was supportive of students who pursued a macro concentration.	5 (2.6)	10 (5.2)	14 (7.3)	71 (37)	92 (47.9)
I felt pressure from faculty or staff to reconsider my choice of a macro concentration.	91 (47.9)	69 (36.3)	14 (7.4)	11 (5.8)	5 (2.6)
No one ever questioned my decision to pursue a macro concentration.	9 (4.7)	35 (18.4)	12 (6.3)	53 (27.9)	81 (42.6)
In my program, I felt that macro social work practice was just as important as micro social work practice.	19 (10)	49 (25.8)	17 (8.9)	44 (23.2)	61 (32.1)
The majority of the students in my program are interested in clinical social work.	11 (5.8)	11 (5.8)	13 (6.8)	51 (26.8)	104 (54.7)
There was an emphasis on clinical social work in my program.	12 (6.3)	23 (12.1)	44 (23.2)	63 (33.2)	48 (25.3)

\*Note: n's vary due to variability in the number of responses to each item.

### **Practitioners' Recall of Attitudes About Macro Education**

Of 311 practitioners who responded to the items in this scale, 84% (n=249) indicated that their MSW programs offered a macro-focused concentration and 78% (n=194) indicated that they selected this concentration as their area of study. To assess their experience in their programs as macro students, researchers included a 6-item scale (see Table 4). Using SPSS, the research team calculated a Cronbach's alpha value of .82 for this scale.

When asked about their experiences as macro students in their MSW programs, practitioners reported that they felt supported within their programs (85% either 'agreed' or 'strongly agreed' with this statement), and 71% agreed or strongly agreed that their decision to focus on macro social work practice was not questioned in their program. However, a smaller majority (55%) agreed with the statement that macro social work was seen as equivalently important to micro social work, and 58% felt that there was an emphasis on clinical social work in their programs. Finally, eighty-two percent of respondents said the majority of students in their MSW programs were, indeed, focused on micro or clinical social work practice.

### **Practitioner Recollection of MSW Program Bias and Support**

Narrative comments from practitioners reflected their varied experiences as macro concentration students. The majority were positive about their educational experience, with respondents mentioning "dedicated faculty" and a "committed cohort of other students" as key factors. Respondents also pointed to prior work experience as a reason for pursuing a macro concentration, and many indicated intentionally selecting programs that had a specialty in a specific area of macro practice such as administration, policy, or community organization.

Challenges identified by practitioners mirrored faculty's responses. They pointed to issues with finding field placements, accessing resources within their school including electives, and difficulties in finding macro employment after graduation. For example, one respondent stated, "the macro faculty was very supportive, but the program was given less emphasis and seemed like an afterthought." Another said: "The program itself was supportive, but in general macro students had less of a network, less access to professional resources, and fewer options for field placements with macro MSWs for supervisors."

Another theme that emerged was students taking courses outside of a social work program in order to access macro coursework. One respondent said:

*75% of my classes were clinical students, there were very few macro field placement options, and macro concentration classes were limited, so I sought macro classes from the public policy school. My professors were very supportive of macro practice and studies, but the infrastructure did not encourage the macro path.*

Similarly, another respondent commented:

*It was a legitimized program, but in order to get what I wanted I took as many classes as I could in other departments - like policy development and urban planning. The school did not see community organizing as a professional endeavor.*

Finally, many respondents talked about feeling isolated or separated from a professional identity as social workers. For example, one respondent said: "Although my cohort believed in the importance of macro level social work, we acknowledged that non-macro level students sometimes did not completely think that what we were doing was legitimate social work." Another said: "The teachers...never discouraged anyone from pursuing macro work but it was also clear that they considered macro level work to be, somehow, separate from the rest of the profession." Thus, although macro social work may have been part of the social work curriculum, some survey respondents did not feel integrated or connected with social work practice or its public mission.

### **Discussion**

This exploratory study found that both macro practitioners and faculty reported a solid level of support for the inclusion of macro education in graduate social work programs. Faculty respondents reported experiencing strong support for macro-oriented curriculum, and approximately half reported that their macro concentrations were growing or stable. However, along with this perception of support, both faculty and practitioners also reported experiencing negative perceptions, attitudes, and experiences toward macro social work education in their MSW programs. Examples of barriers or challenges to macro education in their MSW programs included challenges in finding field placements that included a macro perspective, a lack of larger institutional support, and/or competition for relatively scarce resources with other concentrations, and students' concerns about employability as barriers to macro-focused MSW education. Finally, both the practitioners and the faculty reported that macro-oriented students were a minority in their MSW programs, regardless of the health of the macro concentration.

Practitioners reported that despite feeling support from faculty members for their area of focus, factors external to the curriculum of their MSW program, such as difficulty in finding macro-oriented field placements, institutional support for the concentration, and concerns about finding a job, challenged them in their macro educational experiences. Both practitioners and faculty remarked on the smaller numbers of macro-oriented students compared with the number of clinical students, and the impact this had both on students' experiences and on levels and quality of institutional support for macro students. Several also remarked that they had to go outside of the social work curriculum to access appropriate or adequate macro content, and many identified a sense of professional isolation from their more clinically-oriented classmates.

### **External Influences on Social Work Curriculum**

The findings from this study support previous work that showed that there are factors external to the social work curriculum that impact macro social work education (Donaldson et al., 2014; Netting et al., 2016; Pritzker & Applewhite, 2015; Reisch, 2015; Rothman,

2012). These factors may include institutional demands within social work education, social work licensure, marketplace and professional demands, and macro social work identity development.

MSW programs are not immune to the challenges faced by institutions of higher education, such as enrollment, rising costs, and competing programs and opportunities. All of these concerns were reflected in our respondents' answers to the survey questions. For example, some faculty indicated that macro faculty positions were not filled upon retirement, or that there was a lack of access to institutional and community resources for macro faculty and students. Factors cited in previous research for the decline in macro social work enrollment and interest include a lack of support among other students, practicing social workers, and in some cases, field educators and faculty, for the pursuit of a macro concentration (Ezell et al., 2004), competition for field placements (Mor Barak et al., 2004; Rothman, 2012), and a belief that micro expertise should precede macro practice (Zippay & Demone, 2011). Reported or perceived declines in students' interest in pursuing macro practice in social work may also be related to competition with other master's degrees in management, law, public health, or public policy (Ezell et al., 2004; Miller, Hopkins, & Greif, 2008).

Concerns about the requirements and expectations of clinical licensure were mentioned by both faculty and practitioners in their survey responses, most typically in conjunction with concerns about employability of social workers without a clinical license. Contrary to the findings in some previous research, CSWE (2015b, 2016) data indicates that the proportion of macro social work graduates has remained stable over the past two decades. MSWs with a clinical license dominate the professional landscape (Donaldson et al., 2014). Although the variability in state licensing options and subsequent requirements influence this number (some states only offer a clinical license; Donaldson et al., 2014), the high rate of clinical licensure along with the movement of more proscriptive clinical content in social work courses raises questions as to whether licensing requirements influence social work curriculum, student choices, and perceived identity of graduate students.

Our results also indicate that there is concern about employment opportunities for macro-focused social workers, beyond worries about employability without a clinical license. Starr, Mizrahi, and Gurzinsky (1999) posited that students believe that a macro emphasis may be detrimental to their employment possibilities; our survey findings show that these perceptions about employment persist. Social workers who practice with larger systems are not always identified or well-represented within the profession (Lightfoot et al., 2016; Moore & Johnston, 2002; Weiss, 2003, 2006), which can also lead to a lack of mentors and role models for new social workers, as well as a loss of the public identity of social workers as social change agents. Rothman (2012) reports that because licensing is geared toward clinical social work, "macro students feel that their employment options will be constrained because they will not be qualified to work in the much larger clinical arena if they are not able to get macro jobs or if they want to switch emphases" (p. 9).

In contrast, Pritzker and Applewhite (2015) found that macro social work graduates were able to successfully compete for administrative and policy positions with graduates from other related disciplines (for example, law, public administration, or public health)

and that macro graduates reported higher salaries than the national average for all social workers. Thus, it is not evident that the demand for macro social workers is in fact weaker than for other types of social work practitioners. This leads us to wonder what other factors are shaping student, faculty, and practitioner perceptions -- including those cited by Rothman (2012), such as challenges in finding field placements, an emphasis on clinical practice within schools of social work, and licensure requirements. These are all areas in which we encourage further investigation and inquiry.

Both faculty and practitioner respondents reported that macro-oriented social workers often experience a sense of isolation from the larger social work profession and within the academy, both while they are pursuing their degrees and in the field. In addition to comparatively low enrollment numbers and licensure concerns, a lack of role models in practice settings and field placements contribute to this sense of isolation and are concerns in the education of macro social work practitioners (Mor Barak et al., 2004; Rothman, 2012).

Field education plays a critical role in orienting MSW students to various roles and opportunities in practice. Mizrahi and Dodd (2013) echo other researchers' calls for an increase in field placements that provide opportunities to "...fulfill the mission of social work in the real world" (p. 595). They go on to note that field experiences are among the most critical elements in shaping social work identity, a belief that is repeated in much of the literature (Mor Barak et al., 2004; Zippay & Demone, 2011). Indeed, Han and Chow (2010) found that students who participated in macro level field placements in their second year of their MSW program were more likely to embrace a social-structural perspective of change. Macro field opportunities would allow new macro practitioners to practice the social work competencies identified by CSWE (2015a), as well as provide them with role models and mentors as they move into practice in an increasingly complex professional sphere. Thus, the continuing issues in finding macro social work field placements have implications for educating the skilled social workers who are needed to respond to the demands of the social environment (Reisch, 2015).

### **Macro Social Workers' Identity Development**

There is an ongoing need for macro social workers to develop a sense of professional identity and connection with the profession in order for this area of practice and education to thrive (Hill et al., 2010; Lightfoot et al., 2016). Some of our participants pointed out that many of the employment opportunities for macro social workers do not specifically require a social work degree or a social work license. Indeed, many people with an MSW may be working as analysts, researchers, or administrators, and may not be calling themselves social workers. This lack of public identification as a social worker disadvantages the profession in that it: a) lowers the visibility and perception of social workers as a good fit for this type of work, b) disadvantages new practitioners and students as they do not see role models and mentors in the profession in the same way that micro social workers do, and c) handicaps social work educators because it makes finding and sustaining field placements and other 'real world' learning opportunities particularly difficult.

Given the disadvantages stemming from the lack of public identification of macro practitioners, there are several easy strategies that can be used to promote macro social work. Faculty who teach macro social work can urge graduating students to continue to make their social work identity visible in workplaces and other settings to help broaden the perception of social workers as community organizers, policy analysts, program administrators, and other macro change agents. In addition, promoting macro social work associations (Hill et al., 2010), macro social work conferences and professional development opportunities specific to macro social work might assist macro practitioners see the value of social work-connected training and networking. Professional social work associations, like NASW, must be prepared to respond to this demand as they have a role in shaping the public perception of social work. Finally, many states link Title Protection for social workers to licensing status rather than degree earned. As mentioned above, few states offer an advanced macro license and most macro employment opportunities do not require licensure. As a result, the title protection laws may discourage macro social workers from pro-actively identifying as social workers to remain compliant with state laws about who can call her/himself a social worker. Therefore, modifying state laws to link title protection to professional degree rather than license may open the door for macro social workers who are not licensed to reclaim their identity as social workers.

### **Study Limitations**

The sampling approach was taken to reach as wide an audience as possible via an online survey. However, due to the wide range of diversity in social work licensing in the U.S., finding universally accepted language regarding state licensing requirements was a barrier. For example, exams do not include a macro option, but many practitioners mistake the Advanced Generalist exam and title for a macro exam and credential. State agencies who provide the licensing also vary between states. There are also, anecdotally, many macro practitioners who no longer identify as social workers, and locating them was difficult.

Concern about macro social work education and practice has implications for international social work. Macro social work practice is essential in international contexts where social workers are engaged in infrastructure development, capacity building, peace building, and human rights practice. Nevertheless, this manuscript remains largely focused on the U.S. context and we recognize that additional work is needed to further understand the impact of macro social work education on the preparation of social workers for international practice contexts.

For reasons unknown to us, not all participants completed the entire survey. This is common in survey research, but, at times, these omissions made it difficult to draw conclusions in our understanding of the issues. Additionally, future researchers would be well-served to explore in more detail the impact of the faculty role whether full or part-time- on their perceptions and experiences of the macro social work curriculum. Finally, the intent and design of this study was exploratory; it was not intended to demonstrate causality or yield broadly generalizable findings (Monette et al., 2014). Instead, the researchers' intent was to further explore the perceptions of both faculty and practitioners about the intersections of the social work environment (including, but not limited to

licensure, professional regulation, identity, academic experience and institutional support) and social work graduate education for macro practitioners.

### **Conclusion**

Social work's professional identity and theoretical perspectives are rooted in "...a dual focus on individual and social change both in the United States and internationally" (Mizrahi & Dodd, 2013, p. 580). However, given the increasing emphasis on clinical interventions, the question arises as to whether social work education, as it currently stands, is imparting the full mission of social work as it is historically defined (D'Aprix, Dunlap, Abel, & Edwards, 2004). Or, are social work programs being unduly influenced by social forces that have caused a slow but growing emphasis on clinical social work? Reisch (2015) calls for a reintegration and refocus on macro practice in social work, in order to respond to the increasing need to honor our "...commitment to social justice and human dignity" (p.14). In our current social and political environments, there is clearly a need for social workers who are thinking, planning, and acting to address large system challenges.

Evidence of strengthening and advancing macro practice in MSW programs would be program efforts to redress many of the imbalances described in this study. This includes offering a range of macro field placements and electives for macro students; ensuring that faculty who teach macro practice courses are experienced in those areas; creating a program culture where all forms of social work practice are equally valued; educating part-time faculty and field instructors about the importance and value of macro practice; and ensuring that generalist social work education includes equal educational and field experiences in micro, mezzo, and macro practice. CSWE has affirmed the Special Commission goal to have 20% of social work students across the country enrolled in macro concentrations by the year 2020, otherwise known as 20 by 2020 (Special Commission to Advance Macro Practice in Social Work, 2017). The challenge is to implement this goal in Schools of Social Work.

While attempting to strengthen the macro practice areas of social work education, one must be cautious about contributing to the bifurcation of the profession, and the micro-macro divide expressed by some of the participants in this study. Efforts by the Special Commission to Advance Macro Practice and others who have been concerned about the erosion of macro curricula and specializations in social work programs seek to ensure that all social workers are prepared to engage in the full range of practice in which our profession is historically grounded and remains contemporarily mandated through the NASW (2017) Code of Ethics. At the same time, social work programs must provide specialized educational options for social work students who desire to work full-time in policy practice, community practice, administration, or international social development. The complexity of issues that social work clients face locally, nationally, and globally compel us to echo these calls for a refocus on the integration of macro practice content and the strengthening of macro practice specializations. It also challenges our colleagues to continue to wrestle with the questions and concerns raised in this study and in previous literature regarding the importance of macro practice skills and knowledge for social work practice.

As we enter an era where the basic protections of human rights (e.g., health care, voting, access to free public education, freedom from discrimination) and protections to the environment are being eroded, the social work profession's presence as community organizers and policy practitioners is urgent. In fact, addressing these challenges provide an opportunity for micro and macro social workers to work together to forge new partnerships so that the profession can provide bold leadership at national, state, and local levels. We are a profession that is rooted in the person-in-environment and have a range of models and frameworks that address the multi-systems challenges our clients, customers, and consumers are facing today. Social work, united by our values and Code of Ethics, must be an integral part of dismantling systems of oppression and building environments that lift up the dignity of all people and help reweave the fabric of our communities.

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## Financial Capability and Asset Building: A Transformational Practice Framework

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**Abstract:** *The promotion of financial capability and asset building (FCAB) is an important and fitting professional activity for social work, which has long been concerned with the economic well-being of individuals and families. Financial capability is attainable only if we assist clients by helping them to build new skills while simultaneously helping them to connect to economic opportunity structures such as savings, job training, or credit repair programs. We propose a person-environment-centered process model for use in FCAB endeavors, using case vignettes to illustrate the application of the process. By drawing upon several theoretical perspectives such as humanistic social work, cognitive behavioral theory, motivational interviewing, solution-focused brief therapy, and diffusion of innovations theory, practitioners may increase clients' likelihood of successfully connecting to opportunity structures. Attention to behavioral, cognitive, emotional, and policy feedback processes may help to provide the "missing link" between individual financial behavior and the institutional opportunities offered by FCAB programs.*

**Keywords:** *Financial capability; direct practice; financial literacy; person-environment practice; economic well-being*

The promotion of financial capability and asset building (FCAB) is an important and fitting professional activity for social work, which has long been concerned with the economic well-being of individuals and families. Because financial capability has been conceptualized as the result of the interaction of human agency (the ability to act) with social structures (institutions which create the opportunity to act), it is congruent with social work's emphasis on person-environment practice (Birkenmaier, Sherraden, & Curley, 2013; Johnson & Sherraden, 2007; Kemp, Whittaker, & Tracy, 1997).

However, theoretical perspectives in the financial capability field and the asset building field have been conceptualized in relative isolation from one another. Financial capability has relied more heavily upon an individualistic view of economic actors, and focuses upon helping individuals to learn new skills, knowledge, and practices, often ignoring clients' social and economic contexts. Those working to help individuals gain financial knowledge have relied upon individually-focused interventions such as financial education (Collins & O'Rourke, 2009) and financial therapy (Archuleta & Grable, 2011). Conversely, the asset building field, which helps individuals and families to accumulate wealth through savings or investment (Sherraden, 1991), has focused more on structural theories, such as asset theory and behavioral economics, and has had relatively little to say about micro-level skills or theories (Despard & Chowa, 2010; Sherraden, Laux, & Kaufman, 2007). We believe that the theoretical differences between these two elements of the FCAB field have

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led to a lack of role clarity on the part of agency level staff tasked with the delivery of these programs.

It is important for social work to incorporate both structural and individual factors in our understanding of financial capability. Failing to incorporate a structural view of FCAB can lead to a sort of victim-blaming in which individuals are assigned responsibility for their financial circumstances without acknowledgement of the social, political, and economic systems that shape financial life chances (Olen, 2012). At the same time, while structural theories are appropriate frameworks for constructing social policy and programs, they are less useful as a guide for direct practitioners who contend with the complicated dynamics of human behavior and interpersonal interaction. While the specific structural changes needed for a fully inclusive and just financial system are beyond the scope of this paper, working directly with clients to promote financial capability requires an understanding of the political and economic environments in which clients live, and it requires an understanding of relevant psychological and behavioral characteristics that impact outcomes.

In this article, we present a theoretically-driven, person-environment framework for FCAB practice. We suggest a model for use by social workers practicing in settings that focus on promoting financial well-being, such as Individual Development Account (IDA) programs, low-income housing-based services, financial self-sufficiency, and employment or job training programs. We propose a five-stage process model for FCAB, illustrated by several case vignettes. By drawing upon insights from several theoretical perspectives, such as humanistic social work, cognitive behavioral theory, motivational interviewing, solution-focused approaches, and diffusion of innovations theory, practitioners may be able to assist clients in a more thoughtful and purposeful way. Attention to behavioral, cognitive, emotional, and policy feedback processes may provide the missing link between individual financial behavior and the institutional opportunities offered by FCAB programs.

### **Ontological Assumptions in the Social Sciences: Holism, Methodological Individualism, and Critical Realism**

Before we suggest some basic elements of a direct practice model, it is important to note that the practice of financial capability and asset building raises critical questions about the nature of social reality, particularly the ways in which individuals and society are conceptualized. Within the discipline of philosophy, ontology is the study of the nature of being, and is also concerned with how things which exist relate to one another (Blaikie, 1993). Debates exist in the philosophy of social science that center on the ways in which society is conceptualized, particularly in terms of differing views of the relationship between social structure and human agency. Two dominant perspectives in the social and behavioral sciences are 1) holism, and 2) methodological individualism (Zahle & Collin, 2014).

Those whose ontology is grounded in holism contend that social institutions and forces shape human behavior and the opportunities and choices that are available to individuals. In this view, social structures precede individual action, and social forces and institutions

are themselves the proper unit of analysis for understanding human behavior (Blau, 1977). Conversely, methodological individualists focus on the idea that human beings are free agents who make rational decisions, and see society as the sum of the choices and behaviors of vast numbers of individual actors. Individual behavior is viewed as the appropriate unit of analysis, and individual choices and decisions precede social structures. This ontological perspective can be seen in the assumptions of neo-classical economics and in certain social science perspectives such as rational choice theory and the theory of planned behavior (Kjosavic, 2003).

A critical realist view of the relationship between structure and agency suggests a different perspective. Philosopher Bhaskar's (1975) transformational model of social action posits that individuals live within, and are impacted by, social structural arrangements, but they are also capable of responding to, and altering, those structural forces. Similar dialectical views of reality can be found in the work of scholars such as Giddens (1984) and Bourdieu (1980), who also focus on the interactions of social structures and individual agency. Referring to this as structuration theory, Giddens (1984) suggested that structures exist and allow the reproduction of society across space and time. Individuals experience these structures as trace memories and also work in various ways to transform those structures. In that process, they themselves are transformed. In Giddens' view, society is like a wall made up of bricks which are continually reconstituting themselves. Giddens rejects the notion of duality, and the idea that structure and agency are separate processes. Instead, as it is for Bhaskar, this process is transformational in the sense that society and individuals are constantly recreating one another, mutually altering each other's properties and structures. Similar views can be seen in the French sociologist Bourdieu's (1980) conceptualization of social life, with his emphasis upon constructs of field and habitus.

### **Financial Capability and Asset Building as a Transformational Social Process**

Among the helping professions, a unique contribution of social work has been its emphasis upon viewing clients and their environments simultaneously. The person-environment perspective is built upon an assumption that neither methodological individualism nor holism is fully capable of explaining human functioning. Rather, social work has staked out a position which is compatible with that of Bhaskar (1975), Giddens (1984) and Bourdieu (1980)—the notion that structure and agency are dialectically-related. Our professional commitment is to intervene simultaneously with social environments and with individuals and to work to ensure a goodness-of-fit between the two (Germaine & Gitterman, 1980; Meyer, 1983). This is, in essence, a transformational view of human nature.

Financial capability theory begins with similar assumptions about human nature. The idea of financial capability is based upon an implicit critique of the methodological individualism embedded in traditional financial education training. The traditional approach to financial education has assumed that individuals can receive education about financial issues (i.e., banking, credit cards, investing), and then, once exposed to essential knowledge, will begin to behave in ways that are financially logical, goal-directed, and sound. Johnson and Sherraden (2007) and Birkenmaier and colleagues (2013) offer a more

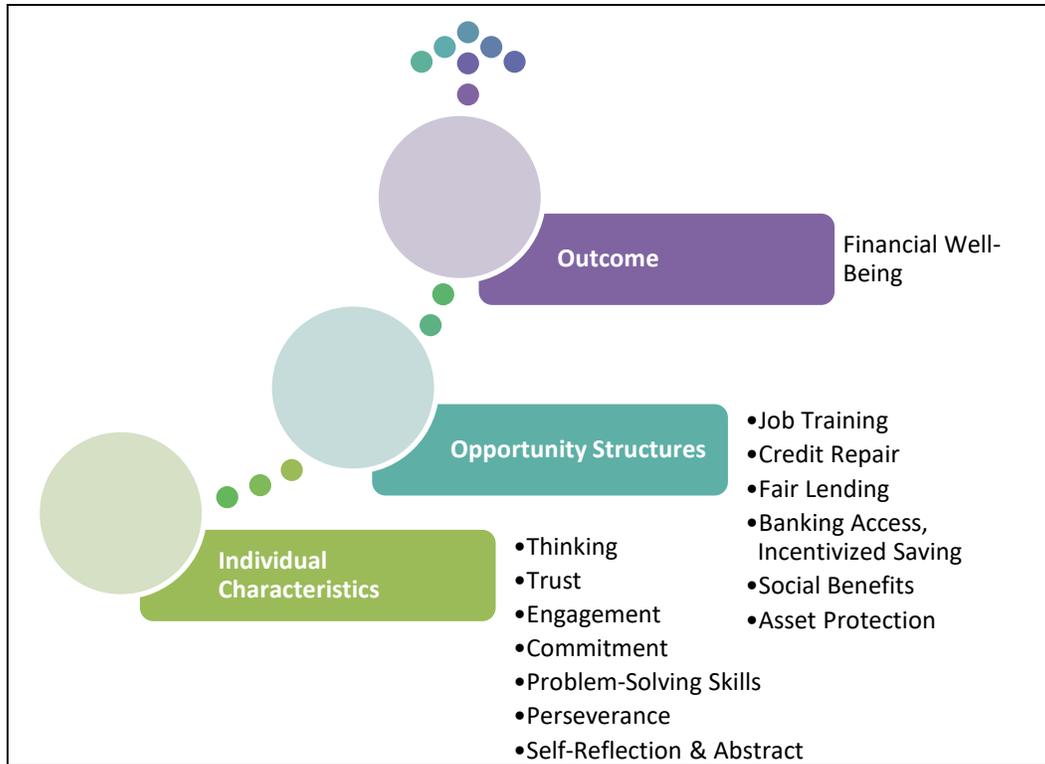
sophisticated approach by suggesting that individuals will not develop financial capability simply through gaining knowledge. Instead, they suggest financial capability requires financial inclusion; individuals must be connected to institutional structures which provide them with the opportunity to save, use credit, and invest. When financial education is combined with financial inclusion, financial capability can be built.

In our view, the financial capability approach is truly a person-environment perspective which links social structures and human agency. And what is more, this view is compatible with a critical realist view; financial capability, as conceptualized, appears to be what Bhaskar (1975) refers to as an emergent property, which is a new social entity that is more than the sum of its parts. In other words, as opportunity structures (incentivized savings, credit access) interact with financial education and new financial experiences for individuals, a new social property (financial capability) is created. And, as more financial capability is built, it is plausible that individuals will be even more likely to successfully access structural opportunities such as asset-building programs, promoting the virtuous cycle which Sherraden (1991) hypothesized about in the early asset-building literature.

### **Linking Individuals and Opportunity Structures: A Focus on Process**

The central task of FCAB social work should be to connect clients successfully to opportunity structures that may improve their financial well-being. These opportunity structures, such as employment, savings, fair credit, and job training, facilitate individual and family well-being. In the FCAB context, Beverly and Sherraden (1999) have suggested that institutional features of asset building programs are largely responsible for promoting the accumulation of wealth. On the other side of the person-environment configuration, we propose that there are also individual facilitators (which are behavioral or psychological in nature) that promote FCAB. There is precedence for this view. In their model of determinants of asset building, Beverly and colleagues (2008) acknowledge the relevance of individual factors, including three psychological variables: future orientation, motives for saving, and perceived ability to save. We suggest that additional individual-level psychological and behavioral characteristics may also promote financial capability (see Figure 1, including: 1) trust (a belief that an FCAB program is honest, reliable and effective), 2) engagement (feeling attracted to, and willing to participate in, FCAB activities), 3) commitment (an authentic agreement to work to achieve financial goals), 4) financial problem-solving skills (cognitive and behavioral skills that can be used to help achieve FCAB goals), 5) perseverance (continued effort at FCAB activities despite facing short-term setbacks or obstacles), and 6) self-reflection and abstract thinking (awareness about one's own financial behaviors and the ability to apply FCAB knowledge to different financial circumstances).

**Figure 1: Psychological and Behavioral Characteristics Which Facilitate the Use of Financial Capability and Asset Building Programs**



A focus in direct practice in FCAB should be helping individual clients to develop these behaviors and attitudes so that they may more effectively link to opportunity structures. Providing linkages to services is a “tried and true” social work role described in basic social work practice texts; it has long been considered to be one of the core roles of the professional social worker (Kirst-Ashman & Hull, 2011). Some theorists have even argued that social work is boundary work intervening in the transactions that occur between individuals and social, economic, cultural, and political structures across various stages of the life span (Germaine & Gitterman, 1980). But doing successful boundary work—effectively connecting clients to services and programs—requires the thoughtful application of theory and skills. We cannot simply refer clients to services, or provide them with information about program availability, and assume successful outcomes will follow. Instead, social workers must encourage this linkage to opportunity structures, and purposively engage in a helping process that facilitates trust, engagement, commitment, perseverance, problem-solving, and self-reflection. We posit that those factors, successfully developed and enhanced, may increase the likelihood of successful boundary work. At the same time, direct practice FCAB workers must still consider ways of impacting and shaping those opportunity structures so that they are accessible, safe, and non-exploitative, particularly for financially vulnerable populations.

Social workers in direct practice can use practice theories and skills to help clients to cultivate and develop these qualities. We again refer to Bhaskar's (1975) insights, suggesting that these qualities are not simply inherent in some individuals—rather they are, at least in part, emergent properties that can arise through positive and purposeful interactions between direct practitioners and consumers. Helping these qualities emerge may best be achieved through a deliberative FCAB practice process model which moves through stages parallel to those typically included in a generalist model of social work practice (Kirst-Ashman & Hull, 2011). We view this as a five-phase process which includes: 1) rapport building and engagement, 2) securing goal commitment, 3) overcoming obstacles and developing financial strategies, 4) celebrating and reflecting on goal attainment and future ambitions, and 5) evaluating practice and diffusing knowledge. To successfully navigate each phase of the framework, practitioners may draw from different models of practice. In the following section, we describe the theories most appropriate for each phase. Table 1 is included as a graphic depiction of these stages and the related practice theories that we view as most promising for utilization by practitioners.

### **Rapport-Building and Engagement**

In any process in which a social worker and a client work together to achieve a goal, little can be accomplished unless rapport is built. The goal of this initial phase is to increase the client's trust in the program and the worker, and to begin the process of establishing a sense of engagement in the FCAB process. Building trust is essential; previous research on asset building programs has demonstrated that participating with an agency that is trusted throughout the community is key for the process of recruiting participants (Shanks, Nicoll, & Johnson, 2014). Similarly, key staff members who are able to foster a sense of trust and build rapport with clients can be extraordinarily helpful in linking clients to FCAB programs and policies (Scanlon & Wittman, 2010).

Rapport-building has long been viewed as a core element of the social work helping process, with roots in the writings of the professions' pioneers. Relationship as a key to change was an idea that was deeply embedded in the work of scholars such as Taft and Robinson, whose Functional School thinking influenced numerous social work approaches that followed (Ehrenreich, 1985). The concept is compatible with the views of humanistic social work (Payne, 2011), which is based in part upon Roger's (1961) notion that genuineness, warmth, and empathy are the building blocks of change. As social workers begin work with clients, conveying warmth (a general sense of positive regard for the client), authenticity (sincerity and a natural sense of self) and accurate empathy (accurately understanding the thoughts, feelings, and meanings of another person) helps clients to feel supported, listened to, and treated with respect and in a non-judgmental way. Attention to these common factors of change in working with financial consumers has previously been suggested by Despard and Chowa (2010) and by Johnson and Sherraden (2007).

Social workers at this stage would also be wise to draw upon open-ended questions to help clients' stories unfold, particularly those stories which relate to client's relationships with education and training, money, spending, bill-paying, saving, investment, paying taxes, and so forth. Knowledge of clients' financial struggles and successes, for example, could help the worker to understand the client's concerns, values, and motivations for

participation in FCAB. Providing clients with clear, honest, and effective feedback, and providing them with the information they need in a timely and efficient manner, will go a long way toward developing trust and promoting engagement. Motivational interviewing scholars, for example, emphasize that sharing information in a clear and collaborative manner helps to build relationships because the clinician avoids a condescending expert tone, instead helping the client to identify information that is most helpful to them (Rollnick, Miller, & Butler, 2008). Congruency between what workers believe and the information that they provide to clients is also key to building trust.

Generating trust, then, depends upon a social worker's ability to provide clients with honest and accurate information about financial products and institutions. An important competency for social workers to demonstrate at this phase is a clear understanding about the risks and benefits associated with financial services. Social workers should have knowledge and information that helps them to educate clients about financial products, including those that are predatory in nature, or are otherwise a poor fit for their financial objectives (Collins & Birkenmaier, 2013). Helping clients choose the best FCAB opportunities that match their goals, and highlighting those products that have been vetted as secure and non-exploitative of consumers, are essential activities for generating trust. Through such rapport-building activities, the linking properties of trust and engagement can begin to solidify, helping clients to be more receptive to learning about FCAB opportunities which may be available to them. An example follows:

***Case Example: Building Rapport with Jeannine.*** Jeannine is a 36-year-old woman who has two children, Amy, 16, and Darrell, 12. Jeannine has recently graduated from a welfare-to-work program, and has begun working as a certified medical technician. Jeannine has struggled financially throughout her adult life, and was raised in a household by a single mother who also faced chronic difficulties in making ends meet. Jeannine is now working at her first full-time job with benefits, and is extraordinarily proud of what she has accomplished. Despite her newfound success, Jeannine has trouble with budgeting, and with saving money. She also is aware that she has a poor credit rating, and was recently turned down for a credit card. She has been referred to the Financial Opportunity Center by a former academic advisor from her community college Certified Nursing Assistant program. As she begins the intake process, she becomes quiet and somewhat evasive.

Lourdes, Jeannine's social worker and financial coach, senses Jeannine's hesitancy, and is aware that Jeannine is not verbalizing her concerns. Lourdes again explains the role of the financial coach, and reiterates the importance of confidentiality and the steps that the Financial Opportunity Center takes to ensure the privacy of confidential information. Lourdes uses exploration skills to see if this information is helpful to Jeannine, who replies that it does ease some of her concerns. The social worker then uses reflective listening skills to gently suggest that Jeannine still seems uneasy. Jeannine explains that she is embarrassed by her credit rating and her history of bill-paying, and is worried that this process will bring her to the attention of collection agencies. Lourdes acknowledges her concerns, and validates her skill in protecting her own interests. Moreover, she

suggests to Jeannine that she has a right to make her own decisions, reinforcing her belief in her client's right to self-determination in making financial decisions. Lourdes' skills in reflecting her concerns and responding to them in a factual and non-judgmental fashion helps Jeannine to feel more trusting and willing to return to learn more about services available through the center. As trust builds, Lourdes works with Jeannine to find credit card offers with the lowest fees and interest rates, and a credit limit that will reduce her likelihood of experiencing repayment difficulties. Providing accurate information about safe and non-predatory credit opportunities helps to demonstrate concern and strengthens their alliance as Jeannine begins to trust the worker's authenticity and desire to help.

### **Securing Goal Commitment**

As basic rapport and trust are built, social workers can begin to move toward understanding clients' specific financial strengths and needs, and begin to establish FCAB goals. While the details of a thorough assessment process are beyond our scope, social workers should begin using exploration skills (Northen, 1995) to gather data and assess clients' financial needs in areas such as human capital, earnings, expenses, budgeting, saving, credit rating and use, and investment. Attention should be paid to both strengths and concerns, and clients should be helped to articulate their own financial concerns and goals (Sages, Griesdorn, Gudmunson, & Archuleta, 2015).

In this phase, the purpose of the social work intervention is to enhance motivation and to secure a commitment to a set of authentic, mutually-constructed FCAB goals. Goal-setting with clients in any endeavor should be an iterative process, one in which client goals and worker input are shared with one another (Egan, 1998; Woods & Hollis, 1964). However, there are many pitfalls in the process that social workers have referred to as the contracting phase of practice. For example, social workers can assume that they have established mutual goals with clients without having actually secured a commitment to change. This may occur because clients are responding to social desirability pressures from the social worker, agreeing to goals to which they are not committed, or it can occur because social workers simply write intervention plans and contracts without seeking any input from clients. This often occurs when goals are selected in a cookie cutter approach where all clients are assigned the same goals. Too, workers are sometimes rushed to complete work with clients, and close the deal before clients are ready to commit to action plans. Finally, clients may disengage at the goal-setting phase because they may not feel confident about their ability to commit to programmatic requirements. Working with clients to make sure they understand their options, are truly in agreement about goals and objectives, and feel confident that they can meet them, are all central components of any planned change process (Miller & Rollnick, 2012). The idea of using motivational interviewing and related theories of change for financial interventions has been recommended by earlier scholarship in this area (Despard & Chowa, 2010; Kerkmann, 1998; Klontz, Horwitz, & Klontz, 2015).

Motivational interviewing skills can be particularly useful at the goal-setting phase as a technique that can help to increase motivation and to secure an authentic commitment to goals. Helping clients to articulate their own motivations for FCAB, and considering the

pros and cons of participation could be helpful. Workers should be mindful of 1) setting a contractual agreement only when a client appears ready, 2) reinforcing the client's own motivations and goals, rather than imposing their own goals, and 3) finding ways to help clients boost their confidence in their ability to meet goals (Miller & Rollnick, 2012). In the next vignette, we present an example of mutually establishing goals in building financial capability.

***Case Example: Goal Setting with James.*** James is a 39-year-old male with a history of drug addiction and incarceration for minor offenses. He has struggled financially much of his adult life, but in the past, was successful as a cosmetologist, specializing in styling hair in the African American community. While he can no longer afford to be in his own salon, he currently works at a retail hair salon earning just above minimum wage plus tips. He is proud of his talent, and he has been referred to an IDA program to save money to start his own business. He would like to save enough to afford to rent space in a salon near his home, but he is concerned about starting out again on his own without savings to help him transition from paid to self-employment.

James has attended his first orientation class for the IDA program, where he learned about the program and the \$500 annual match cap. Participants are encouraged to save \$40 per month so they may capture all of the available annual match funds. However, he did not return to complete his paperwork to enroll into the program. His social worker contacts him and he states, "You want me to agree to save \$40.00 a month and not withdraw any money without your permission. I'm just not sure I can save that much every month...what if I have an emergency?" The worker uses empathic listening skills with James, acknowledging his concerns and encouraging him to come in for an additional meeting. During their time together, the worker helps James to express his reasons for wanting to save, which include a desire to "be his own boss," a desire to impress his family that he is achieving goals, and a desire to earn a higher income. He is also encouraged to express his reservations, which include his fearfulness that \$40 a month is too much for his budget, and his fear that he will not be able to access funds if he needs them. The worker helps him to balance these "pros and cons" of savings, and clarifies his concerns about emergency withdrawals. She also reviews some of his recent past successes and connects those to her belief that he has the capacity to save. After some discussion, James agrees to participate and sets a goal of \$25 per month with the assurance that his deposits can vary if necessary. James and his worker reinforced his commitment by calling his girlfriend during the session to share his saving goals with her and to seek her willingness to help encourage him to save. James has entered into the FCAB process with increased confidence and an authentic commitment to his saving goal.

### **Overcoming Obstacles and Developing Financial Strategies**

During what we might refer to as the work phase of FCAB, clients will be engaged in active work to meet the goals they established in the previous stage. Completing job training, repairing credit, opening savings accounts and making deposits, completing and following budget plans—all of these are examples of FCAB opportunities that may be available to clients. As clients begin to participate fully in FCAB programs, some will succeed without encouragement, others will benefit from participation in structured activities such as financial education classes and activities, while others will not participate at all. Helping clients to brainstorm ways to meet their FCAB goals requires creativity and initiative on the part of the social worker, who can help clients to succeed and overcome obstacles. The attainment of financial capability can be enhanced through helping clients to develop financial problem-solving skills and to persevere in the face of setbacks and adversity. A variety of problem-solving skills might be useful for FCAB participants.

Research has indicated that successful savers use a variety of cognitive and behavioral strategies designed to identify and set aside funds for saving (Beverly, Sherraden, & Schreiner, 2003). While these strategies have not been linked to direct practice, it is notable that the use of cognitive behavioral therapy techniques to increase financial well-being has been suggested previously (Ford, Baptist, & Archuleta, 2011). Connecting the use of these observed saving strategies with cognitive behavioral practice methods in an intentional way could increase client success in FCAB activities. For example, the use of daily thought records, spending logs, and cognitive restructuring techniques might be helpful in creating behavioral strategies and mental accounting techniques to help build clients' financial problem-solving repertoires (Nabeshima & Klontz, 2015). Using insights from solution-focused treatment has also been suggested by Kim and Elliott (2013) as a technique for promoting financial literacy.

During any process of behavioral change, clients inevitably face some setbacks or obstacles to success. Helping clients to continue despite setbacks or adversity is key to any change effort. Providing encouragement, providing verbal affirmation of the difficulty of FCAB, and reframing setbacks or mistakes as part of an ongoing learning process can help clients to continue with their efforts. These are sometimes referred to as affirming skills, the ability to provide support to clients during a difficult verbal interaction or a point in the change process. To support and encourage a client to make positive change is important. When clients stop reaching their goals, social workers may lapse into being judgmental on the one hand, or becoming overly comforting and placating on the other. Acknowledging the setback, reframing it as a normal part of change, and helping the client to consider different behavioral options moving forward are essential steps in providing support. These again are skills and strategies used in the common factors approach to social work intervention (Cameron & Keenan, 2010).

***Case Example: Financial Skill Development with Li Chin.*** Li Chin is a client of a faith-based social service agency which has recently launched a homeownership IDA program. She has engaged with the agency and her social worker, and has made a commitment to participating in the program, motivated by her desire to raise her two children in a single-family home rather than the apartment they

currently occupy. Despite her commitment to save for a home, Li Chin has little experience with budgeting and saving, and wishes to learn new skills.

Katrina, a social worker, is leading a savings club for participants in the IDA program. The club holds social events, fundraisers, group meetings, and financial education classes. To help Li Chin and the other clients find new ways to save money, Katrina uses techniques drawn from cognitive behavioral therapy. Each client keeps a daily spending log in which they record expenditures and the degree to which they felt they needed the purchase. Later, the members review their purchases at the savings club meeting and discuss whether purchases are a “want” or a “need.” Li Chin has identified several items that she buys weekly that are not necessary, and that could help her save the \$50.00 per month she has set as a savings goal. Li Chin also has learned some cognitive skills to help her decrease spending, and has created a behavioral plan of writing a check to deposit into the IDA on bill-paying day, thus helping her to cognitively reframe her saving as a debt that she must pay. During the group, Li Chin has shared her strategies with other club members, and has gained some new behavioral and cognitive skills from other’s suggestions as well.

### **Promoting Self-Reflection and Abstract Thinking**

Termination has been referred to as the neglected phase of social work practice (Fox, Nelson, & Bolman, 1969), but close attention to what happens during endings is important for the ongoing well-being of FCAB participants. As clients end their work in FCAB and reach their financial goals, social workers should engage in termination tasks designed to anchor their gains and help them to plan for future goals. Termination of involvement with the FCAB program should be seen as the beginning point of applying and deepening newly developed financial capabilities. This requires a process of self-reflection on the process of FCAB, and encouragement of the skill of abstraction—applying recently gained skills to new and less familiar financial challenges. Ford and colleagues (2011) acknowledge the need to attend to termination phase issues in financial work with clients.

First, celebrating their accomplishments could be a helpful way to recognize new successes and prompt clients to reflect on their efforts. Engaging in a social ritual, such as a “graduation,” can be affirming for a client who has achieved success, and can communicate hope and possibility to other clients still working toward their goals. Particularly with group-based processes (job training classes, etc.), such a process can also provide a chance for clients to terminate their relationships with one another and with the agency, and can help clients to express and resolve feelings they may have about relationships that are ending (Anthony & Pagano, 1998). Further, a review of the process they have undergone in FCAB can be helpful in reflecting upon what they have accomplished and to consider the nature of the new skills and knowledge they have gained. Such self-reflection can help to anchor their gains, and assist them in thinking abstractly about how their new skills and knowledge could be applied in different financial situations and future goal attainment. In cognitive-behavioral theory, workers often engage in relapse prevention sessions at the end of their work (Marlatt & Donovan, 2005). Similarly, helping clients to think about the financial circumstances they are likely to face and to consider

how they might apply their new capabilities could be a helpful intervention at this stage. In this vignette, we consider termination tasks with a young adult client:

**Case Example: Termination with Joshua.** Joshua is a 22-year-old participating in a youth employment program, earning his GED while gaining skills in the construction trades. The program assists youth in their first employment settings to leverage the experience to begin to develop new financial capabilities. Joshua has completed the two-year program and has secured work in construction, and has completed adult living skills, money management skills, and related classes. Joshua also has his first checking account and debit card, and recently passed his GED exam. During his final meetings with Tonya, his social worker, they review his progress in the program, and recount the “highs and lows” of the experience. She also reminds him of the goals he has accomplished, and they discuss the progress he has made on his goals in job skill acquisition, money management, and bill paying. Tonya helps him to review some of the challenges he may be facing soon, including the new credit card offers he has received. They discuss the capabilities he has developed that he can draw on in future financial transactions, and discuss area resources that he may access as he faces his next financial hurdles, such as getting his own apartment and making major purchases such as furniture or a car. Joshua exits the program feeling proud of what he has achieved, and with a greater ability to apply his new skills to upcoming life transitions.

### **Evaluating Practice and Disseminating Knowledge**

In the generalist model, the final stage of practice is evaluation of outcomes (Kirst-Ashman & Hull, 2011). In FCAB practice, the social worker’s role should be to evaluate the effectiveness of interventions, and to gather information about client’s perceptions of practice interventions, program features, and relevant financial policy. To address the impacts of larger systems of financial opportunity on client well-being, the most feasible course of action for social workers in FCAB settings is to systemically use their knowledge of client experiences to provide feedback to promote effective, safe, and accessible policies and programs. While direct practice workers may not be able to regularly lobby policy-makers regarding the regulation of financial products, for example, they can gather data that explores the factors that helps clients to achieve greater financial well-being and those that create barriers to financial capability. Understanding real-world client experiences with banks, credit unions, savings accounts, debit and credit cards, and job training programs allows workers to document financial narratives and then introduce them to other professionals through presentations, trainings, and agency-level advocacy regarding the design of programs. Similarly, FCAB workers could use their practice-based findings to help inform policy briefs and social media campaigns, or to craft legislative testimony. Diffusion of innovations theory (Rogers, 1962) suggests that social change can be the result of the diffusion of ideas, which are taken up at various rates depending upon a variety of factors such as their riskiness, cost, or perceived ability to help solve a problem. Policy scholars have used diffusion of innovations theory to describe the successful dissemination of policy ideas, and have emphasized the importance of policy entrepreneurs who actively work to disseminate policy innovations and to persuade policy-makers to adopt new

practices (Berry & Berry, 1999). Grinstein-Weiss, Wagner, and Edwards (2005) have applied this model to the development of Individual Savings Account legislation in various U.S. states, and their work helps to clarify the role of FCAB workers in impacting the environment of financial policies and programs through idea diffusion. In other words, FCAB social workers can work to use their knowledge to inform and shape the actions of policy entrepreneurs working in the fields of financial social work and economic well-being.

This process of evaluation and diffusion of best practices is consistent with the principles of evidence-based practice (Proctor, 2004), practice-based research (Dodd & Epstein, 2012) as well as the Council on Social Work Education's (CSWE, 2015) educational competencies which require social work students to learn to evaluate their practice and inform policy and practice through their findings. Proctor (2004) notes that evaluating and reporting findings related to one's practice is especially important when a practitioner has engaged in an innovation of an empirically established best-practice. In this case example, we explore a social worker's role in using practice-based research data to contribute to the process of improving opportunity structures to make them more accessible and appealing to clients.

***Case Example: Miguel's Use of Client Data to Impact Programs and Policy.***

Miguel is an FCAB provider who is working to launch a new Individual Development Account program. Miguel leads outreach and enrollment activities, and he is working in a rural area that has many immigrants and refugees, including people who are undocumented residents of the U.S. After talking with a potential client named Ana Marie, who declines to work with him, he has noted that many of the people with whom he speaks are hesitant to participate because they believe that they do not have adequate identification to open a savings account. Miguel creates a spreadsheet which documents the number of potential accounts that he is unable to open, and the stated reasons from clients for opting out of involvement in the program. He shares this documented concern with his agency director and works with the agency's program managers to find a list of acceptable documents that can be used at area banks in lieu of a state-issued driver's license. This information is then disseminated throughout his agency and partner agencies, and Miguel shares this knowledge through a statewide listserv group targeted to FCAB providers in his state. Miguel and his co-workers also have learned that some U.S. cities are issuing their own identification cards separate from state I.D.s, and they are planning a meeting with an area city councilperson to propose a similar policy for their own small town.

Table 1. *Stage Specific Skills in a Financial Capability Process Model*

Stage	Essential Tasks	Related Skills	Theoretical Base
Rapport-Building and Engagement	<ul style="list-style-type: none"> <li>clarify roles</li> <li>establish confidentiality</li> <li>learn about how client decided to consider FCAB activities</li> </ul>	<ul style="list-style-type: none"> <li>conveying warmth</li> <li>demonstrating authenticity</li> <li>use of reflective listening</li> </ul>	<ul style="list-style-type: none"> <li>common factors theory</li> <li>humanistic theory</li> </ul>
Securing Financial Goal Commitment	<ul style="list-style-type: none"> <li>clarify motivations for participation</li> <li>clarify clients' values</li> <li>evoke clients' hesitations or misgivings about involvement</li> <li>help clients consider the pros and cons of involvement</li> <li>mutually select FCAB goals and authentically commit to participation</li> <li>assess client's financial strengths and needs</li> </ul>	<ul style="list-style-type: none"> <li>use of reflective listening</li> <li>asking evocative questions</li> <li>assessing readiness to commit to FCAB</li> <li>psycho-social assessment skills</li> <li>contracting and intervention planning skills</li> <li>strategically offer suggestions for goals</li> </ul>	<ul style="list-style-type: none"> <li>motivational interviewing</li> <li>task-centered social work practice</li> </ul>
Overcoming Obstacles and Developing Financial Skills	<ul style="list-style-type: none"> <li>review progress on agreed upon goals</li> <li>document and explore successes and set backs</li> <li>identify cognitive and behavioral solutions to problems</li> <li>clarify, reinforce, and anchor cognitive and behavioral strategies</li> </ul>	<ul style="list-style-type: none"> <li>exploring, elaborating, and affirming skills</li> <li>reframing behaviors</li> <li>cognitive interventions</li> <li>behavioral interventions</li> <li>solution-focused interviewing</li> </ul>	<ul style="list-style-type: none"> <li>cognitive behavioral therapy</li> <li>brief solution focused treatment</li> </ul>
Encouraging Self Reflection and Abstract Thinking	<ul style="list-style-type: none"> <li>review successes and unmet goals in FCAB</li> <li>reflect on knowledge gains and behavioral successes</li> <li>frame new skills, knowledge, and successes as financial capability</li> <li>help clients to think about and prepare for future</li> </ul>	<ul style="list-style-type: none"> <li>exploring, elaborating skills</li> <li>summarizing skills</li> <li>reframing behaviors</li> <li>relapse prevention planning skills</li> </ul>	<ul style="list-style-type: none"> <li>motivational interviewing</li> <li>cognitive behavioral therapy</li> <li>task-centered social work practice</li> <li>common factors theory</li> </ul>
Evaluation of Practice and the Diffusion of Knowledge	<ul style="list-style-type: none"> <li>evaluating practice outcomes quantitatively and qualitatively</li> <li>disseminate findings formally and informally to practitioners, researchers, and policy-makers</li> </ul>	<ul style="list-style-type: none"> <li>documenting client perceptions</li> <li>mining data for themes and patterns</li> <li>oral and written communication skills appropriate for the effective expression of practice research findings</li> </ul>	<ul style="list-style-type: none"> <li>diffusion innovation theory</li> </ul>

## Discussion and Conclusion

In this paper, we have contended that the individual must be considered as a conscious and purposeful actor in the FCAB process. Arguing against both structuralism and methodological individualism, we suggest that the individual is neither the sole determinant of their economic capabilities, nor a passive recipient of structural forces that determine their outcomes. Rather, human beings act within the economic and social context available to them, with varying degrees of success in achieving financial capability. We believe that this transformational practice framework is a needed corrective to the structuralism that has dominated asset-building, and to the individualism that dominates financial counseling practice. What is more, an examination of these ontological underpinnings of financial capability and asset building theory provides us with an opportunity to truly explore the reciprocal nature of human reality and social work's emphasis upon the person-environment configuration.

Our model is based on four assumptions: 1) that psychological and behavioral characteristics matter in the development of financial capability, particularly trust, motivation, commitment, problem-solving skills, perseverance, and self-reflection, 2) that these core psychological characteristics can be consciously promoted by social workers during the FCAB process, 3) that the skills and perspectives that drive direct practice in social work generally are applicable to direct practice in FCAB, and 4) successful FCAB practice requires a simultaneous focus on both micro and macro levels of reality. We presented a five-stage model that parallels the stages in generalist social work (Kirst-Ashman & Hull, 2011), suggesting that the individual determinants of FCAB can be encouraged and fostered through the use of basic interviewing skills and by drawing on insights from models such as motivational interviewing, cognitive behavioral therapy, solution focused work, and diffusion theory. While such perspectives have been suggested before in the literature on financial education, counseling, therapy, and coaching, we argue that what makes the social work perspective distinct is that it maintains the person-environment perspective throughout. We contend that it is the transactions between individuals and opportunity structures that should be the focus of financial social work. The purpose of such direct practice interventions in FCAB should be on helping clients to modify their behaviors in order to interact with financial opportunity structures in meaningful, conscious, and careful ways, and on shaping programs and policy to provide financial programs that are safe, accessible and effective. Focusing on these transactions and the client characteristics that can promote connections to such structures could be what makes financial social work distinct from those approaches taken by other human service professions.

We recognize, of course, that our work is speculative, and it is a proposed model based more upon theory than on empirical studies. This is to be expected as we are attempting to develop an idea that has been somewhat overlooked in the FCAB field. More work must be conducted in this area, including systematic research using rigorous research designs and measurement. Moreover, we acknowledge that there are significant barriers to such research. The concern that FCAB must be accomplished with minimal staff time due to costs constraints will be a serious and genuine concern. The long-standing debate about

whether FCAB services should be high touch or low touch will also continue to drive the climate around this topic (Mahon, 2006).

We believe our framework can be a contribution to curricula in social work education. Despite the formal commitment of the CSWE and the National Association of Social Workers (NASW) who profess adherence to the dual roles of social work practice, in the preponderance of schools, the curriculum is primarily clinical in nature (Rothman & Mizrahi, 2014). While action is needed to strengthen the place of macro practice itself within social work education, it is also necessary to demonstrate to more clinically-oriented social work students and practicing social workers the relevance of clinical theory and practice to issues such as financial functioning and well-being in addition to the common emphasis of clinicians on matters such as social relationships and mental health. From a more clinical standpoint, financial capability work provides the profession of social work an arena in which to bridge a gap between the historical emphasis of asset building work on building institutional structures and opportunities such as Individual Development Accounts (Sherraden, 1991) with a more active micro practitioner role in the financial lives of their low-income clients. CSWE (2017) has begun to address this formally through the creation of their Clearinghouse for Economic Well-Being in Social Work Education.

Opportunities for social workers to engage in FCAB practice may be growing. For example, the Local Initiatives Support Corporation (LISC) in 2004 launched their Financial Opportunity Centers, which employ financial coaches to promote financial well-being (Roder, 2015). They now have 70 such centers across the US, which indicates awareness that direct practice relationships and methods are important in promoting financial capability (Walker & Huff, 2012). Moreover, the American Academy of Social Work and Social Welfare has identified building financial capability practice methods as part of its Grand Challenges for Social Work Initiative (Sherraden et al., 2015). We feel hopeful that interventions designed to create opportunity structures and foster individual-level behavioral change will continue to grow. Focusing on structures and individuals in tandem is essential if we wish to optimize client financial well-being and capabilities in the years to come. It is exciting to us that the profession of social work, with its attention to both individuals and the environments they inhabit, is well-poised to provide leadership in this important field of practice.

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# Epistemic Injustice: Towards Uncovering Knowledge of Bisexual Realities in Social Work Research

Gio Iacono

**Abstract:** *Lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals experience health risks, with bisexuals experiencing higher levels of health risk compared to heterosexuals, gays and lesbians. These disparities are often attributed to stressors related to minority status. While similarities among LGBTQ experiences exist, it is plausible that bisexuals experience unique forms of marginalization, which may help explain the documented health disparities. Bostwick and Hequembourg highlight unique forms of marginalization that bisexuals experience vis-a-vis microaggressions, falling within the realm of the epistemic. Fricker's work on epistemic injustice emphasizes marginalization particularly as it is related to knowledge and experience. Drawing on this scholarship, this paper provides a review of existing literature on the bisexual experience, and a discussion to provide a critical lens on bisexual marginalization in society and the minimal attention received in social work research. Approaches to increase bisexual visibility and attention in social work research will be discussed. Some approaches include: developing a queer theoretical perspective in practice and research to allow for greater problematization of social categories; and making a concerted effort to promote research that is inclusive of minority populations within the sexual and gender minority population group. This might include groups with intersecting points of marginalization, such as racialized and gender diverse individuals.*

**Keywords:** *Bisexuality; epistemic injustice; microaggression; research*

Bisexuality was historically seen as a way to understand physical sexual characteristics (i.e., exhibiting characteristics of both male and female sexes) through the fields of anatomy and physiology, as well as individual gender expressions (i.e., a combination of masculinity and femininity) associated with biological sex (MacDowall, 2009). Eventually, the science community started using the term “bisexual” as an exclusive term to understand a specific kind of sexuality, particularly sexual attraction to both cisgender men and women (not including trans and other gender non-binary identities; Robinson, 2017). Much of the literature on bisexuals has been collapsed with that of other sexual minorities such as gays and lesbians (Fredriksen-Goldsen, 2011; Wallace, Cochran, Durazo, & Ford, 2011), which may obscure accurate population estimates, as well as risk factors and realities of the bisexual community. While considering factors that may create variation among estimates of the bisexual population, such as limitations of survey methods, the Williams Institute reported estimates of the percentage of adults who self-identify as bisexual across nine population-based surveys, including national surveys from Canada, the United Kingdom, Australia, Norway, and the United States (Gates, 2011). They reported estimates of the bisexual population ranging from 1.2-2.1% for non-US surveys, and 0.7-3.1% for US-based surveys. Furthermore, a large-scale 2014 study by the National Health Interview Survey (NHIS) found that 0.7 percent of Americans identify as bisexual (Ward,

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Dahlhamer, Galinsky, & Joestl, 2014). Research is increasingly showing that bisexuals experience significant health and mental health disparities compared to heterosexuals, gays and lesbians (Bostwick, Hughes, & Everett, 2015; Fredriksen-Goldsen, Kim, Barkan, Balsam, & Mincer, 2010; Gorman, Denney, Dowdy, & Medeiros, 2015). It has been hypothesized that these disparities are largely due to discrimination (e.g., identity dismissal, dating exclusion, blame for spreading diseases) by heterosexual and gay/lesbian communities (Robinson, 2017).

Within social work, research and discussions on sexual and gender diversity beyond gay and lesbian experience is largely absent (McPhail, 2004; Mulé, 2008). Empirical evidence points to unique forms of bisexual marginalization, vis-à-vis microaggressions, that fall within the realm of the epistemic (Bostwick & Hequembourg, 2014; Ross, Dobinson, & Eady, 2010; Tjepkema, 2008). As the study of knowing or knowledge, epistemology concerns itself with the nature of knowledge, how we come to knowledge, what we know, why we know, whether what we know is true, and understanding the limits of knowledge (Steup, 2014). As epistemology involves understanding human knowledge construction, it is important to approach bisexual knowledge erasure and unintelligibility within an epistemological framework (Fricker, 2007). Given the small size of the bisexual population, and minimal attention placed on bisexuality in social work research, this paper aims to provide a review of existing literature on the bisexual experience and begin a discussion to increase understanding of, and provide a critical lens on bisexual marginalization and invisibility—referring to how the legitimacy and acceptability of bisexuality is questioned or denied in society at large.

Epistemic injustice refers to when one experiences prejudice and/or discrimination based on one's construction of knowledge; one is wronged epistemically (i.e., wronged as a knowledge giver) (Fricker, 2007). Epistemic injustice includes microaggressions, first introduced by Pierce (1970), which are everyday verbal, behavioral, and environmental slights and indignities that are hostile and discriminatory in nature towards racialized communities, sexual and gender minorities, and other marginalized groups (Sue, 2010).

## **Background and Significance**

Sexual and gender identities (e.g., heterosexual, gay, lesbian, bisexual, transgender, queer) can be seen as culturally specific and socially constructed (Miller, André, Ebin, & Bessonova, 2007). A common and historical understanding of bisexuality tells us that bisexual individuals are *only* attracted to males and females, with the biological deterministic assumption that sex and gender always co-occur and correspond with each other (Mikkola, 2012). Bisexuality has been traditionally regarded as a binary conception (e.g., attraction to only two genders), which has been challenged in recent years (Robinson, 2017). This paper aims to move beyond a binary conception of bisexuality and sexuality overall. For the purposes of this paper, the term “sexual and gender minority” (SGM) as a population identifier is generally considered to encompass distinct identities separate from the “sexual and gender majority” (e.g., heterosexual, cisgender), a minority that may include lesbian, gay, bisexual, transgender, and queer groups (LGBTQ), among many others. While, for the sake of convenience, these groups are all considered part of the same overarching SGM category or community (Weiss, 2003), they have been shown to

experience varying levels of risk for different health outcomes (Bostwick & Hequembourg, 2014; Institute of Medicine, 2011). Placing sexual/gender identity in a majority or minority category is simplistic and perpetuates a binary way of understanding phenomena.

Research is beginning to uncover health disparities among minority groups within the broader SGM population (e.g., Ross, et al., 2010). Bisexuals may be at a higher risk than heterosexual individuals and, in some cases, at a higher risk than gay and lesbians for health and mental health problems, higher rates of mental health service utilization, substance use, as well as suicidality (e.g., Bostwick & Hequembourg, 2014; Case et al., 2004; Diamant & Wold, 2003; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002; Kerr, Santurri, & Peters, 2013; Ross et al., 2010; Sarno & Wright, 2013; Tjepkema, 2008). Meyer (1995) posits that such disparities are often attributed to stressors related to minority status, including experiences of prejudice and discrimination. The Meyer (1995) minority stress model, widely used to understand various social factors that influence health in minority populations, posits that stigma and discrimination in society influence the health and mental health of SGM. Multiple minority stressors such as homo/bi/trans-phobic prejudice and stigma, victimization, internalized homo/bi/trans-phobia, and hiding one's sexual or gender identity, have been found to have adverse effects on the health and mental health of SGM populations (Klein & Dudley, 2014; Lehavot & Simoni, 2011). However, Meyer (2003) acknowledges that the minority stress model fails to differentiate between differing realities that fall under the SGM banner. Bisexuals may experience different stress-related experiences compared to other sexual minorities (Bostwick & Hequembourg, 2014).

### **Social Work and Sexual/Gender Minority Issues**

Social work is a profession that aims to support individuals, families, groups and communities in enhancing their well-being. In addition to individual and group problems, the profession also strives to promote social justice and is concerned with larger social problems such as poverty and institutional and systemic oppression, such as homophobia and transphobia (Drover, 2013). Though social work draws from the fields of psychology, sociology, philosophy, law, medicine and political science, to name a few, the values and approaches that inform social work thought, practice, and research center on the concept of *person-in-environment*. This approach considers the relationships and interactions between individuals, their support resources, communities, and societal and social forces. This focus on relationships is argued to be a distinguishing feature of the social work profession (Canadian Association of Social Workers [CASW], 2000). Accordingly, discussion of SGM issues, from a social work perspective, may allow for a deeper and richer understanding of sexual/gender minority issues that could lead to potential action in the social work profession, as well as in disciplines from which social work borrows.

In social work, theory, research or practice, individuals are typically classified by group membership in order to conduct research, to plan political action and to inform practice, policy, and education. Social workers aim to advocate on behalf of oppressed groups; however, the assumptions about the groups' social categories (e.g., gay, lesbian, bisexual, woman, newcomer, black, and so on) remain largely unchallenged (McPhail, 2004). Binary notions (e.g., male/female, gay/straight) prevail in many of social work's traditional theoretical perspectives (e.g., structural social work). These notions are not

merely in the field of social work but also found within many disciplines (e.g., psychology, sociology, law, etc.) and reflect the dominant culture (Weiss, 2003). Within social work, an appreciation of the diversity of sexual and gender identity is largely absent; it “has limited presence in policy, and lacks adequate funding, impacting on programming and services, detrimentally affecting practice” (Mulé, 2008, para.16). The field of social work, with its ethical standards, could lead the way for other disciplines with respect to challenging these binary notions of identity. McPhail (2004) argues that incorporating critiques informed by postmodern and queer theoretical perspectives is beneficial to the social work profession since these approaches align with the profession’s value of self-determination, which allows individuals to define themselves as opposed to being defined by others. However, it has been argued that the social work profession holds a desire for certainty (Martin, 1996), thus making it challenging to incorporate these perspectives. Furthermore, LGBTQ activists in social work and other disciplines have worked hard to increase political and social power through group visibility and identification. The reluctance by the social work profession to deconstruct and strip down concepts of social group identity is maintained by a concern that these already marginalized groups may become even more invisible and powerless (McPhail, 2004). Queer theoretical perspectives in social work, while increasing, may be met with ongoing resistance.

### **Binary “Logic”**

Since there is a strong assumption of binary categories pertaining to sexual and gender identity (e.g., gay/straight, male/female) within social work, research in this area is generally dichotomized, which can foster rigid identity assumptions, a homogeneous understanding of research participants and results, and a divide between “normal” and “deviant” behavior, as well as masking inherent variation in different groups and populations (Johnson & Repta, 2012). Bringing greater awareness to the complexity of sexual and gender identity could have transformative effects on how research is conducted. Further, sexual and gender identity can be seen as temporally fluid, as they are not necessarily fixed points in one’s life (Voss, Browne, & Gupta, 2014). Some scholars in social work have begun to acknowledge and recognize the increasing evidence that sexual and gender identity are not binary categories, that binary categories might not even be an accurate way of understanding these phenomena (Burdge, 2007; Gringeri & Roche, 2010). While an understanding that the binary model may be flawed has gained some traction in social work research, the majority of researchers continue to disregard this possibility, reinforcing the dichotomous paradigm (Rassi, 2011).

Critiques from postmodern, poststructural, and queer theory perspectives, as well as from individuals or groups (e.g., transgender, bisexual, intersex) who do not “fit” neatly into binary categories remain absent within social work literature and research (Gringeri & Roche, 2010). The binary model is so deeply embedded and taken for granted within social work that it sometimes seems inescapable. The binary conceptualization, related to Western logocentric thought, can be seen as the “desire for a centre or original guarantee of all meanings” which, according to philosopher Derrida, has characterized Western philosophy since Plato (Baldick, 2015, p.191). From a Western perspective, binary terms are perceived as hierarchical, with one term valued (or “privileged”) and the other devalued

(or “marginalized”), as well as mutually exclusive and oppositional (Sands, 1996). Social work theory, research, and practice largely follow this model (e.g., power/oppression, privilege/marginalization), remaining an essentialist enterprise (McPhail, 2004). For instance, at the risk of simplifying the rise of the gay/lesbian movement, gays and lesbians defined themselves as members of a sexual minority rather than challenging the construction of sexual identity in general (Rust, 2000). However, it could be that the magnitude of stigma and oppression experienced by gays and lesbians at that time would have made challenging constructions of sexual identity unfeasible and too radical during that period.

Societal power structures and relations rely on an essentialist binary model; non-binary realities such as bisexuality upset these power structures and relations. It should not be surprising then that it is these “misfits” that are the most stigmatized, marginalized, and discriminated against in our society. Power structures and relations also exist within the SGM population, commonly known as the LGBT community. According to Weiss (2003), as the “LGBT community” was forming (for various sociopolitical reasons), power relations arose that led to four distinct groups (i.e., L/G/B/T), each with different social and power positions, with the binary identities garnering more power (p.53). Discrimination and prejudice by gays and lesbians against non-binary identities such as bisexuals and transgender people can be seen as a reaction to political and social pressures that exist within the greater society at large. These reactions by gays and lesbians can be seen as coming from societal pressure to maintain certain binary power structures, in what has been argued to be an “accommodationist” attempt to fit into society, providing the message, for the sake of political progress, that gays and lesbians are the *same* as heterosexuals (“we are just like you;” Weiss, 2003, p.30). Thus, attempting to ameliorate these conditions (e.g., discrimination, microaggressions, and erasure) that exist within the greater society at large for bisexuals and other non-binary identities will require challenging the rigid notions of essentialist dualities and their underlying structural power dynamics.

### **Challenges in Research and Scholarly Inquiry**

Research on sexual minorities, in social work and other disciplines, generally likens bisexuals’ experiences of marginalization to that of the experiences of gays and lesbians (Mays & Cochran, 2001), a comparison which reinforces a homogenous and narrow analysis of factors that negatively affect the health and well-being of bisexuals. This narrow analysis further contributes to the misunderstanding of, and invisibility, of bisexual realities and their unique experiences of marginalization. The Institute of Medicine (2011) acknowledged the problematic treatment of minority identities and realities (e.g., transgender, bisexual) within the SGM population (i.e., LGBTQ community), asserting that there are distinct population groups that fall under the SGM banner, with their own specific health needs. This statement reveals some recognition that various SGM groups are often combined as a single entity for research (and for advocacy purposes). For research purposes, it is important to consider the complexity and intersectionality of the experiences of SGM individuals, as they are diverse and shaped by factors such as race, ethnicity, socioeconomic status, age, geographical location, and many more. Intersectionality

considerations in SGM research are critical as these intersectional factors can further exacerbate existing health-related issues (Thoma, Huebner, & Rullo, 2013).

Even more puzzling, it has been argued that even queer theory, an epistemological position that appears to be significantly aligned with and supportive of bisexual realities, has also abandoned bisexuality as a topic of inquiry (Bostwick & Hequembourg, 2014; Erickson-Schroth & Mitchell, 2009). The influential works behind queer theory, such as those by Foucault (1978) and Butler (1991), despite being in opposition to biological binary models of gender and sexuality, have all overlooked bisexuality as a topic to be taken seriously (Gurevich, Bailey, & Bower, 2009). For instance, Callis (2009) writes, in making reference to Foucault's (1978) analysis of the homosexual identity, that:

...with no medical discourse, no scientifically granted truth and no reverse discourse, it is little wonder that bisexual identity has formed more slowly than others; the fact that Foucault's work can be used to explain this difference between homosexual and bisexual identities confirms that bisexuality would have been a fruitful topic for Foucault to explore...the usefulness of bisexual identity to buttress Foucault's work also points to the utility of the subject for modern queer theorists drawing on Foucault. (p. 226)

While Foucault's theory of discourse can explain the Western construction of gays and lesbians (Foucault, 1978), it could also be used to provide an explanation of the lack of salience around bisexual identity. Ultimately, greater diversity in SGM research is needed, a point of view that places a stronger focus on diverse bisexual populations, especially in the areas of mental health and health. Further, while similarities among SGM groups' experiences of marginalization do exist, it is plausible that bisexuals experience unique forms of marginalization due to their bisexual identity, which may help explain the documented health disparities among bisexuals (Dobinson, MacDonnell, Hampson, Clipsham, & Chow, 2005; Rainbow Health Ontario, 2015). Some of these documented disparities among bisexuals include: higher reports (Canadian and US) of anxiety, depression, suicidality, and self-harm, relative to gay and lesbian identified individuals (Kerr, et al., 2013; King et al., 2008; Steele, Ross, Dobinson, Veldhuizen, & Tinmouth, 2009; Tjepkema, 2008).

Research has not been conducted evenly across SGM populations, with more research focusing on gays and lesbians than on bisexual and transgender people (Rainbow Health Ontario, 2015). Without "epistemological data to legitimize" bisexual issues, it will be challenging to develop and implement interventions and services for bisexuals, and to convince funders that bisexual health and mental health research and services are important (Miller et al., 2007, p.4).

### **Epistemic Injustice vis-a`-vis Microaggressions**

Drawing on the theoretical work of Fricker (2007), Bostwick and Hequembourg (2014) present a framework for understanding the lived experience of bisexual individuals and the marginalization they experience. Within this framework, they "...posit that differences in prejudicial experiences do exist for bisexual groups, and that such differences reside in the realms of the epistemic, yet have very real implications..." (p. 488).

### *Epistemic Injustice*

The philosophical work by Fricker (2007) provides an explanation of how injustices relating to categories of knowledge and experience adversely affect bisexuals. Fricker (2007) argues that individuals and groups can be wronged, silenced, and made unintelligible in their capacity as knowers. Furthermore, epistemic relations occur within an environment of justice and fairness that is influenced by structural power dynamics and mutual understandings of what social identities should look like (Bostwick & Hequembourg, 2014). Fricker (2007) suggests that there are two types of epistemic injustices. The first, called testimonial injustice, involves being wronged or not taken seriously in one's capacity as a giver of knowledge. As an example of testimonial injustice, Fricker (2008) states: "a speaker receives a prejudicially deflated degree of credibility from a hearer...an example might be that a jury does not believe someone simply because of the colour of his skin" (p.69).

The second type of epistemic injustice, called hermeneutic injustice, occurs when an individual's social experience is obscured or made unintelligible due to a structural prejudice and prevention through collective understanding (Hawley, 2011). In hermeneutic injustice, society lacks a conceptual framework for understanding or taking seriously the claims of someone's reality or experience. As an example of hermeneutical injustice, Fricker (2008) notes:

the difficulty of making sense of homosexual desire as a legitimate sexual orientation in a cultural-historical context where homosexuality is interpreted as perverse or shameful. In such a context, the gay subject cannot make proper sense of his sexuality, owing to the fact that gay people as such were prevented from making a full contribution to collective resources for social meaning, with the result that the forms of understanding available for making sense of homosexuality were crucially uninformed and distorted. (p. 70)

Similarly, bisexuals can experience testimonial and hermeneutical injustice in society (e.g., Bostwick & Hequembourg, 2014; Ross et al., 2010; 2016; Sarno & Wright, 2013, which may be addressed through various methods in social work research and practice).

### *Microaggressions*

Microaggressions, regarded as common slights and insults, drive and maintain oppressive discourses (Smith, Shin, & Officer, 2012) and have been shown to have very significant consequences for sexual minorities. Sue (2010) posits that microaggressions are "the brief and commonplace daily verbal, behavioral, and environmental indignities that communicate hostile, derogatory, or negative racial, gender, sexual orientation, and religious slights and insults" (p. 5). The literature suggests that the psychological impact of microaggressions for SGM groups includes chronic stress, anxiety, depression, and lowered self-esteem, to name a few (Nadal, Rivera & Corpus, 2010). In evaluating differences in the experiences of microaggressions among bisexuals and homosexuals, Sarno and Wright (2013) found significant differences between homosexuals and bisexuals for different types of microaggressions (e.g., assumed to be straight). Bisexuals had more difficulty than their homosexual counterparts with internalized homophobia, biphobia, and

identity confusion. A review of the literature confirms these findings (e.g., Cox, Berghe, Dewaele, & Vincke, 2010; Kuyper & Fokkema, 2011) and shows that a difference exists in how bisexuals experience and are affected by various forms of microaggressions. Some of these differences include: higher risk for health issues, greater hostility and discrimination, and higher levels of minority stress compared to gays and lesbians (e.g., Herek, Gillis, & Cogan, 1999; Hershberger, Pilkington, & D'Augelli, 1997; Jorm et al., 2002).

### *Linking Epistemic Injustice to Microaggressions*

Drawing on Bostwick and Hequembourg's (2014) framework, it can be argued that testimonial and hermeneutic injustices, vis-a-vis microaggressions, are experienced by bisexuals recursively in a mutually reinforcing manner that seeks to erase bisexual individuals and communities. Various forms of microaggressions that drive the invisibility, erasure, and silencing of bisexual reality in research and other domains of social life place bisexuality, as a way of knowing and being, outside of the realm of intelligibility (Bradford, 2004). Epistemic erasure can be seen as a form of injustice that creates real consequences for bisexuals and other marginalized identities. Epistemic injustice, both testimonial and hermeneutic, can translate to deeply painful experiences of exclusion and marginalization in various parts of bisexuals' lives. The dismissal (i.e., testimonial) and lack of intelligibility (i.e., hermeneutic) experienced by bisexuals through the enactment of microaggressions can have deleterious effects. Microaggressions can contribute to experiences of epistemic injustice by invalidating, negating, or undermining bisexuals' lived experiences. For instance, a microaggressive statement such as "bisexuals are confused and cannot be trusted" or "bisexuals are really gay/straight" can undermine their embodied experiences and reality (Sue, Bucceri, Lin, Nadal, & Torino, 2007). An example of epistemic injustice through microaggressions in social work may be the experience of having one's sexual and/or gender identity invalidated by the practitioner's negative assumptions or indifference.

Social workers may inadvertently commit microaggressions that lead to epistemic injustice by assuming that bisexuals are either homosexual or heterosexual (Sarno & Wright, 2013). They may do so because of dominant cultural notions of bisexuality as mentioned earlier, including the erroneous idea that bisexuality is a mere stopping place or phase of exploration until a true homosexual identity is accepted (Bostwick & Hequembourg, 2014). Consequently, this attitude renders an enduring bisexual identity as invisible or unintelligible (Sarno & Wright, 2013). These epistemic injustices vis-a-vis microaggressions may help explain why bisexuals have the highest rates of mental health issues among sexual minorities (King & McKeown, 2003; Jorm et al., 2002) and why they have uniquely negative experiences within the healthcare system (Dobinson et al., 2005). For instance, because of bisexual invisibility, many healthcare providers, including LGBTQ-friendly providers, are not always competent regarding bisexuality and are perceived by bisexuals as not inclusive of their identity and reality (Dobinson et al., 2005; Ross et al., 2010; 2016). Bisexuals can also experience judgment or dismissiveness about their sexual identity from health care providers and social workers, as well as inappropriate questions about their sexual practices (Eady, Dobinson, & Ross, 2011). Moreover, helping

professionals may assume the sexual identity of a client who is bisexual based on the client's current sexual partner (s), thus rendering their identity and reality invisible (Eady et al., 2011; Page, 2004).

Bostwick and Hequembourg (2014) have explored the ways in which microaggressions drive epistemic injustices in bisexual women. They found seven "bisexual-specific" microaggressions routinely experienced by participants and illustrative of epistemic injustice in action: hostility, denial/dismissal, unintelligibility, pressure to change, lesbian, gay, bisexual and transgender legitimacy, dating exclusion, and hypersexuality" (p. 492). These microaggressions reinforce cultural understandings of bisexual incomprehensibility as well as illustrate how bisexuals are regarded as untrustworthy. The authors argue that "the chronic subversion of bisexual...credibility through bisexual-specific microaggressions may be key to understanding the extraordinarily high rates of depression" (Bostwick & Hequembourg, 2014, p. 499).

Microaggressions also come from within the "community" (i.e., LGBTQ communities) that could potentially be a site of support for bisexuals. This double exclusion, from both hetero and SGM populations, can exacerbate the negative effects of microaggressions and epistemic injustice (Hequembourg & Brallier, 2009). An example that illustrates Fricker's work is the experience of bisexuals within healthcare, which either places them in a "straight" or "gay" box. The concept of bisexuality is largely disregarded or overlooked, except for in some clinics that may routinely work with SGM groups (e.g., LGBTQ sexual health clinics; Eady et al., 2011). This type of microaggression is problematic as bisexuals have unique health concerns and issues that are usually disregarded (Miller et al., 2007). Many issues, such as sexual health concerns, can be overlooked, resulting in potential harm (Eady et al., 2011). The experiences of bisexuals highlight how the prevailing monosexual paradigm and rigid binary thinking in our society leads to microaggressions contributing to epistemic injustice and oppressive outcomes.

### **Future Directions**

There is no one solid, prescriptive, answer to the multifaceted issues raised in this paper. Epistemic injustice, which translates into felt physical and psychological consequences for bisexuals, is cleverly invisible and insidious. We are in the infancy of social change with regards to sexual/gender liberation. In keeping with Bostwick and Hequembourg's (2014) analysis, the following recommendations and suggestions are offered.

### **Queer Possibilities**

Despite queer theory's relatively minimal focus on bisexual realities, this perspective still holds great potential to address epistemic injustices experienced by bisexual individuals. Working within a queer theory epistemology, in any potential context (e.g., academia, policy, practice), can build understanding and greater awareness of the bisexual experience. In queer theory, attention is given to not only what is said, but also to what is not being said (Horn, 2012). Giffney (2009) states "there is an unremitting emphasis in queer theoretical work on fluidity, uber-inclusivity, indeterminacy, indefinability... and

that which is unrepresentable...” (p. 8). The point of queer theory, then, with its focus on raising more questions and problematizing binary notions of sexuality/gender, is not to arrive at an answer about these issues; rather, its contribution to remedying bisexual epistemic injustices would be to bring to light issues to help improve the lives of not just bisexual-identified individuals, but also the lives of all people who are invariably impacted by the dichotomizing, binary understanding of gender, sex, sexuality, and all facets of life. The very essence of a contemporary understanding of bisexuality (i.e., understood as being attracted to multiple genders) unsettles and destabilizes categories of sexuality/gender (Robinson, 2017). Greater inclusion of bisexuality into works of queer theory would allow for a richer understanding of sexuality, as well as contribute to the undertaking of deconstructing the homo/hetero binary logic. Daümer (1999) argues that bisexuality can be conceptualized as “an epistemological and ethical vantage point” that can be used to destabilize binary categories of sexuality and gender (p.159). This viewpoint illuminates the potential for bisexuality to expose inevitable contradictions and ambiguities of all adopted identities (Gurevich et al., 2009).

More recently, sexuality researchers have described bisexuality as an umbrella term (including behavior, as a non-binary identity), that includes other non-monosexual identities (i.e., being sexually attracted to multiple genders) such as a pansexual, omnisexual, and fluid identities. This evolution refers to a shifting of perspective that emphasizes bisexuality as a non-monosexual reality that may include attraction to more than one gender (compared to more traditional views of bisexuality as being attracted to only men and women; Flanders, Lebreton, Robinson, Bian, & Caravaca-Morera, 2017; Robinson, 2017). In recent research, pansexual individuals are generally grouped under the bisexual umbrella (Mitchell, Davis, & Galupo, 2014), with bisexuals and pansexuals identifying in similar ways (i.e., romantic and/or sexual attractions to multiple and diverse genders, including non-binary genders; Flanders et al., 2017). Therefore, it is important to consider other non-binary forms of sexuality (e.g., pansexual, etc.) that bisexuality represents in our discussions of queering social work research and practice. Terms like pansexuality, omnisexuality, and bisexuality (as being attracted to multiple genders) can help our profession generate more complex discussions of sexuality and gender identity and further the queering of social work (Gringeri & Roche, 2010; Robinson, 2017).

The marrying of bisexuality knowledge and queer theory allows for a stronger queer theory deconstruction enterprise, while also helping bring intelligibility to the bisexual experience, in its various forms. However, it is also important that we use identity locations, such as “bisexual,” as a strategic political tool without assigning ontological integrity to this identity (Butler, 1991). From a social work perspective, it is critical that social identity groups, such as bisexuals, are intelligible in relation to LGBTQ and human rights activisms. Yet, it is also critical that we are not too rigid and limiting about social identification. This is the ongoing tension that the field of social work must grapple with: acknowledging that these social identities indeed are very much a reality for people while at the same time being careful not to simplify or dismiss the complexity that exists within a particular social category or identity. Maintaining this tension in social work — affirming a bisexual identity that is used for political strategizing without assigning ontological integrity to it — may allow for greater visibility, empowerment, and acknowledgment of

the diverse bisexual experience while simultaneously allow for social activism that addresses bisexual marginalization which creates deeply felt social and material exclusions (Voss et al., 2014). Bringing in a queer perspective to social work allows for a problematization of social categories and offers a broader approach for understanding sexuality. This reconsideration is in line with social work's values of self-definition and social justice; queer theory allows us to acknowledge that many paths can take us there (McPhail, 2004).

### **Transformative Research**

Research has the potential to bring about social change. The enterprise of research has the potential to hold much influence in the public arena, despite the various power relations and power differentials that limit certain types of research. Challenging sexuality and gender binaries within social work research and practice will likely come with resistance and difficulty. Queering dominant perspectives through critical analysis within social work research is particularly challenging as everything could be questioned, reinterpreted, and rendered uncertain; surely this could bring some discomfort to researchers (McPhail, 2004). Further, attaining funding for research that does not align with funders' worldviews or political agendas could be a significant barrier. Notwithstanding, upsetting normalized perspectives is necessary if we are to bring about liberatory social transformation for sexual and gender minorities. The failure to problematize these hegemonic definitions of sexual and gender identity can result in the continued marginalization for many groups, such as bisexuals.

Reflexivity can encourage researchers to examine power relations and dismantle hegemonic assumptions related to sexual and gender identity (Brookfield, 1995), and help them become more aware of what knowledge and understandings they are creating and the ways they create this knowledge (Steup, 2014). This reflexive process may be helpful for the task of problematizing binary thinking (McPhail, 2004). Working reflexively also allows for the potential to make adjustments to research questions and methods in order to be more inclusive and reflect the realities and knowledge of research participants (Ristock, 2001). There are no guarantees that reflexivity will bring about the hoped-for change in social work research practices, but it can certainly be helpful if done with integrity and authenticity.

Some other important ways, highlighted by McPhail (2004), of queering social work research include: avoiding discrete categories of gender and sexual identity in theoretical models and in explaining findings; speaking more tentatively and conditionally when attempting to make generalizations based on identity categories; and offering "disclaimers" as we attempt to wear identities lightly (Laumann, Gagnon, Michael, & Michaels, 1994). Further, demographic questionnaires that have open-ended questions, instead of multiple-choice responses, could help with creating more freedom and fluidity with regards to participants' expressions of multiple and intersecting identities. This strategy can also have implications for dissemination of research findings, as well as help regulate the inherent power of the researcher (Fantus, 2013). Broadly, I would strongly urge social work researchers working with gender and sexual diversity to make a concerted effort to promote research that is inclusive of minority groups within the SGM population, especially

focusing on groups with even greater intersecting points of marginalization (e.g., racial and gender diversity). Ultimately, these suggestions for social work research could create greater complexity and completeness of scientific understanding in sexual/gender diversity research and contribute to validating bisexuals' and other SGM groups' experiential knowledge, consequently reducing epistemic injustice (Bell, 2014).

### **Embodied Knowledge and Multiple Ways of Knowing**

Queer theorist Sedgwick (2007), in confronting limitations of critical theory, argues for a “reparative reading” (p. 638) approach—alongside a critical theory approach—that takes into account the power of knowing through *affect*. Sedgwick appears to be calling for multiplicity in knowing, which includes both critical approaches such as queer theory and poststructuralist readings of discourse, as well as *felt*, embodied knowledge as an important way of knowing. Sedgwick also calls attention not only to material conditions but also to the body, with its intensities and knowledge, acknowledging emotions, tacit knowledge, and visceral lived experience (i.e., embodied knowledge). This emphasis is of critical importance, especially considering that embodied knowledge can be seen as a way of disrupting dominant forms of knowledge, and uncovering marginalized ways of knowing (Wong, 2004). Some critical social work scholars have pointed out the importance of embodied knowledge in order to engage in critical social work practice and research with social justice aims (Bai, 2001; Tangenberg & Kemp, 2002). Bringing awareness to our embodied knowledge can provide a path to addressing epistemic injustice. For researchers committed to uncovering issues pertaining to SGM issues, moving into life's complexities can be unsettling and uncomfortable. Researchers must strive not simply to remain within the cognitive realm of knowing but also to be open to bodily and emotive knowing with respect to relating to one another and the world surrounding them (Wong, 2004). This critical awareness can help unsettle binaries and bring greater appreciation of and engagement with the fluidity of sexuality and gender.

### **Resistance**

Building understanding and greater awareness of bisexuality as an intelligible identity can be seen as an act of resistance. Bisexuals might distance themselves or confront negative messages about their realities; they could also educate others about inaccurate understandings and stereotypes and organize or join bisexual groups that seek to engage in activism and social activities (McGrady, 2012). These approaches may help bisexuals increase their self-esteem and social support. However, resistance is also limiting; strategies such as distancing from others who enact stereotypes risk further segmenting subcultures and reproducing the negative meanings associated with a stigmatized status (Lapinski, Braz, & Maloney, 2010). Foucault (1978) argues that SGM groups, in using new words, ideas, and concepts to describe and speak about their distinctive and personal experiences, can begin to exercise power through this resistant language. Bringing to light, through research and advocacy, someone's multi-layered, and oftentimes conflicting narratives can pave the way for a greater understanding of obscured realities (Fantus, 2013). SGM groups, in speaking their multiple truths, can feel empowered by challenging stigma and attributing stigmatization to other people's prejudice (Thoits, 2011).

### Bringing It All Together

This paper has sought to develop a critical understanding of the realities of bisexual and other fluid identities in social work research. Preliminary suggestions for social work have been offered as a precursor to eventual action. As bisexuality is rarely discussed as a topic unto itself (McPhail, 2004), it is important to generate a discussion about strategies and actions that uncover bisexual realities within social work. This paper could be used as a launching point for interrogating binary assumptions in social work that lead to epistemic injustices for bisexuals and other fluid identities. In line with social work's approach of implementing collective social action, this writing stands in solidarity with other social work scholars' (e.g., Gringeri & Roche, 2010; McPhail, 2004; Mulé, 2008) who advocate for greater visibility of sexual and gender diversity in social work. Given social work's values of advocacy and social justice, increasing understanding and action to address the issues outlined in this paper could also impact other professions that interact with social work. This vision is important to maintain if we are to effectively address bisexual marginalization and epistemic injustice in society.

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## The Dilemma of Spare Embryos After IVF Success: Social Workers' Role in Helping Clients Consider Disposition Options

Stephanie K. Boys  
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**Abstract:** *Social work services for persons undergoing the in vitro fertilization process (IVF) has greatly lagged behind the medical technology opportunities provided to these clients. Advocacy for social work services for persons undergoing IVF was advanced upon the procedure's initial development, but there has been a stark lack of recent scholarship regarding social work in fertility health services. The existing literature suggests several talking points regarding the IVF process to be discussed with persons considering IVF, especially the medical and psychological risks of failure. This article discusses a newer and necessary topic to cover in pre-IVF counseling: the possibility of too much success in the form of excess embryos. Although the topic must be covered with sensitivity to the relatively low rate of IVF success, persons receiving care through assisted reproductive technology (ART) need to be prepared for the difficult moral questions raised when IVF procedures result in even more embryos than intended. Social workers need to be prepared to explore the pros and cons of each disposition option with IVF clients.*

**Keywords:** *In vitro fertilization (IVF); assisted reproductive technology (ART); reproductive counseling; frozen embryos; embryo disposition*

The advance of assisted reproductive technologies (ART) has revolutionized the world of reproduction. Until approximately 50 years ago, there was one conceptual understanding of procreating: one man and one woman. Today, there are many possibilities for persons experiencing infertility, the inability to conceive due to the structure of their relationship, or the desire to be a single parent. However, along with the development of these technologies has come a vast range of ethical dilemmas. The focus of this article is a dilemma common after persons have undergone in vitro fertilization (IVF): the existence of excess embryos. Options for disposing of the embryos and considerations relevant to each option are presented.

The process of IVF involves combining egg and sperm to create embryos in a lab. In order to have the highest odds of a resulting pregnancy, as many embryos as possible are produced. Persons undergoing IVF have often experienced years of heartbreak trying to conceive naturally and view IVF as their final opportunity (Chochovski, Moss, & Charman, 2013). Although IVF success rates have been improving, the success rate per cycle still stands at 32.7% (Centers for Disease Control and Prevention [CDC], 2017). However, for persons who do succeed, there are often extra embryos after a live birth. The dilemma resides when parents have completed their desired family but still have fertilized embryos remaining. People are often unprepared for this situation and may be unaware of their options. Thus, many avoid the decision, leaving their embryos literally frozen in time (Nachtigall et al., 2009).

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The authors present a brief overview of IVF and cryopreservation, an overview of the literature on social work involvement in reproductive services, and an examination of the disposition options for spare embryos, including the pros and cons of each option.

### **The Growth of IVF**

For most of human history, there was essentially one way to create a child that involved two persons of the opposite gender; however, the opportunities for conception have evolved rapidly since the 1970s with the development of assisted reproductive technologies (ART). One of the most dramatic advances was the invention of in vitro fertilization (IVF), a process that involves combining egg and sperm outside the human body in a petri dish prior to returning the fertilized egg into a woman's uterus.

In July 1978, the first baby produced from IVF procedures was born in England. Her parents named her Louise Brown, but she is famously known as the first "test tube baby" (Baron & Bazzell, 2014, p. 59). The first IVF birth in the United States occurred in 1981, and today the CDC (2012) consider IVF the primary type of ART. The United States has experienced an ever-increasing number of IVF births each year, resulting in the influx of fertility clinics across the United States (Crocker & Debele, 2014). The use of IVF doubled between 2000 and 2010, with 1% of all infants born in the United States in 2010 as a result of IVF (CDC, 2012).

According to the CDC (2017), of the 231,936 ART cycles performed in 2015, 60,778 resulted in live births and a total of 72,913 infants; thus, approximately 1.6% of all infants born in 2015 in the United States were conceived using IVF. However, 45,779 procedures were banking cycles that resulted in eggs or embryos frozen for future use (CDC, 2017).

### **Cryopreservation Brings about New Possibilities in IVF**

Although medical protocols vary by clinic and per individual client needs, a single IVF cycle involves several stages over a few months. First, the potential mother takes a course of medications to stimulate egg production and to prepare the uterine lining for embryo implantation. During a normal menstrual cycle, a woman produces one egg. The purpose of the IVF medications is to produce as many eggs as possible, without causing medical risks associated with hyperstimulation. Before ovulation, the eggs are retrieved in a medical procedure usually involving light anesthesia, then combined with sperm in a petri dish. The development of the embryos are monitored over the next few days since it is common for several embryos to arrest, or cease further development. On approximately the fifth day, or the blastocyst stage of development, one or more of the embryos is transferred to a woman's uterus (O'Brien, 2010). The process can vary depending on whether a couple's own egg and sperm are used, if donor egg and/or sperm are used, or if a surrogate is used (Crocker & Debele, 2014).

When IVF practices were first developed, medical protocol was generally to transfer all created embryos to the uterus, but as the technology improved, there was a boom of multiple births (Mastenbroek et al., 2011). The risks associated with pregnancies involving multiple fetuses compelled the American Society of Reproductive Medicine (ASRM) to establish guidelines for how many embryos to transfer based primarily on the age of the

mother, as well as other medical factors that influence success rates (Murphy, 2013). With the goal of facilitating safe, healthy pregnancies by reducing the number of embryos transferred, clients did not want to waste other embryos developed during the cycle, especially since each cycle can cost an average of \$8,000 plus \$3,000-\$5,000 for the necessary medications (Johnston & Gusmano, 2013). Thus, cryopreservation technology was developed. Embryos that are well-developed but not selected for fresh transfer can be frozen, or cryopreserved (Mastenbroek et al., 2011).

The first theory of cryopreservation emerged in the 1930s by B. J. Luyet; the attempts to develop the theory into a procedure had very little success (Gosden, 2011). Over the next 40-50 years, slow progress was made by adjusting protocol, until cryo development surged almost simultaneous to in vitro fertilization. A slow freezing practice was developed in 1985 and used widely until vitrification recently became the protocol encouraged for use by clinics due to higher pregnancy rates after this faster type of freezing technology was used with embryos (Kuwayama, 2007; Whittingham, Leibo, & Mazur, 1972). Today, over 600,000 embryos are being cryopreserved, with a 30-50% infant birth success rate from frozen embryos (Robertson, 2014; US DHHS, 2017).

### **Current Pre-IVF Legal Procedures**

One of the first steps in the current IVF procedure is to read and sign a large packet of informed consent documents. These documents are written by attorneys to relieve clinics of any legal liabilities; however, they are often presented to IVF clients with little explanation (Madeira, 2015). This packet includes an embryos' disposition form, which provides options regarding the status of an embryo in several circumstances including divorce, death of one of the embryo creators, and failure to pay annual storage fees.

In 2015, Madeira conducted the first, and to date only, qualitative analysis of IVF clients' perceptions and understanding of informed consent documents. The researcher interviewed 66 clients who had undergone IVF procedures. Results indicated that most of the forms are generally read and understood, except for the embryo disposition section of IVF informed consent packets. The form regarding embryo disposition shocked clients when they read it. Many participants said they felt very uninformed about the decision. They reported doing their own Internet research on IVF prior to the procedure, but said they had not thought about the possibility of embryo disposition as they were "thinking about whether or not [they could] even make an embryo" (Madeira, 2015, p. 21).

Nachtigall et al. (2009) conducted a qualitative assessment of how persons make decisions regarding how to dispose of embryos. The researchers interviewed 77 families with cryopreserved embryos and found that nearly two-thirds (63%) of participants had embryos that had been in storage for at least five years, "either passively through disagreement or indecision or actively to maintain embryo potential, avert feelings of loss, or as psychological or genetic 'insurance'" (p. 2094). The researchers concluded that persons struggle with embryo disposition decisions after successful IVF treatment, have not considered the potential dilemma in-depth prior to undergoing IVF, and maintain cryopreservation indefinitely as a result of the struggle (Nachtigall et al., 2009). For these

persons, excess embryos were an unintended consequence of IVF, and a dilemma they had not anticipated facing.

### **Embryos Frozen in Time**

In the United States, approximately 600,000 embryos are currently stored in cryopreservation banks (Crockin & Debele, 2014). This number is destined to continue rising as more persons undergo IVF and more embryos are abandoned or stored indefinitely (Tucker, 2014). Current estimates are that up to 25% of embryos in cryopreservation are abandoned as the “parents stop paying the storage fee, they move away, or they divorce and forget about their frozen embryos” (O’Brien, 2010, p. 172). The owners of the embryos might purposefully forgo paying the storage fee out of financial necessity or as a passive form of indecision about what to do with the embryos. Another reason for abandonment of embryos may be that the owners move and forget to forward their address; thus, the annual bill reflecting the need to maintain storage would be lost. In other cases, persons divorce and forget about paying or they are unable to arrive at a mutual decision. In each of these scenarios, embryos that could form life for the parents, for other persons experiencing the devastation of infertility, or that could be used to further scientific discovery are abandoned, all while taking up valuable cryopreservation space. Additionally, the ethical dilemma might continue to plague persons who knowingly abandon the embryos or later remember they were abandoned (O’Brien, 2010). While facilities may follow the legal paperwork decision of persons who abandon their embryos - be that to destroy or donate them - many facilities are loath to do so in fear that these persons might resurface, and present legal studies finding that informed consent at the time of IVF may not represent a person’s decision once a child is produced and other life events have unfolded (O’Brien, 2010).

In one study, after an average of 4.2 years of cryopreservation, 72% of participants had not made a disposition decision (Nachtigall et al., 2009). In another, 87% of the participants were undecided about the disposition of leftover embryos (Clark, 2014). “Most couples had not anticipated or appreciated the consequences of having surplus embryos” (Nachtigall, Becker, Friese, Butler, & McDougall, 2005, p. 431). Additionally, “many professionals think couples severely underestimate the difficulty of destroying remaining frozen embryos once they have a child from that batch of embryos” (Mundy, 2008, p. 185). Mundy (2008) reasons that when disposition forms are signed prior to the IVF process, embryos are merely understood to be human tissue; however, once a child has been born, the parent’s understanding of the embryos transforms into a “potential child, a potential sibling, and a potential life” (p. 185).

### **Social Work Has Not Kept Pace With Reproductive Technology**

As the use of IVF grew in the 1980s and 1990s, literature on social work services needed by persons undergoing the IVF process emerged (Blyth, 1999; Greenfeld, Mazure, Haseltine & DeCherney, 1985; Walther, 1991). The scholarship that arose alongside the birth of IVF included discussion of the role of social workers in IVF services, the psychological and medical risks to be discussed with clients, and the counseling services necessary upon the failure of fertility treatments (Bergart, 2000; Black, Walther, Chute &

Greenfeld, 1992; Blyth, 1999; Daniels, 1990; Greenfeld et al., 1985; Walther, 1991). While this literature is still useful, it has failed to keep up-to-date with new technological advances such as cryopreservation and the ensuing issue of spare embryos. As IVF has become more common practice since the beginning of the new millennium, there has been a stark lack of new research on the role social workers should play in infertility health care.

Just a few years after the first baby conceived via IVF in the United States was born, Greenfeld et al. (1985) highlighted the need for specialized counseling by social workers practicing in infertility clinics. The authors presented the unique “emotional spectrum of euphoria, anxiety and dysphoria” of patients undergoing IVF, in comparison to the less invasive and less complex infertility treatments of the past (Greenfeld et al., 1985, p. 71). In addition to literature regarding social work’s role during IVF procedures are studies on the services needed after unsuccessful IVF (Bergart, 2000; Black et al., 1992). Bergart (2000) argues that social workers should play a role in educating “medical professionals about the needs of their patients when treatment fails” (p. 45).

As use of IVF expanded in the 1990s, Blyth (1999) stressed the importance of social work’s role at the macro level to ensure that the increasing commodification of IVF services maintained a focus on the humanity of persons experiencing infertility. The author further emphasized the need for social work advocacy on behalf of patients due to the profession’s unique set of values and ethics (Blyth, 1999). More recently, Fronek and Crawshaw (2015) made a similar argument regarding the need for social workers to be advocates in international policy debates regarding bioethics matters, including IVF, among a host of other issues.

As technology has advanced, persons who undergo IVF face new challenges. Yet, the literature on social work services in the infertility field has not kept pace with technology, such as the disposition of spare embryos and the resulting ethical dilemma. The following section presents options for persons with excess embryos and how social workers can help explain those options to prospective parents.

### **Disposition Options for Frozen Embryos**

Options for spare embryos include having more children than initially desired, undergoing compassionate transfer, donating the embryos to research, donating the embryos to prospective parents, or purposefully thawing, abandoning or indefinitely freezing the embryos. The following section provides an overview of each option. The authors do not advocate asking clients to select one of these options prior to IVF treatment since “most patients have tunnel vision focused entirely upon having a child and cannot fully appreciate the inherent complexities of decisions such as donation of excess embryos to others for procreation” (Tucker, 2014, p. 20). However, making clients aware of the possible dilemma and presenting options in advance could reduce the delay in decision-making later or ameliorate the abandonment of embryos in the future. Social workers need to be prepared to explore the pros and cons of each option with IVF clients.

### **Option 1: Have More Children**

Many people begin to contemplate the number of children they desire at a very young age, and it is often a topic of discussion for couples early in a relationship. For some, attempts to have this set number of children is stalled and marked by profound sadness and frustration. As these persons seek medical intervention to build their families, the concept of too many children is often far from their minds. The issue must be approached with the utmost consideration of the fact that some will leave IVF treatment empty-handed. However, in order to fully inform clients of the risks of IVF and prepare them for the possibility of spare embryos, the options for extra embryos must be discussed.

The most obvious solution to the spare embryo dilemma is to have more children than originally anticipated. People undergoing IVF may believe they will have as many children as are produced by the process. However, with advancing technology, the number of embryos can be quite high. The average number of eggs retrieved from a woman undergoing IVF can range from 10 to 40 (Lyon, 1999). Although it is rare for all of these eggs to reach the developmental stage necessary for transfer to a uterus or cryopreservation, it is possible that several embryos will develop. In presenting this possibility, the realities of having more children than anticipated must be presented. Because there are health issues associated with high frequency pregnancies, a higher number of embryos could be transferred at a time to reduce the number of IVF cycles and pregnancies. However, transferring more embryos heightens the risk of pregnancy with multiple babies which is risky for both the mother and the children. Cost is also an important point to consider. Well beyond the cost of multiple IVF transfers and pregnancies, families will spend an average of \$233,610 to raise a child from birth through age 17 (Lino, Kuczynski, Rodriguez, & Schap, 2017). Finally, time is a valuable and finite resource. Potential parents must consider the time necessary to devote to each child in a large family.

### **Option 2: Pursue Compassionate Transfer**

As an alternative to having more children for clients desiring a natural disposition of their remaining embryo(s), a new practice has been offered by some clinics termed *compassionate transfer*. In this process, the embryo(s) are thawed and transferred to the woman's vagina or uterus in a way that will not allow further development. If transferred to the uterus, the procedure is done without the use of hormones typically given during the IVF process to increase odds of pregnancy and during a time of the menstrual cycle that is not conducive to implantation of embryos.

Ellison and Karpin (2011), who have written one of the few scholarly pieces on compassionate transfer, contend that the practice can be presented to clients as a way to grieve the loss of the embryo as it is returned to and absorbed by the body in the same manner that is common in early-stage miscarriages. However, when presenting the option to clients during the initial IVF information stage, the cost should also be disclosed since this adds to the overall expense for IVF procedures.

### **Option 3: Donate to Research**

Another option for disposition of excess embryos is to donate them to research. The legality of stem cell research has changed with each recent presidential administration. If stem cell donation is not a possibility during a given time or if clients are uncomfortable with stem cell research, embryos can alternatively be donated for IVF training purposes.

**Stem cell research donation.** There are multiple ways embryos can be donated to research. One of the most beneficial from a practical standpoint, but also most controversial, is stem cell research. Federal regulations and funding of stem cell research has been in turmoil since its development. The William Clinton administration supported stem cell research, but was followed by the George W. Bush administration that suspended funding (Davis, 2014). The Barack Obama administration reversed that executive order (Carbone & Cahn, 2009). It remains unclear to date what the current administration's position on stem cell research will be. Among Nachtigall and colleagues' (2009) 77 families, 22% donated their embryos to research. Clients who select this option cited four reasons: a) awareness through media publicity of the benefits of stem cell research, b) positive experiences with clinic embryologists, c) belief that their low-quality embryos are unlikely to result in conception, and d) a reconceptualization of the embryos as tissue that could be socially beneficial (Nachtigall et al., 2009).

Choosing to donate an embryo to stem cell research is dependent on donors' moral perspective on the issue. Some donors have emotionally detached from the embryo as a personal creation, and instead place value on its social benefit and contribution as an altruistic gesture (Nachtigall et al., 2009). Sympathetic donors feel that it furthers scientific understanding of diseases such as Parkinson's and diabetes, can help cure diseases, and can help further scientific infertility treatments (Kalb, 2010; Synesiou, 2010). Donors typically do not know in advance how their embryos will be used in stem cell research, so their provision of informed consent covers only the general disposition of embryos to stem cell research.

**Donation for training purposes.** Due to the ethical dilemmas raised by stem cell research and the legal barriers to donation for stem cell research in some states, IVF participants can choose to donate their embryos to their storing clinic for general research purposes. These embryos are often used to train lab workers on new techniques, such as removing cells for preimplantation diagnosis (PGD). This alternative may be presented to each client after discussing the pros and cons of stem cell research.

### **Option 4: Donate to Prospective Parents**

Another option for disposing of spare embryos is to donate them to persons wishing to build their own families. Similar to the adoption process, the client could put the embryos up for adoption. Laws on this process vary by state; however, many allow donors to set the parameters of the adoption, such as whether it is open or closed and who takes possession of the embryos. In one study, only 6% of participants favored donation to other parents, with primary concerns centered around the donation process, the potential caregivers, and fear of the financial and legal ramifications (Nachtigall et al., 2009). However, these fears are mostly unfounded because organizations exist to guide people through embryo

donation, and the cost is typically borne by the adoptive parents. Nachtigall et al. (2009) suggest making information about the organizations more widely available at IVF clinics.

In the United States, there are approximately 200,000 families seeking to adopt (Clark, 2014). Embryo adoption could substantially add to the pool of potential babies available for adoption. Persons who wish to adopt embryos desire the fullness of giving life to a child, not unlike the donor parents, which includes pregnancy, bonding, and breastfeeding (Clark, 2014); however, cost can be a substantial barrier to accessing IVF. Embryo adoption offers a less costly option. In 2014, the cost of embryo adoption averaged \$5,000 for all assessment, laboratory, and medical expenses, which is substantially less expensive than a full IVF cycle or acquisition of a donor egg (Clark, 2014).

Some embryo donors choose an open adoption program where they have the opportunity to meet with the adoptive family prior to embryo transfer and throughout the process, depending on the agreements made beforehand. According to Frith, Blyth, and Lui (2017), donors and adoptees expressed great value in having contact with each other. Both the adoptive parents and the embryo donors believed that the openness and honesty of these visits was in the best interest of the children. Alternatively, donors may opt for a closed adoption process and sign consent to do so. Regardless, discussing these options with clients up front could alleviate some of their fears and more properly address their concerns. Furthermore, counseling should be made available to families considering embryo donation (Crawshaw, Hunt, Monach, & Pike, 2013).

#### **Option 5: Thaw, Abandon, or Indefinitely Freeze the Embryos**

The final options for persons with spare embryos after IVF treatment are to purposefully thaw the embryos, abandon them, or indefinitely cryopreserve the embryos (O'Brien, 2010). Abandonment and indefinite storage are the types of decisions that might be avoided if clients are counseled prior to undergoing IVF. Thawing the embryos involves a conscious decision to inform the clinic storing the embryos to thaw them (O'Brien, 2010). After embryos are thawed, the embryos will not develop any further and will be disposed of as biomedical waste.

Clinics typically charge an annual cryopreservation fee, which currently averages approximately \$500 a year at cryobanks (Tucker, 2014), but can be as high as \$1200 per year (Johnston & Gusmano, 2013). Persons might fail to pay these bills for a variety of reasons including the inability to afford the bill, relocation without a forwarding address, or consciously choosing to ignore the bill in order to allow the clinic to take custody of the embryos. Clinics have the right to thaw and dispose of abandoned embryos, and many do. However, some clinics in the United States are choosing to store the embryos indefinitely due to reservations about the owners resurfacing, for moral reasons, or because of mere indecisiveness about what to do with them (O'Brien, 2010). Similarly, many people are uncertain about what to do with the embryos and continue to pay the storage fee year after year. With advances in cryopreservation protocol, embryos can remain viable indefinitely.

### **Importance of Social Workers Presenting the Five Disposition Options**

Pursuing IVF is an exciting, though nerve-wracking and somewhat arduous process that requires decision-making about both implanted embryos as well as those potentially left over after the completion of a family. This moral dilemma is addressed far too infrequently. Cryopreservation facilities are reaching maximum capacity and are often left in a lurch to make decisions on behalf of clients who are indecisive, do not communicate their wishes, or abandon their embryos by failing to pay storage fees. Conversely, persons beginning the IVF process experience cognitive dissonance when presented with bureaucratic forms to create life, while simultaneously being required to make what often feels like pre-mature decisions about the disposition of embryos not yet in existence and that they are fighting so hard to create. Bureaucratic demands to make decisions regarding embryo disposal prior to embryo creation results in clients feeling shocked, confused, and overwhelmed.

Social work consultation and counseling about the options available to IVF clients before they are issued consent forms might lower client anxiety. Discussing the options with a social worker requires clients to assume personal responsibility, prompts crucial discussions, and promotes ethical decision-making that is right for the family. Offering detailed information about the choices available to clients takes the mystery out of the various options. These discussions can help clients gain closure about how their remaining embryos will be handled. Ongoing social work support throughout the IVF process, as well as at the completion of family-making, would also benefit clients who may experience a shift in their moral conceptualization of embryos.

### **Conclusion**

Success in IVF treatment is often celebrated. The moral and ethical weight of too much success, however, is often felt as a burden. Yet, the facilitation of meaningful discussion by a social worker who understands the implications of each of the options for embryo disposition helps clients to confront these dilemmas, thereby increasing their intellectual and philosophical understanding, hopefully resulting in client empowerment to make fully informed decisions.

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## Participants' Perspectives of a Worksite Wellness Program Using an Outcome-Based Contingency Approach

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**Abstract:** *Worksite wellness programs in the U.S. are increasingly common. Social workers in healthcare and administration should familiarize themselves with the various wellness programs and the impact they have on workers and organizations. This study examined a worksite wellness outcome-based contingency approach (WWOCA). This approach bases individual employee health insurance discounts on each participant achieving biometric goals. A mixed-method explanatory approach was used. Quantitative health measures of participants (n = 397) and six focus group discussions (n = 45) were conducted using a convenience sample. Results indicate that over half of the participants met their work-based health goals (i.e., body measurements at the average or excellent rankings) with increases from 56% in year one to 87% in year two and 90% by year three. However, focus group participants expressed a high sense of failure in relation to health goal attainment, frustration with loss of the financial incentive, and stress and anxiety linked to negative feedback about their body measurements. These results suggest that many participants' self-worth was negatively impacted when participants had difficulty conforming to worksite wellness standards. Social workers in healthcare and administration will need to advocate for worksite wellness programs that promote human dignity and avoid discriminating based on employee health status.*

**Keywords:** *Employee wellness; weight loss; workforce health; worksite wellness health contingent programs*

Over the last several decades, health experts and researchers in the United States have become more aware that there are a variety of lifestyle challenges, such as physical inactivity and excessive stress that have been linked to resultant health problems (Arena et al., 2013; Hill-Mey, Merrill, Kumpfer, Reel, & Hyatt-Neville, 2013; Mattke et al., 2013; Murray & Frenk, 2010; Task Force on Community Preventive Services, 2010). As a response to these lifestyle challenges, many organizations in the U.S. and elsewhere have developed worksite wellness programs as a core strategy for health promotion, employee self-care, and prevention of disease (Hepworth, Rooney, Rooney, & Strom-Gottfried, 2017; Pronk, 2009; van Berkel et al., 2014).

Research in the area of worksite wellness is fairly new. Initial results indicate that, when properly designed, these programs can increase employees' health and productivity (Goetzel & Ozminkowski, 2008). However, many questions remain unanswered. For example, what exactly constitutes a successful worksite wellness intervention? Also, do worksite participants differ in their opinions of their role in the organization, whether they

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are ground-level staff or high-level administrators? In general, there has been very little information available on the opinions of mainstream employees involved in worksite wellness programs (Gabel, et al. 2009; Robroek, van de Vathorst, Hilhorst, &, Burdord, 2012; van Berkel et al., 2014). This study examined participant involvement in a specific type of worksite wellness program that used an outcome-based contingency approach (WVOCA) in which participants received an approximate 30% discount on their monthly health insurance premium as long as they achieved their health goal set by a professional trainer. The researchers had three aims: first, to document the level of employee participation in the WVOCA over a three year period; second, to assess the effectiveness of the WVOCA in helping participants achieve their health goals over three years; and, third, to explore (primarily) frontline employees' perception of their involvement in their WVOCA program.

### **Worksite Wellness Programs**

As of 2013, approximately half of large employers in the U.S. offer some form of wellness promotion initiative (Horwitz, Kelly, & DiNardo, 2013; Mattke et al., 2013). However, since worksite wellness programs are a relatively new phenomenon, there is wide variation in these programs and a lack of standardization (Lerner, Rodday, Cohen, & Rogers, 2013). For example, a worksite wellness program can vary from a relatively small once per year health screening measure with no rewards for employee participation, to a large, more comprehensive program that offers the employee and their dependent partner the opportunity for physical exercise, yoga, nutritional workshops, personal trainers, and monthly insurance premium discounts, all within the workplace environment. According to the U.S. Centers for Medicare and Medicaid Services (2017) a worksite wellness program is an employment-centered activity or employer-sponsored benefit promoting health-related behaviors. Wellness programs make available the opportunity for employees to improve or maintain health-related behaviors, and may also benefit the organization's bottom line via improved worker productivity (Berry, Mirabito, & Baun, 2010; Goetzel & Ozminkowski, 2008; Mattke, Schnyer, & Van Busum, 2012).

Although a wellness program is generally defined as a program offered by an employer designed to promote health or prevent disease (Mattke et al., 2012), a more specific definition of a worksite wellness program has not yet been established due to the novelty and apparent heterogeneity of worksite wellness programs. According to health reform researchers in the United States, there are two main categories of such wellness programs: worksite wellness participatory programs and worksite wellness health contingent programs (Mattke et al., 2012).

Worksite wellness *participation* programs provide employees the opportunity to participate in a health screening and employees *may* have access to a fitness activity program. Hence, in a worksite wellness participation program, the employee only needs to partake in an intermittent health screen test with *no specific resultant outcomes required* in order for the worker to continue in this type of wellness plan.

The second category of worksite wellness program is based on *health contingent factors* for organizational employees. This means that the employee is required to engage in some specific type of health intervention in order to obtain a reward from their employer.

Rewards can vary a great deal (e.g., a free plastic water bottle or a 30% reduction in participants' monthly health insurance premium) depending on the specific organization and the type of health insurance plan. In this type of wellness program, the employees' reward is contingent upon their engaging in some kind of agreed-upon health behavior with their employer (e.g., a six-week exercise class).

Further, worksite wellness health contingent programs are subdivided into two subtypes: worksite wellness contingent *activity-only* program, and worksite wellness *outcome-based* contingency approach (or WWOCA). In the former program, the employee only needs to *perform* a particular health activity in order to obtain a reward, whereas, in the latter, the employee is required to attain or maintain a specific health outcome that requires a variety of *physical health measurements of the body* in order to receive their reward. In some of these types of WWOCA programs, each employee develops individualized health goals based on the worker and a licensed professional trainer (Mattke et al., 2013).

The current study evaluated the implementation of a WWOCA program in which employee participants received ongoing physical health measurements taken by a licensed trainer in order to receive or maintain a 30% reduction of their monthly health insurance premiums. However, if a participant did not meet quarterly or annual physical health goals, the participant lost their 30% monthly discount. These health outcome goals were established via an individualized agreement between a licensed trainer and the participant, with the trainer following a relaxed version of the guidelines established by the American College of Sports Medicine (Pronk, 2009).

The first aim of this study was to document the level of employee participation in the WWOCA over a three-year period. The second aim was to assess health outcomes achieved by participants in the WWOCA program in which employees received a reduced monthly health insurance premium contingent upon their achieving a previously-identified physical health goal set by a licensed trainer. The third aim was to explore participant perspectives on the benefits and challenges related to participating in the WWOCA program at their workplace. In general, there is a dearth of research about current organization knowledge regarding how non-managerial employees experience their worksite wellness programs (Gates, Brehm, Hutton, Singler, & Poepelman, 2006; Makrides, Heath, Farquharson, & Veinot, 2007; Wood & Jacobson, 2005).

## Methods

### Study Design

Researchers used a sequential mixed methods approach consisting of a two-phase data collection procedure. First, licensed health trainers measured participants' ongoing health outcomes, and second, subsequent focus group data were evaluated to understand participants' experience in the WWOCA program (Creswell & Plano-Clark, 2011; Johnson & Turner, 2003; Rubin & Babbie, 2013).

During phase one of this study, ongoing quantitative health measures were gathered from participants involved in the worksite wellness intervention in order to evaluate whether a participant was on- or off-track to meet their previously agreed-upon individual

health goal. A licensed trainer conducted physiological measurements, typically on a quarterly and/or annual basis. Participants who achieved an excellent health outcome score were assessed only once annually. The licensed trainer decided whether participants attained their health goals.

Data collected in phase one addressed the first and second aims of the study regarding the level of employee participation and the effectiveness of the WWOCA in producing health benefits. In phase two, multiple focus groups were used to understand participant perceptions of their involvement in the WWOCA (Stewart, Shamdasani, & Rook, 2007).

### **Sample**

The phase one study sample consisted of all medical center employee participants (and dependent spouses) in this Midwestern facility who were enrolled in the worksite wellness program for a minimum of three months during the period from January, 2010 until December, 2012. The program was available to all employees and their spouses/domestic partners. A total of 397 participants met criteria and were enrolled in the WWOCA program.

This study was approved by the University of Wisconsin-Oshkosh IRB. Phase one data was collected by the employer, which occurred before IRB approval. The research team became involved prior to phase two and initiated the IRB process. In phase two of the study, a subset of the phase one participants ( $n = 45$ ) were selected by researchers using a convenience sampling procedure (two participants were managers at the medical facility, all other focus group members were non-managerial participants; four participants were dependent spouses). These 45 participants attended one of six focus groups, which were conducted in late 2012 (Creswell & Plano-Clark, 2011; Ivankova, Creswell, & Stick, 2006). Participants were recruited using brochures with help from the human resources department. Participants chose either a \$20 company café gift card or thirty-minute personal trainer session (\$25 value) as compensation for their time.

### **Collection and Analysis of Quantitative Data**

For the quantitative phase, physical health outcome measures were used to record participant health indicators on an ongoing basis from January, 2010 to December, 2012 for the following measures: body composition, cardiovascular functioning, and strength and flexibility. Body composition was determined by a combination of body mass index (BMI), waist-to-hip ratio, and body fat measurements. The cardiovascular score was a result of either the step test or the treadmill test (licensed trainer and participant would agree to one of the latter measures). The strength and flexibility score was a result of combining the best three measures (i.e., highest scores) into one score on the following five tests: grip strength, sit and reach, sit-ups, push-ups, and squats. The three health assessment scores (i.e., body composition, cardiovascular, strength and flexibility) were then formulated into an overall outcome score for each participant, which resulted in a final categorization of excellent, average, or below average. In calculating the overall outcome score for each participant, licensed trainers used a relaxed version of health guidelines established by the American College of Sports Medicine (Pronk, 2009). A licensed trainer

individually assessed whether participants achieved their previously agreed-upon physical health goal. Participants who achieved their overall goal were allowed to continue their monthly discount on their health insurance premium (approximately 30% per family). Participants who did not meet their original health goal could no longer receive their monthly premium rate discount. However, these participants could re-enter the worksite wellness program after a two-week waiting period for an additional \$50 fee.

Descriptive statistical procedures were conducted using Microsoft Excel and SPSS 22 (IBM Corp, 2013) to analyze demographic and health information for the employees who participated in the wellness program. Aggregate data included the number of participants involved per quarter as well as their resultant health composite rank per quarter (i.e., excellent, average, or below average). The aggregate rankings were viewed as indicators of the overall effectiveness of the WWOCA program.

### **Focus Groups**

In order to help focus group participants feel empowered to discuss their opinions freely at the medical facility, medical center physicians and their family members were excluded from focus group meetings. With the exception of two middle managers, focus groups consisted of lower level employee participants and/or their spouses (four participants were dependent spouses of employees). Focus group interviews allow for collaborative and empowering discourse in which members within the group were invited to share personal experiences throughout the session. Focus groups are also used as a method of obtaining important group feedback concerning organizational culture and have the potential to elicit unanticipated and in-depth information (Ferguson & Islam, 2008; Madriz, 2000; Padgett, 2004; Patton, 2002; Stewart et al., 2007).

A semi-structured interview guide was used for all six focus groups. Each focus group had the same moderator and was conducted at the participants' worksite. Focus group meetings were held in a secluded area of the medical complex that was not in close proximity to the exercise rooms. Just prior to each meeting, focus group members were identified by a human resource employee and the moderator. The human resource person was not present during focus group meetings. Focus group participants were a subset of the phase one participants (Creswell & Plano-Clark, 2011; Ivankova et al., 2006). Each focus group meeting lasted 90 minutes. The focus group participants were White (100%) and primarily female (93%). All focus group discussions were audiotaped and transcribed verbatim.

### **Analysis of Narrative Data**

Two researchers first reviewed transcripts for each of the six focus groups independently and then as a dyad. A thematic analysis was used which involved the five steps outlined by qualitative experts (Braun & Clarke, 2006; Santos, Hayward, & Ramos, 2012): First, become familiar with the text (mainly through transcription and repeated reading); second, generate initial codes (systematically identifying and coding of group dialogue based on the intensity and/or frequency of participant comments across the six focus groups); third, search for themes (grouping codes together with provisional names);

fourth, review themes (checking above themes in relation to the full transcripts and initial codes); and, finally, name conceptual themes. MAXQDA (2014) qualitative computer software was used for data analysis. Several steps were taken to enhance the trustworthiness of the study. The two researchers completed steps one and two independently, and then met together to discuss specific focus group dialogue segments concerning codes and emerging themes. Participant quotes are used to illustrate each identified theme (Ayon, 2014; Charmaz, 2006; Strauss & Corbin, 1998).

## Results

### Participant Involvement in the WWOCA Program

Collection of participants' quarterly health assessment data in the worksite wellness program began in January 2010 (see Table 1). This was the initial start-up year for the WWOCA program. During the first quarter of 2010, 397 of 458 eligible employees (87%) participated in the WWOCA program, representing a high rate of participation. All participants received an automatic monthly health insurance premium reduction rate of approximately 30% for enrolling during the initial sign-up period. Participant employees had to meet their quarterly (or, in some cases annual) wellness goals in order to maintain the 30% discount.

Trainers were advised by medical center administrators to ease participants into the program as they set their initial health goals. As the year progressed, many of these initial participants left the program. By the fourth quarter of 2010 the number of participants decreased to 300. Hence, from January 2010 to December 2010, 97 participants (or 24%) dropped out. This rate of attrition indicates that participation was relatively unstable in year one, with a mean number of 350 participants ( $SD = 44$ ) across all four quarters. However, during years two and three of the program, the number of participants stabilized. The mean number of participants for 2011 was 319 while the standard deviation was substantially smaller ( $SD = 5.7$ ). The mean number of participants in 2012 was 295 with similar variability as 2011 ( $SD = 4.7$ ). Thus, there was increased stability in participation (i.e., small dropout rate) in the second and third years of the WWOCA program.

### Participant Health Outcomes in the WWOCA Program

At this medical facility, average and excellent ranks of overall physical health were grouped together as a practical measure (see bottom row in Table 1). In 2010, participant health outcomes at the average or excellent levels were initially low, but gradually improved: 1<sup>st</sup> quarter 37%; 2<sup>nd</sup> quarter 51%; 3<sup>rd</sup> quarter 61%; and 4<sup>th</sup> quarter 75% ( $M = 56\%$ ; see Table 1). In 2011, participant health outcomes at the average or excellent levels were quite high and increased over time: 1<sup>st</sup> quarter 82%; 2<sup>nd</sup> quarter 87%; 3<sup>rd</sup> quarter 87%; and 4<sup>th</sup> quarter 92% ( $M = 87\%$ ). This trend continued in 2012: 1<sup>st</sup> quarter 84%; 2<sup>nd</sup> quarter 91%; 3<sup>rd</sup> quarter 91%, and 4<sup>th</sup> quarter 93% ( $M = 90\%$ ). Thus, during the initial start-up year, an average of 56% of participants reached their health goals at the average or excellent levels compared to 87% in 2011 and 90% in 2012. Therefore, the program appeared to be effective in helping participants achieve individualized biometric health outcomes.

Table 1. *Participant Quarterly Health Outcomes-2010 to 2012*

	2010			
	1st n=397	2nd n=375	3rd n=326	4th n=300
Outcome-Excellent	88 (22%)	127 (33%)	153 (47%)	170 (57%)
Outcome-Average	57 (15%)	66 (18%)	46 (14%)	55 (18%)
Outcome-Below Avg.	245 (62%)	174 (47%)	117 (36%)	65 (22%)
Medically Exempt	2 (1%)	3 (1%)	5 (2%)	4 (1%)
Pregnant	5 (1%)	5 (1%)	4 (1%)	6 (2%)
% Excellent + Avg.	145 (37%)	193 (51%)	199 (61%)	225 (75%)
	2011			
	1st n=315	2nd n=322	3rd n=325	4th n=313
Outcome-Excellent	172 (55%)	222 (69%)	248 (76%)	263 (84%)
Outcome-Average	85 (27%)	59 (18%)	36 (11%)	25 (8%)
Outcome-Below Avg.	46 (15%)	33 (10%)	35 (11%)	24 (8%)
Medically Exempt	5 (2%)	4 (1%)	4 (1%)	
Pregnant	7 (2%)	4 (1%)	2 (1%)	1 (0%)
% Excellent + Avg.	257 (82%)	281 (87%)	284 (87%)	288 (92%)
	2012			
	1st n=295	2nd n=235	3rd n=298	4th n=298
Outcome-Excellent	208 (71%)	235 (82%)	246 (83%)	253 (85%)
Outcome-Average	40 (14%)	27 (9%)	25 (8%)	25 (8%)
Outcome-Below Avg.	37 (13%)	21 (7%)	21 (7%)	16 (5%)
Medically Exempt	4 (1%)	3 (1%)	4 (1%)	2 (1%)
Pregnant	6 (2%)	2 (1%)	2 (1%)	2 (1%)
% Excellent + Avg.	248 (84%)	262 (91%)	271 (91%)	278 (93%)

*Note.* Occasionally, subcategories are slightly more than total n when a new participant employee was hired during a specific quarter or slightly less than total n due to a participant employee changing insurance plans or no longer being employed.

### Focus Group Results

A focus group approach was used to elicit participants' perceptions of their involvement in the WWOCA. Participant responses from the six focus groups fell into four major categories: personal self, social self-context, personal trainer, and organization and mainstream culture. Although quantitative health outcomes were quite positive as most members achieved their physical health goals in year three at the average or excellent levels ( $M = 90\%$ ), focus group members provided a less positive opinion of their experience in the program.

**Personal Self.** The majority of focus group comments under the *personal self* category were critical of the program, and were often expressed with sad or frustrated affect. In this category, out of a total 128 coded group dialogue segments from the six focus group discussions, the most frequent comments were as follows: personal sense of failure ( $f=26$ ); frustration with losing the health insurance discount ( $f=25$ ); negative feedback about body measurement ( $f=21$ ); and, stress and anxiety linked to health goal attainment ( $f=15$ ).

In general, the subcode *personal sense of failure* generated strong feelings among focus group participants when they did not meet their expected health goal (all participant names are pseudonyms).

*Mary: ...but there are some people that have weight problems in their family and you know, they don't come from the skinny genes and there are different things. I mean, I have sat in my car, I mean, and cried for a half an hour because I failed.*

This sense of personal failure was commonly expressed among group members who shared strong feelings of embarrassment and/or shame. However, participants were relatively supportive of one another regarding their feelings of disappointment for not achieving their contingency-based health goal.

Many participants expressed financial frustration and stress about the possibility of losing their monthly premium discount (an approximately 30% discount) after not meeting their expected health goal. This discussion was subcoded *frustration with loss of health insurance discount*. The following statement from Rebecca, a frontline staff worker at the medical center, illustrates her sense of frustration:

*I think it would be a lot of people, and not everybody, but a lot of people see it as being a punishment. You know, yes you are told that you are not forced to do this, this is really of your own freewill and whatever and that you get the reduced premium if you do the program and whatever, but the flip side of that is that....you do not [want to use] laxatives and diuretics before weighing in. It is just crazy what people are going through before their assessments. So, could we make it more of a reward program versus a punitive thing, I don't know.*

Group moderator: *But it is a reward and that is what I'm wondering where that is coming from.*

Rebecca: *It is but somehow with the way the assessments are done and the way it is gauged, too often I think people are feeling it to be a negative experience...*

This member expressed that she experienced the threat of losing the monthly premium discount as a “punitive thing” because of her ongoing stress and fear of not meeting her future quarterly health goals. Hence, even though the member’s monthly health insurance premium would only return to the normal rate, it is clear that Rebecca (and many other participants) experienced this fear of losing their premium discount.

In general, the latter two subcodes *sense of failure* and *frustration with loss of health insurance discount* emerged as a consistent pattern. Members often commented on this pattern in the following manner: first, they would state how upset they were about not meeting their health goal and second, participants would express frustration about their monthly health insurance premium returning to its normal rate (i.e., loss of discounted health insurance).

On the other hand, within the *personal self* category, positive discourse about participant involvement in the WWOCA program did occur within focus groups although with much less frequency. In this example, which was coded *desire to have a healthier*

*lifestyle*, one male group participant, who was the spouse of a medical center employee, expressed how his high level of self-motivation was important for him:

*Mark: ...first of all the person's got to want to do it and you have to go into it with that mindset and then when you start doing it, I wanted to do it, I wanted to do it for myself. You have to build that habit...I had tons of weight to lose and I had that body fat thing too and it is hard to judge and it is frustrating but it's got to be that desire...I try to inspire, you know, whomever I talk to to say, 'yeah you can do it but first you have got to want to do it.'*

Another example of positive discourse within the *personal self* category coded *satisfaction with ongoing exercising lifestyle* was articulated by Laura:

*I had already started on my journey...I was real hesitant and wasn't too sure and pretty much kept...to myself...but today, I would have to say thank you for the mere fact that it did help me. It got me going down the right track and I feel so much better as a person today, you know... more confident in that and I will keep going. I do not want to go back to there. You know, I lost 60 pounds...*

Thus, these two participants expressed that they felt quite positive about their involvement in the program and indicated that they benefited greatly from the WWOCA program.

**Social Self Context.** A *social self* theme emerged from participants' attributions concerning their interpersonal and family relationship experiences. The most frequent comments related to group members feeling overwhelmed due to struggles with trying to balance exercise time with parental responsibilities. This was coded as *schedule conflict*. Often, group members, most of whom were women, mentioned that they would like to increase their attendance at worksite exercise sessions (especially immediately after work) but due to a multitude of family responsibilities and a lack of accessible daycare, they return home right after work.

*Brandi: Daycare is huge for me and that would help me as well. My husband has lost like 40 pounds on the program and he has had access to the trainers...but I have been the one staying home so he can work out, so he can meet his goals.*

*Tina: You go to work at 7:00 in the morning and you get home at 5:30/6:00 or later and you get supper, you get the kids where they gotta go, go pick up, you know drop off, laundry, housework, whatever. By the time you are able to sit down, it's already 8:30. I mean, you have no time for yourself because everybody else is put first.*

Joanna described her family caregiving responsibilities and how they contributed to stress:

*I'm very grateful to have this program... for the prescription for fitness even though I haven't been able to qualify and I haven't found the time yet to do it again, I know it's there. I want to get into it but I've had to put my father into a nursing home, my mom's dealing with issues with separation and my daughter is pregnant with a baby with Spina Bifida and I've got all these things on my plate that my mind is just too much. I can't focus on –*

This *social self* category also documented a fair amount of positive comments from about half of participants. One participant shared that during her involvement in many of the worksite wellness activities, she and her co-participants formed a “close knit group,” which she felt increased the level of motivation for ongoing health behaviors within her group.

Jacqueline: *They [her peer participants]...motivate one another and I think that that is what it is. They are a very close knit group, they really are. I do not think they all see one another on the weekends or anything but they enjoy being with one another during the day....*

Group moderator: *So, there is a culture of investment or what? That we are in this together and there is...*

Jacqueline: *I mean, we all get along...there is that respect level that they treat one another like sisters... It's like they look out for one another...*

Notice that this concept of a “close knit group” relates to greater group cohesion and interpersonal support, which has been shown in previous research on group dynamics to be associated with positive group outcomes (Corey, Corey, & Corey, 2014; Yalom, 2005).

**Personal Health Trainer.** Participant comments about their experience with their licensed trainer were also mixed. Focus group dialogue typically had either a critical or positive narrative. Most of the critical comments were related to the perception that the trainers varied too much in how they assessed members on their health goals. Other comments made during group discussions were as follows: the trainers did not take into consideration the developmental ages of older participants in meeting their health goals and a desire for trainers to be more empathic to the measurement apprehension (i.e., some members felt demeaned) of the participant. For example, one participant mentioned, “I am offended that I might have my flabs measured and I am 61. I don't think I should have to do that.” For some participants, it was difficult to schedule with the same trainer throughout the year.

In contrast, a similar number of participants in the WWOCA program made upbeat comments about their experience with their trainer. For example, Jasmine shared:

*I was so fortunate that they ended up just putting me with the trainer they did, because we actually started a life journey together. We're still friends to this day.*

**Organizational and Mainstream Culture.** Although the worksite wellness program was voluntary, many focus group participants expressed criticism that the WWOCA program was too top-down and rigid. Focus group participants expressed a great deal of frustration and dissatisfaction about their perception of health goal inflexibility. Often, they inferred that this rigidity went beyond the worksite wellness program to the overall social and organizational culture of the company. For example, one participant complained that although she met almost every health goal, with the exception of the body fat measure, which was 1% below the goal, she was assessed as not meeting her overall health goal.

Lydia: *You know, I think it also seems like we are just kind of dictated down from the top. There is not a lot of collaboration. You know, there hasn't been any of these, ‘what could we do to help?’ It's just, ‘this is how it is.’*

Group moderator: *You want to see input from within?*

Lydia: *Yes.*

Group moderator: *And would you think that that would help build the sense of community, camaraderie...?*

Lydia: *Yes, because I think right now everybody feels like if you go to talk to someone who is in the, shall we say power position, about your concerns you are just shot down immediately, that there isn't, you know, nobody really listens to the fact like, 'Hey, try to engage us here and include us and you might have a more positive response.'*

Some participants also made critical comments about how they felt demeaned by the assessment procedure and also stated that they felt the health goals were unrealistic. One participant questioned the health standards that reflected dominant cultural ideals of health.

Michelle: *That people just got frustrated with having to go and it is kind of demeaning when you have your assessment to get pinched and be told that you are not meeting certain standards which, you know, where did these standards come from and who, you know, it seems kind of one-sided sometimes and it is just like we all have to meet some person's ideal and, or global, [standard]...*

Group moderator: *Almost like it is arbitrarily set?*

Michelle: *Yeah, and like why keep trying...*

Participants also made statements that praised how their workplace organization is helpful to their employees, especially how convenient it is for participants to be able to engage in activities such as yoga, Zumba dance fitness, and physical exercise while in the workplace.

Participant recommendations can be summarized as follows: 1) base the assessment of health goal achievement and subsequent monthly premium discount on the percentage of biometric criteria attained by the participant (rather than current all-or-nothing criteria); 2) enhance access to trainers and dietitians; and, 3) form a worksite wellness committee with representation of front-line staff.

## **Discussion**

The first aim of this study was to document the level of employee participation in the WWOCA over a three-year period. During the initial start-up year of 2010, approximately one-fourth of participants left the program; however, this drop-out rate was greatly reduced during years 2011 and 2012. Further, in 2010 approximately 56% (the mean of the four quarters) of participants achieved their health goal at the average or excellent levels. In 2011, 87% of participants attained average or excellent ranks; and, in 2012, 90% achieved average or excellent health ranks. These findings provide compelling evidence that this WWOCA program was effective in helping participants achieve their health goals, especially in years two and three when the dropout rate was low.

The reasons that approximately one-fourth of participants dropped out during the first year are not yet understood, although one possibility is that these individuals left the program because they were unable to meet their health goals and/or were uncomfortable with the WWOCA program. Another possible explanation for the high member exodus was that participants exercised because they feared losing their monthly 30% discount, which serves as a negative reinforcement. In general, people do not like to be motivated by fear (Sidman, 1989).

Participant perceptions of the benefits and challenges of their involvement in the contingency-based worksite wellness program were explored. One unique feature of the wellness program, the participant monthly health insurance premium discount (approximately 30%), was contingent on the member achieving their physical health goal. This contingency-based factor was often mentioned by focus group members with strong feelings of embarrassment, shame, and frustration when they did not achieve their health goal, often linked to members' concern about paying more for their health insurance. This was evidenced by the frequent mention of *personal sense of failure* (26 instances) along with *frustration with losing the health insurance discount* (25 instances) when members did not achieve their personal health goals.

Many focus group members expressed personal stress, some anxiety, and evaluation apprehension in the days and weeks prior to their quarterly or annual health assessments. Participants were concerned that if they failed to achieve their health goal their monthly health insurance premium would return to the standard non-discounted rate plus a \$50 re-entry fee. In general, participants' feelings of embarrassment, shame, and frustration were not aligned with more holistic definitions of wellness (Clark et al., 2013; Dale, Smith, Chess, & Norlin, 2006).

In contrast, a small portion of focus group members made positive statements; however, such statements were less frequent than group criticisms. Positive comments included the following: WWOCA program tends to work for persons who have a high level of intrinsic motivation (as evidenced by results section *personal self* category, coded as *desire to have a healthier lifestyle*); and second, some members experienced a greater sense of group cohesiveness, which they felt increased their level of motivation to achieve their health goals; and third, members praised the medical organization for allowing them to have the convenience of engaging in healthy activities such as yoga, Zumba dance, and physical exercise in the workplace.

Given that many members were able to meet their physical health goals, this study provides evidence of an effective worksite wellness program. However, results identified criticism by focus group members concerning having to achieve their personal physical health goals in order to maintain their premium discount. The contingency aspect of having to maintain and/or achieve an *actual physical health goal* on an ongoing basis seemed to contribute to stress, frustration, and a personal sense of failure for some participants, especially those who were having difficulty achieving their health goals. Themes that emerged from the focus groups suggest that this type of WWOCA may be perceived as disrespectful to the inherent dignity and worth of the person (National Association of Social Work, 2006). Further, Horwitz and colleagues (2013) mention that health contingent

outcome-based worksite wellness programs (or WWOCA) may be an employer cost-shifting strategy to lower company insurance costs through improvements to employee health while penalizing employees in poorer health who end up paying higher premiums. Employers who use these types of WWOCA programs may be at risk of “discriminating against employees based on health status” (Horwitz et al., 2013, p. 468) and may undermine laws meant to prevent discrimination on the basis of health status. Hence, this type of contingency-based worksite wellness program may be considered as a form of healthcare discrimination and a social injustice (NASW, 2006). Hence, social workers in healthcare and administration need to ensure that worksite wellness programs promote human dignity and do not discriminate based on the health status of employees.

There were a number of limitations to our study. First, all participants were recruited from one mid-western medical complex within the U.S. Secondly, focus groups were not diverse as they consisted of 100% White participants of whom 93% were women; therefore, the current findings are not necessarily generalizable to other settings and demographics. Third, phase two convenience sampling groups were not designated according to participant health ranks (i.e., excellent, average, or below average) and therefore focus group member statements, whether positive or negative, were not directly linked to their health ranking scores. Fourth, health goal outcome data was not collected from focus group participants, so analysis of whether outcome results can predict qualitative feedback is not possible. Lastly, the focus group facilitator seemed to inadvertently use leading questions in some instances. Leading questions can increase participant bias to responses.

### **Recommendations**

Future studies might investigate the specific reasons participants left the WWOCA program as well as gathering explanations from participants who were relatively successful in consistently achieving their health goals. This can be achieved by making use of purposive sampling techniques for focus group discussions based on participant health ranks (i.e., excellent, average, or below average) in the wellness intervention. New incentives for health goal attainment can be explored so that participants' evaluation apprehension and personal sense of failure can be reduced (e.g., percentage of health goals achieved by participant can be congruent with percentage of reward received). Health goals can be more flexible rather than using an all-or-nothing approach. Social workers employed by companies with WWOCA programs should take the findings of the current study into consideration as they empower individual employees and consult employers in order to optimize worksite health programs that are mutually beneficial.

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## Assessing Receptivity to Empirically Supported Treatments in Rape Crisis Centers

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**Abstract:** *Survivors of sexual violence are at risk for PTSD, depression, and anxiety. There are several empirically supported treatments (EST) that are effective for addressing these trauma symptoms; however, uptake of these ESTs among Rape Crisis Center (RCC) counselors is low. This research project sought to determine counselors' attitudes toward evidence-based practices (EBPs); their perceptions of the intervention characteristics of three specific ESTs: Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and Eye Movement Desensitization and Reprocessing Therapy; and differences in attitudes and perceptions based on agency setting (urban/rural) and counselor education. The Consolidated Framework for Advancing Implementation Science (CFIR) was used to construct a web-based survey to send to all RCCs in Texas (n=83) resulting in an overall agency response rate of 72% (n=60) and responses from 76 counselors. Counselors' attitudes towards EBP and perspectives on specific ESTs suggest that dissemination and implementation efforts are needed within the RCC service sector to advance the uptake of CPT, EMDR and PE.*

**Keywords:** *Trauma; evidence-based practice; PTSD; rape; rape crisis centers*

Sexual violence, including child sexual abuse, rape, sexual assault, and threat of sexual assault, is a serious and widespread problem in the United States. Data from the National Intimate Partner and Sexual Violence Survey find that nearly 1 in 2 women and 1 in 5 men have experienced sexual violence other than rape, while 1 in 5 women and 1 in 71 men have experienced rape in their lifetime (Black et al., 2011). Survivors of sexual violence face serious mental health consequences including PTSD, depression, anxiety, and substance abuse (Jordan, Campbell, & Follingstad, 2010).

Although there is a strong evidence base for the effectiveness of several interventions at reducing trauma-induced PTSD, depression, and anxiety in survivors of sexual violence, there is low utilization of these interventions in Rape Crisis Centers (RCCs; Edmond, 2004; Edmond, Lawrence, & Voth Schrag, 2016). RCC counselors indicate they have limited familiarity with, knowledge about, or training in key evidence-based treatments (Edmond, 2004; Edmond et al., 2016). This is not unique to RCCs. Broadly speaking, there is an underutilization of evidence-based treatments in mental health service sectors. Numerous barriers to adoption of evidence-based treatments have been identified including: attitudes about evidence-based practice, intervention characteristics, costs, and access to training, supervision, and consultation (Aarons, 2004; Barnett et al., 2017; Beidas, Edmunds, Marcus & Kendall, 2012; Dorsey et al., 2017; Ragavan, 2012). In order to promote the use of effective treatments for PTSD in RCCs, the current study sought to assess RCC counselors' attitudes towards Evidence-Based Practices (EBPs) in general (i.e., how they

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feel about movement towards the use of EBPs), understand counselors' perceptions of specific Empirically Supported Treatments (ESTs) for PTSD, and evaluate any differences in attitudes and perceptions based on agency location (urban/rural) and counselor educational attainment.

### **Background**

Rape Crisis Centers (RCCs) provide critical services to survivors of sexual violence, including crisis intervention, medical and legal advocacy, and counseling (Macy, Rizo, Johns, & Ermentrout, 2013). RCCs are frequently independent agencies doing work in individual communities, with over 1,000 RCCs in the United States working together to run the National Sexual Assault Hotline (Rape, Abuse & Incest National Network [RAINN], 2017). Evidence shows that survivors of sexual violence rate these services more favorably than those provided in other service sectors, including health care, legal, and other mental health sectors, and are more likely to access services from an RCC than another agency or system because they fear judgment or blame (Campbell & Martin, 2001; Patterson, Greeson, & Campbell, 2009). Thus, the RCC service sector serves a unique role in meeting survivor needs.

Systematic reviews of the adverse effects of childhood sexual abuse and sexual assault in adulthood reveal a broad constellation of psychological, behavioral, social, and physical health difficulties that negatively impact the lives of survivors (Bohn & Holz, 1996; Campbell, Dworkin, & Cabral, 2009; Jordan et al., 2010). PTSD, depression, anxiety, and substance abuse are among the most frequently reported mental health consequences and are often co-occurring (Chen & Ullman, 2010; Jordan et al., 2010; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Walsh, Galea, & Koenen, 2012). Voth Schrag and Edmond (2015) found that for RCC counselors reducing symptoms of anxiety, depression, and PTSD were among the most frequently endorsed treatment goals. In their systematic review of the mental health impact of violence against women, Jordan and colleagues (2010) report that the most common mental health consequence of sexual violence is PTSD, with 33%–45% of women experiencing it in their lifetime. The number of rape survivors, combined with the incidence of PTSD among survivors, has led Rothbaum, Astin, and Marsteller (2005) to contend that “rape victims may constitute the largest number of PTSD sufferers in the United States” (p. 607). Many survivors with PTSD suffer with persistent and debilitating symptoms that can severely impact functioning and quality of life by significantly interfering with marital and social relationships, and work and school responsibilities (Foa, Keane, Friedman, & Cohen, 2009). Furthermore, women who have had multiple life-time victimizations have been shown to present with more severe PTSD symptoms (Schaaf & McCanne, 1998).

Research has also shown that PTSD increases the risk of substance abuse (Chilcoat & Breslau, 1998; Kessler et al., 1997) and in the aftermath of rape, many survivors use drugs or alcohol as a coping strategy (Kaukinen & Demaris, 2005; McFarlane et al., 2005). Largely because of the increased vulnerability produced by both the direct responses to trauma and the coping strategies survivors develop to confront it on a day-to-day basis, revictimization is also a serious concern. Untreated PTSD and substance abuse have both been found to increase risks of sexual and physical revictimization (Classen, Palesh, &

Aggarwal, 2005; Lalor & McElvaney, 2010; Steel & Herlitz, 2005). Women who have been sexually victimized once have a higher likelihood of being raped again by perpetrators who specifically target such vulnerability (Macy, 2007). Lalor and McElvaney (2010) found that adult survivors of child sexual abuse/assault with both PTSD and depression are 13.7 times more at risk for experiencing some type of interpersonal revictimization. Effectively treating PTSD enhances functioning and quality of life for survivors and serves as a form of prevention by reducing risks for future revictimization. In addition, the most effective evidence-based treatments for PTSD also have been shown to simultaneously and significantly reduce trauma-related depression and anxiety (Bisson & Andrew, 2007).

Yet in the face of clear need, survivors access mental health services at a low rate, with estimates ranging from 16.1% to 39-60% (Campbell et al., 2009; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Zinzow, Grubaugh, Frueh, & Magruder, 2008). For those survivors who do access mental health services, there is a strong evidence base for a group of effective interventions to treat PTSD and related trauma symptoms (depression and anxiety) in sexual violence survivors. Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing Therapy (EMDR) have the strongest evidence for effectiveness in reducing PTSD symptomology among adult survivors. Meta-analyses comparing these treatments have found all to be effective, with none demonstrating superiority (Bisson & Andrew, 2007; Regehr, Alaggia, Dennis, Pitts, & Saini, 2013). These evidence-based interventions have been endorsed by several national guidelines for the treatment of PTSD including: the International Society for Traumatic Stress Studies (Foa et al., 2009), the Cochrane Database (Bisson & Andrew, 2007), the U.S. Department of Veteran's Affairs (2017), the National Registry of Evidence-Based Programs and Practices of the Substance Abuse and Mental Health Services Administration (NREPP, 2017).

PE is an exposure-based psychotherapy approach for the treatment of trauma. PE starts with education about the therapy, common reactions to trauma, and PTSD. Clients are taught breathing retraining skills to facilitate relaxation. There are two types of exposure: In Vivo (real world practice) and Imaginal (repeatedly retelling the trauma narrative). In real world practice, the client approaches situations that although safe, the client has been avoiding because of trauma reminders. During Imaginal exposure, the client talks about the trauma memory repeatedly in the presence of the therapist to reduce fear and anxiety related to the memory. As homework, the client also listens to an audio recording of the trauma narrative (Foa et al., 2009).

CPT is a cognitive-based psychotherapy approach for the treatment of trauma. CPT starts with education about PTSD and trauma. The client is also asked to write a detailed trauma narrative that is read during therapy. The primary focus is on helping the client recognize the connections between thoughts and feelings and to develop skills to challenge negative or unhelpful thoughts and beliefs. Particular attention is given to beliefs related to safety, trust, control, self-esteem, and relationships. The client is given homework after each session to practice skills for challenging faulty thinking patterns (Resick & Schnicke, 1993).

EMDR is an integrative psychotherapy approach for the treatment of trauma. EMDR involves the use of an eight phase, three-pronged approach to treatment that targets past experience, current triggers, and future potential challenges. The eight phases include taking a good history and treatment planning, preparing the client for treatment, assessment, desensitization and reprocessing, installation of a positive cognition, body scan for physical sensations related to the trauma, closure, and reevaluation. Specific procedural steps are used to access and reprocess information that incorporate alternating bilateral eye movements, audio sounds or hand taps to help the client achieve a sense of integration and resolution of the traumatic experience (Shapiro & Maxfield, 2002).

Despite the availability of ESTs to decrease PTSD among sexual violence survivors, and a clear link between PTSD and increased future sexual violence risk, there is low utilization of these treatments in the RCC service sector. In a nationwide sample of practitioners, Edmond (2004) found that, while 91% of RCCs provided individual counseling to survivors of sexual assault, only 50% reported the use of at least one of these ESTs to address the mental health needs of survivors. There is a clear need for information regarding promotive factors and barriers to EST implementation in RCCs. Greater clarity about RCC counselors' attitudes about EST is needed to determine appropriate dissemination and implementation strategies.

### **Attitudes Towards EBP and ESTs**

Factors at the individual, organizational, and system level influence the implementation and uptake of ESTs, including practitioner attitudes and perceptions (Aarons et al., 2012). A significant body of research has established practitioner attitudes as an important individual level factor that can influence EST implementation efforts, with positive attitudes towards EBP in general identified as a key practitioner level factor for successful implementation efforts (Aarons et al., 2012; Herschell, McNeil, & McNeil, 2004; Palinkas et al., 2008). Aarons and colleagues (2010) identify a number of specific vectors through which practitioner attitudes to EBP can influence EBT uptake. They suggest that provider attitudes influence their choice to try new practices, the effectiveness of their implementation and fidelity to a model when using an EBP, and the likelihood of sustained use of an EBT. Additionally, research is emerging suggesting that attitudes towards specific ESTs play an important role in implementation. In a study of practitioner attitudes, Bortrager, Chorpita, Hilga-McMilan, and Weisz (2009) found that general EBP attitudes changed from pre to post-test based on factors such as the perceived adaptability of specific ESTs. Similarly, Reding, Chorpita, Lau, and Innes-Gomberg (2014) found that the appeal of a specific EST is related to practitioner uptake of that EST.

To promote the implementation and uptake of ESTs to treat PTSD within RCCs, this project sought to answer the following questions: (1) What are RCC counselors' attitudes toward EBP in general? (2) What are their perceptions of the intervention characteristics of three specific ESTs: PE, CPT and EMDR? (3) Are there differences in EST attitudes and perceptions based on agency setting (urban/rural) or counselor education?

## Methods

### *Study Design*

Services provided by RCC counselors are critically important; however, much remains unknown about their attitudes towards EBP and specific ESTs for PTSD, and how those might differ by agency setting or counselor level of education. To gain perspective on these issues, a statewide web-based survey of Texas RCCs was administered during the summer/fall of 2013. The quantitative, cross-sectional survey was constructed with two different modules: one for executive directors and the other for practitioners providing individual and/or group counseling. The director module contained questions about respondent demographics, organizational characteristics, leadership style, and funding. The counselor module was comprised of questions about counselor characteristics and demographics; agency services provided and clients served; training obtained and desired; interventions employed; attitudes toward EBP in general; and views of three specific trauma-focused ESTs: cognitive processing therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), and prolonged exposure (PE).

### *Conceptual Model*

Evidence suggests that understanding counselor EBP attitudes in general as well as perceptions of specific ESTs can inform efforts to increase implementation of specific treatments. The Conceptual Framework for Implementation Research (CFIR), developed by Damschroder and colleagues (2009), merges aspects of 19 conceptual frameworks. It establishes five domains that together capture the key influences on the implementation of ESTs: intervention characteristics (evidence for the intervention, complexity of the intervention, adaptability of the intervention, and advantages the intervention has over others); outer setting (policies and incentives external to the agency as well as pressure from peers and clients); inner setting (characteristics of the organization setting and structure, culture, climate, and readiness for change); characteristics of individuals involved in implementation (their knowledge, skills, and attributes, and educational attainment), and the process of implementation. The CFIR provides a menu of potential areas for research with the expectation that scholars select constructs that are most salient to a particular study or setting to guide their evaluation of the implementation process. Within the intervention characteristics domain, the CFIR provides guidance regarding key characteristics that influence counselor perceptions and intervention uptake (Damschroeder et al., 2009). These include the source of the intervention (internal or external development), the evidence strength and quality for intervention effectiveness, the perceived relative advantage, the adaptability, trailability, complexity, design quality and packaging, and cost. The CFIR suggests that taken together, these indicators will impact counselor uptake of a new EST, and should be considered when designing an implementation strategy. The indicators of interest for this analysis were intervention characteristics, individual characteristics, and inner setting. The data comes from the counselor module. Data from the director module examined organizational level variables and were analyzed and reported separately.

### Measures

**Evidence-Based Practice Attitudes Scale (EBPAS).** The EBPAS (Aarons et al., 2010) was used to assess counselor attitudes towards EBP in general. The EBPAS includes 15 items measured on a 5 point Likert scale, spanning four lower-order subscales and one higher-order factor (Aarons et al., 2010). The four EBPAS subscales include *Appeal*, which assesses the likelihood of adopting an EST if it were intuitively appealing (i.e., if it makes sense, or colleagues are happy with it), *Requirements*, assessing the extent to which a provider would adopt based on employer or funder requirement, *Openness*, which assesses openness to new interventions (i.e., willingness to follow a treatment manual, the attractiveness of therapy developed by researchers), and *Divergence*, which assesses the extent to which a provider sees ESTs as less useful than clinical experience (i.e., the extent that they prefer clinical experience or view research-based treatments as not useful) (Aarons et al., 2010). In Aarons et al.'s (2010) national sample, the alpha reliability for the total scale was .76, and .81 for RCCs. The total EBPAS score with 15 items was used to compare the RCC sample to a normed sample of national mental health practitioners (Aarons et al., 2010). The same national normed sample is used for comparison with the RCC sample on the four original subscales: requirements, appeal, openness, and divergence.

Additional EBPAS subscales were added based on the expansion proposed by Aarons and colleagues (2012). While Aarons et al (2012) outlines eight additional subscales, we chose three to include in the current study due to their alignment with key CFIR constructs. These domains include *Organizational Support*, which assesses the perceived role of organizational training, CEUs, and assistance in the uptake of EBPs. *Fit*, which assesses the extent to which a treatment would be adopted if it felt right and met their clients' needs and treatment approach, and *Limitations*, which assesses the counselors' perception of the limits of EBP to meet client needs or the extent to which it creates barriers to treatment (Aarons et al., 2012). Aarons' and colleagues (2012) sample is used for comparison with the RCCs sample for these three subscales because they were not included in the nationally normed sample (Aarons et al., 2010).

**Perceptions of Empirically Supported Treatments (PEST).** The study team developed a single factor scale to assess counselor perceptions of three empirically supported treatments for survivors of sexual violence (PE, CPT, & EMDR) based on the intervention characteristics domain of the CFIR (Damschroder et al., 2009; Edmond et al., 2016). For each EST, respondents were asked to provide their level of agreement on a 1-5 scale with ten questions tapping counselor perceptions regarding the evidence strength and quality, the relative advantage of that EST over other treatments, the adaptability, and complexity of the treatment, and the cost or resource constraints caused by the treatment (see Table 4). PEST items also assessed perceptions of acceptability, appropriateness, and the counselor's current level of knowledge regarding the EST procedures and techniques. To create a global measure of EST perceptions, items 4 and 10 were reverse-scored, and items were then totaled and divided by the number of items in the scale (n=10). Higher scores indicate a stronger opinion of the EST in question. In the current sample, the reliability alpha for the PEST was .87 when administered for Prolonged Exposure, .86 for EMDR, and .91 for Cognitive Processing Therapy.

### *Procedures*

A comprehensive list of Texas RCCs was developed by the Texas Association Against Sexual Assault (TAASA), the state coalition (n = 83). Each executive director of every RCC in the state received an invitation through postal mail and e-mail to participate in the study. The invitation included an endorsement from TAASA. The executive director was asked to complete their module and to distribute the web-survey link to each of the eligible counseling staff to complete the counselor module. Each participant was given a \$20 gift card. Prior to data collection, approval was obtained from the Washington University IRB.

### **Data Analysis**

Descriptive statistics including frequencies and central tendencies provide initial data regarding the sample and counselor perceptions. A chi-square test was used to assess differences in educational attainment by agency setting. Two-sample T-tests were used to assess differences in EBPAS total score and subscale scores between the RCC sample and Aarons et al. (2010) normed national sample of mental health service providers. T-tests and ANOVAs were used to assess differences in EBPAS and PEST scores by educational attainment and agency setting (rural/urban). Missing data occurred due to attrition over the course of the web-based survey and were treated on an available-case basis (Pigott, 2001).

### *Sample*

In the overall study, the agency response rate was 72%, with 60 RCCs providing a minimum of one survey from either an executive director or a counselor. Cases in which respondents indicated that counseling tasks were not a part of their job description were excluded from analysis. For this analysis the sample is comprised of respondents to the counselor-focused survey (n=76).

## **Results**

*Counselor Demographics & Characteristics.* Counselors were overwhelmingly female (95%), the majority identified as white (66.7%), and had been at their current agency for an average of three years (range= 1 month-18 years; see Table 1). Professionally, they were predominantly social workers (34.2%), although many of those without an advanced degree identified more with their job title ('advocate,' 'counselor,' etc.) than a specific profession. Fifty-four percent had a master's degree or PhD, 22% had a bachelor's degree, and 24% had less than a bachelor's degree. Nearly sixty percent worked in urban or suburban settings (see Table 1).

Table 1. *Demographics for RCC Counselors (n=76)*

	Frequency (%)	Mean(SD)
<b>Age</b>		39.5 (12.1)
Years of Experience		7.8 (6.8)
Agency Tenure		3.0 (3.5)
<b>Gender (Female)</b>	71 (94.7%)	
<b>Race/Ethnicity</b>		
White	50 (66.7%)	
Hispanic/Latino	17 (22.7%)	
African American/Black	3 (4.0%)	
American Indian/Alaska Native	1 (1.3%)	
Native Hawaiian/Pacific Islander	1 (1.3%)	
More than one race	3 (4.0%)	
<b>Professional Discipline</b>		
Social Work	26 (34.2%)	
Counseling	23 (30.3%)	
Psychology	6 (7.9%)	
Education	3 (4.0%)	
Divinity/Theology	2 (2.6%)	
Criminal Justice	1 (1.3%)	
Job Title	13 (17.1%)	
Other	2 (2.6%)	
<b>Educational Attainment</b>		
High School Degree	3 (4.0%)	
Some College	15 (19.7%)	
Bachelor's Degree	17 (22.4%)	
Master's Degree	39 (51.3%)	
Doctoral/Equivalent	2 (2.6%)	
<b>Agency Setting</b>		
Urban/Suburban	45 (59.2%)	
Rural	31 (40.8%)	

*Educational Attainment & Agency Setting.* Significant differences were observed in level of educational attainment between RCC counselors working in rural and urban areas. Among rural RCC counselors, 41.9% had less than a bachelor's degree, 22.6% had a bachelor's degree, and 35.5% had an advanced degree. Comparatively, 11.1% of urban counselors had less than a bachelor's, 22.2% had a bachelor's degree, and 66.7% had an advanced degree  $\chi^2(2)=10.67$ ,  $p<.01$ .

*Counselor Attitudes towards Evidence-Based Practice.* The RCC sample had a significantly lower EBPAS total score compared ( $M=2.57$ ,  $SD=.47$ ) to Aarons and colleagues' (2010) normed national sample of mental health providers ( $M=2.73$ ,  $SD=.49$ )  $t(1147)=2.51$ ,  $p=.012$ , indicating less willingness to adopt evidence-based practices (see table 2). RCC counselors also had significantly different outcomes on several EBPAS subscales compared to Aarons' 2010 and 2012 samples. Differences were observed between samples on requirements  $t(1147)=2.87$ ,  $p=.004$ ; divergence  $t(1147)=2.84$ ,  $p=.005$ ; organizational support  $t(478)=4.72$ ,  $p=.001$ ; fit  $t(df)=4.34$ ,  $p=.0001$ ; and limitations  $t(478)=5.2$ ,  $p=.0001$  subscales.

Table 2. Comparison of Attitudes towards EBP Among a National Provider and RCC Sample

	National MH Provider Sample <sup>1</sup>	RCC Sample (n=60)	Two sample	
	Mean (SD)	Mean (SD)	t-test	p-value
EBPAS Total Score	2.73 (.49)	2.57 (.47)	2.51	.012*
Requirements	2.41 (.99)	2.78 (.97)	2.87	.004**
Appeal	2.91 (.68)	2.98 (.66)	0.79	.430
Openness	2.76 (.75)	2.57 (.70)	1.95	.052
Divergence	1.25 (.70)	0.99 (.72)	2.84	.005**
Organizational Support	3.07 (.82)	2.54 (.86)	4.72	.0001***
Fit	2.90 (.75)	2.46 (.72)	4.34	.0001***
Limitations	1.28 (.91)	0.65 (.75)	5.20	.0001***

Notes. For requirements, appeal, openness, & divergence, n=1,089, for org. support, fit, and limitations, n=420 MH= Mental Health, RCC= Rape Crisis Center, \*p<.05, \*\*p<.01, \*\*\*p<.001

Within the RCC sample, no significant differences were observed in EBPAS total or subscale scores between rural and urban counselors (see Table 3). When comparing counselors by education level (no degree, bachelor's, advanced), differences were observed in EBPAS total score  $F(2)=8.55$ ,  $p=.001$ ; Appeal  $F(2)=6.58$ ,  $p=.003$ ; Limitations  $F(2)=5.72$ ,  $p=.006$ ; Fit  $F(2)=5.72$ ,  $p=.006$ ; and Organizational Support  $F(2)=11.04$ ,  $p=.000$ . Counselors without bachelor's degrees tended to have the most negative views of evidence-based practices, while those with advanced degrees had more positive views.

Table 3. EBPAS Score by Agency Setting and Counselor Education

Item	Total Sample	Rural	Urban	Less than		
	Mean (n=60)	Mean (n=25)	Mean (n=35)	BA (n=15)	BA (n=10)	Masters/PhD (n=35)
EBPA Total Score	2.57	2.55	2.59	2.4	2.7	2.6*
Appeal	2.98	2.97	2.99	2.5	3.2	3.1**
Requirements	2.78	2.76	2.80	2.8	3.1	2.7
Openness	2.57	2.55	2.59	2.3	2.8	2.6
Divergence	.99	.96	1.01	1.1	1.0	.96
Limitations	.65	.765	.565	1.2	.33	.49**
Fit	2.46	2.33	2.54	1.8	2.3	2.8***
Org. Support	2.54	2.44	2.60	1.76	3.1	2.7***

\*p<.05, \*\*p<.01, \*\*\*p<.001

*Counselor Perceptions of ESTs for PTSD.* Counselors had the most positive perceptions of CPT, followed by Prolonged Exposure and EMDR (see Table 4). CPT was rated the most highly across CFIR domains, including evidentiary support, relative advantage, adaptability, and resource constraints, as well as on acceptability, appropriateness, and current level of knowledge. Counselors endorsed EMDR and CPT equally on complexity. Counselors had mixed perceptions of PE and EMDR across CFIR domains, with PE scoring higher than EMDR on adaptability and EMDR scoring higher than PE on evidentiary support, relative advantage, appropriateness, and complexity.

Table 4. *Perceptions of EST Scale (1=Disagree Strongly-5=Agree Strongly)*

	<b>PE Mean Score</b>	<b>EMDR Mean Score</b>	<b>CPT Mean Score</b>
1. I have a good understanding of the procedures and techniques involved in [the EST].	2.9	2.6	3.3
2. There is a high quality, strong base of evidence demonstrating the effectiveness of [the EST] in treating PTSD in rape & sexual abuse survivors.	3.4	3.4	3.6
3. The quality and strength of the evidence base around the effectiveness of [the EST] makes me want to use it with my clients.	3.3	3.4	3.6
4. The procedures and techniques involved in [the EST] are too complex to use with clients at a sexual assault program.	2.9	2.8	2.8
5. [The EST] could be adapted, modified, and tailored to meet the needs of our clients within our program.	3.5	3.3	3.6
6. [The EST] has advantages over other treatments for PTSD that make it a better choice for sexual trauma survivors.	3.1	3.2	3.4
7. I believe the use of [the EST] is an acceptable treatment option for treating sexual trauma survivors with PTSD.	3.4	3.5	3.6
8. Within our program, [the EST] would be viewed as an appropriate treatment option for our clients.	3.1	3.3	3.6
9. With training and supervision I would be likely to use [the EST] with my clients on an ongoing basis when appropriate.	3.4	3.4	3.7
10. It is not feasible to use [the EST] in our program because of resource constraints and training requirements.	3.1	3.0	2.8
Total Scale Mean:	3.2	3.1	3.3

Among RCC counselors, significant differences in perceptions of EMDR were seen between those working in rural and urban areas, with urban counselors rating EMDR significantly higher than rural counselors  $t(51)=2.23$ ,  $p=.031$  (see Table 5). No differences were seen between urban and rural counselors on their perceptions of PE or CPT. Across all three ESTs, counselors with less than a bachelor's degree had more positive views of the interventions than those with a bachelor's degree. Approximately 38% ( $n=23$ ) of counselors reported having a "fair amount" or a "great deal" of training in CPT, compared to 17% in PE and 8% in EMDR.

Table 5. *Perceptions of ESTs by agency setting and counselor education*

	<b>Prolonged Exposure</b>	<b>EMDR</b>	<b>Cognitive Processing</b>
Total Sample Mean	3.2	3.1	3.3
Rural	3.3	2.9	3.2
Urban	3.2	3.3*	3.3
Less than BA	3.2	3	3.2
BA	3.1	2.9	3
Masters/PhD	3.2	3.2	3.4

\*p<.05

### Discussion

The mental health effects of sexual violence are well-documented, and effective treatments for PTSD exist that can help promote healing for survivors. However, there has not been sufficient uptake of these treatments by counselors in RCCs, who are viewed as the primary response system in place to support victims of sexual violence. Although RCC counselors had a lower overall EBPAS score than Aaron's 2010 nationally normed sample of mental health providers, an examination of the seven subscales provides some useful information. The three subscales that the national sample more strongly endorsed were *Openness*, *Organizational Support* and *Fit*. These subscales reflect that the mental health counselors were more open to new interventions, were more influenced toward adoption of ESTs by organizational support, and had a sense that the intervention felt right and would meet their clients' needs. Interestingly, RCC counselors were significantly more likely to see fewer *limitations* in the use of ESTs and the mental health providers were significantly more likely to see ESTs as less useful than clinical experience (*Divergence*). RCC counselors were also more likely to adopt an EST if a supervisor, agency, or state *required* it compared to the national sample. Both groups had comparable scores on the *Appeal* subscale, reflecting equal likelihood of adopting an EST if it were intuitively appealing. This suggests that RCC counselors could be receptive to adopting ESTs since they see few limitations and value them as much as clinical experience, if it is an appealing EST and adoption is reinforced by organizational or funder requirements. These differences could be partly attributed to educational differences between the samples, with over 80% of Aaron's sample holding advanced degrees, and less than 3% having less than a bachelor's degree.

We found significant differences in counselor level of educational attainment between rural and urban settings, with rural RCCs having significantly fewer counselors with advanced degrees and more counselors without a degree. They are providing critical individual and group counseling services to highly vulnerable survivors of sexual assault in geographic areas that often have no other options for mental health services. While it is clear that these counselors are the best and often the only resource available for vulnerable survivors, it is essential that we consider strategies for putting the best available treatments safely in the hands of counselors with bachelor's degrees as well as those without degrees.

Given that the trauma-focused ESTs in question are all designed and implemented with advanced clinicians in mind, and that in some cases advanced degrees are required in order

for counselors to receive training in the EST, strategies for working in rural settings, in which providers face both geographic and educational barriers to EST adoption, are needed. The fact that rural settings are nearly four times as likely as urban settings to be providing counseling through a non-degree counselor, suggests that one such strategy would be identifying effective trauma treatments that can be implemented without a college education or with only a bachelor's degree. Both CPT and EMDR have developed modified versions of these interventions that have been used by paraprofessionals to effectively treat PTSD and related trauma symptoms (Bass et al., 2013; Jarero, Amaya, Givaudan, & Miranda, 2013; Plouffe, 2007).

Evidence from the developing world suggests that this may be an option for under resourced areas in the United States. In the Democratic Republic of Congo, Bass and colleagues (2013) tested the implementation of a modified (cognitive only) form of CPT with psychosocial assistants. These paraprofessionals had experience with survivors of sexual violence, as well as case management and supportive counseling, but no educational credentials. Using the group-based protocol, they were able to achieve significant reductions in PTSD, depression, and anxiety after just two weeks of training. Similarly, Jarero and colleagues (2013) piloted a randomized clinical trial to evaluate the efficacy of a modified form of EMDR created for paraprofessionals (EMDR-PROPARGA), for responding to acute traumatic stress. The outcomes showed that PROPARGA was significantly more effective in reducing post-traumatic stress symptoms than supportive counseling. RCC counselors are first responders who engage with survivors immediately after a sexual assault, and many of them are paraprofessionals, therefore, EMDR-PROPARGA might be a viable intervention option for this service sector. Given the limited amount of evidence available on these modified paraprofessional versions of EMDR and CPT, their application in low-resourced, rural RCCs would require careful evaluation to determine acceptability, treatment fidelity, effectiveness, and feasibility.

Other strategies for working in rural settings might include greater utilization of technology to deliver training, supervision and consultation to support the implementation of evidence-based interventions by counselors in rural communities with less than a master's degree. Social work might also adopt a strategy that medicine has employed to recruit doctors and nurses into rural communities and advocate for school loan forgiveness for MSWs to incentivize them to work in these low-resourced settings. An advantage to this strategy would be the ability to not only use evidence-based treatments, but also to strengthen the training and supervision of those with less education in their use.

While there were significant differences in educational attainment between providers in rural and urban settings, there was no difference between urban and rural providers on their EBPAS scores, suggesting that counselors from across service settings are equally interested in incorporating evidence-based approaches into their practice. There were however, significant differences by educational attainment. Across EBPAS subscales, counselors with advanced and bachelor's degrees had more positive attitudes towards EBPs *in general* than those without degrees. However, when assessing their perceptions of specific ESTs (e.g., CPT, EMDR and PE), those with advanced degrees and those without any degree had consistently stronger endorsements than those with bachelor's degrees. Taken together, these findings suggest that implementation efforts aimed at RCC providers

could be successful, and should make special consideration of differences in provider educational attainment and agency setting.

Counselors were asked to provide their perspectives on three ESTs for PTSD among sexual trauma survivors: PE, EMDR, and CPT. Among these three ESTs, CPT was the most favorably endorsed, with the highest ratings on measures of evidentiary support, comparative advantage, adaptability, acceptability, and appropriateness. Counselor reactions to these intervention characteristics suggest that CPT may be the best candidate for implementation and uptake in RCCs. Therefore, implementation strategies to support the adoption of CPT in RCCs need to be identified and tested.

Counselors' perceptions of EMDR and PE were more mixed, with more favorable perceptions of PE overall, but with EMDR scoring higher than PE on a number of factors, including appropriateness, comparative advantage, and perceived complexity. Urban providers also had significantly stronger overall perceptions of EMDR than rural providers. Given the familiarity and receptivity among urban providers, as well as the presence of higher numbers of master's level counselors in these RCCs, dissemination of information and education efforts might have the biggest impact for uptake if offered in urban settings.

RCC counselors reported a lack of familiarity with the procedures, techniques, and evidence base supporting all three ESTs, as well as mixed opinions regarding their acceptability and feasibility. The most frequently endorsed response to questions regarding counselor perceptions of the three ESTs was "uncertain," suggesting that counselors lack key knowledge about these ESTs. As such, efforts focused on dissemination of information regarding the procedures, effectiveness, and evidence base for these interventions could support counselors in making informed decisions around obtaining training and implementing these practices in their agencies. Given that a practitioner's perception of the empirical support for an intervention significantly predicts the chance of receiving training and using that intervention, implementation efforts could start with dissemination by educating the RCC workforce on the merits of these interventions (Allen, Gharagozloo, & Johnson, 2011). Community-based therapists with training in these interventions could volunteer to provide in-service informational sessions or introductory workshops at individual RCCs, or at regional and state coalition meetings or conferences. This would give RCC counselors the information needed to decide whether it is a treatment approach that they would be willing to invest time and money into acquiring. That said, the standard costs of training for these ESTs would be prohibitively expensive for many RCC counselors given the typical salaries within this setting. Consequently, trainers are encouraged to offer reduced costs or pro bono trainings and consultation to support advancing uptake of these treatments in RCCs.

It is also important to acknowledge that while PTSD is prevalent and needs to be addressed, many survivors seeking services do not have PTSD, but are struggling with other trauma symptoms such as depression, anxiety, low self-esteem, a lack of self-confidence, self-harming behaviors and suicidal ideation, and/or relationship difficulties. Although the evidence-based treatments for PTSD discussed in this paper are robust and tend to produce symptom relief across a number of symptom domains, they may not be the best intervention choice for every survivor. There may be other evidence-based treatments

that would be a better fit given a particular survivor's presenting concerns for example, Interpersonal Therapy for depression and relationship difficulties, Dialectical Behavioral Therapy for reducing self-harming behaviors, or Cognitive Behavioral Therapy or Mindfulness Based Stress Reduction for reducing anxiety and increasing positive coping. Intervention selection should be driven by the treatment needs and goals developed collaboratively between the counselor and the survivor. Evidence-based practice includes not just scientific evidence of effectiveness, but also practitioner expertise and client preferences (Sackett et al., 1996).

*Limitations.* A number of limitations should be considered when evaluating the findings of the current study. These data comprise a small sample of counselors in a single state, all working at agencies that are members of the state coalition, and may not reflect the population of RCC providers across the country. Additionally, due to the small sample size, multiple bivariate analyses were run on the same sample and potentially important control variables (for example, potential differences in education between mental health providers and RCC providers) were not included. The scale used to measure counselor perceptions of specific ESTs was developed for the current study, and although it is informed by theory and evidence, it should be replicated with larger samples in order to assess its validity, psychometric properties, and reliability.

*Conclusion.* Participants' attitudes towards evidence-based practices and perspectives on specific ESTs suggest that dissemination and implementation efforts should be made within the RCC service sector to advance the uptake of CPT, EMDR and PE to address the impact of PTSD among sexual trauma survivors. However, given that CPT was perceived most positively by RCC counselors in terms of its intervention characteristics, initial implementation efforts could begin there. Implementation strategies to support the adoption of CPT in this low-resourced, decentralized, nonprofit service sector could yield knowledge that would be transferrable to other similarly structured settings. The observed differences in attitudes and perceptions by educational attainment and geographic setting suggest that specific attention is needed to identify implementation strategies and intervention modifications to provide rural counselors and those without advanced degrees with training on the strongest, most effective interventions possible.

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## Destigmatizing Experiences of Combat Veterans Engaged in Civilian Disaster Relief: Implications for Community Transition

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**Abstract:** *Combat veterans possess some attributes of differentness that may cause others in society to create stigmatized perceptions of them and devalue their skills. Direct interaction/contact allows targeted individuals—in this case, combat veterans—to demonstrate their value by dispelling negative attitudes or beliefs others may have of them. A previous study reported that the disaster relief setting facilitates contact among combat veterans and non-military civilians. This study applied Modified Labeling Theory (MLT) to assess if the stigma and labeling experience among combat veterans volunteering in disaster settings provides a nuanced understanding. Semi-structured interviews were used to assess perceptions of male Team Rubicon (TR) members (n=9) who provide disaster relief in civilian settings. All participants served in combat. Data were thematically analyzed. Findings suggest 1) combat veterans were not stigmatized by their label; and 2) personal contact with civilians impacted by disaster helped TR members a) to demonstrate their value, and b) feel more optimistic about connecting with civilians in other contexts. Our findings suggest that veterans working with peer combat veterans and civilians in disaster settings provided a destigmatizing condition whereby combat veterans felt less stigmatized by others and more interpersonally connected with civilians. It is recommended that since the majority of services for veterans come from civilian community providers, it is imperative that providers be sensitive to military culture and experiences of those serving in combat to avoid further stigmatization of veterans.*

**Keywords:** *Stigma; contact; combat veterans; qualitative; Modified Labeling Theory*

Public stigma contributes to veterans' struggle to reintegrate (Blais & Renshaw, 2013; Britt et al., 2008; Danish & Antonides, 2013; Hoge et al., 2004; Kim, Thomas, Wilk, Castro, & Hoge, 2010; Weiss, Coll, & Metal, 2011), particularly by reducing opportunities in education, employment, housing, and intimate relationships (Sayer, Carlson, & Frazier, 2014). Public stigma is a psychological and social process that recognizes and distinguishes human differences, which are then linked to negative stereotypes that place labeled individuals in separate categories with undesirable characteristics (Link & Phelan, 2001). Differentness is the antithesis of what people in society want to feel (Leavey, 2005).

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Combat veterans possess attributes of differentness from non-combat veterans (i.e., those veterans who have not been exposed to combat) and most others in society because military training can reinforce hyper-masculine behaviors, namely competitiveness, distrust of others, aggression, and emotional insensitivity (Ashley & Brown, 2015; Brooks, 1999). In addition, combat veterans being exposed to or engaging in the atrocities of war can make civilians question whether or not these veterans can be trusted to not act aggressively towards others (McCann & Pearlman, 1990; Weiss et al., 2011). In some cases, the behaviors and tendencies in adapting hyper-masculine behaviors during military service inhibit the skills necessary for resilience and effective adaptation upon returning home (Keats, 2010).

Combat veterans are inclined to interact with other combat veterans because of shared experience (Ashley & Brown, 2015; Keats, 2010). Extant literature indicates that individuals' social network is typically made up of peers who are similar (Aboud & Mendelson, 1996). Time spent during deployment could distance a service member from his/her social network at home, or change family dynamics upon his/her return. In contrast, time spent during combat deployment with peers can create a type of brotherhood because of enduring life-threatening situations together. As veterans return to civilian life, the connection to their combat unit may be disrupted and their social groups may expand to include more civilians. Readjustment to society may be challenging because of trust issues between combat veterans and their family and friends who do not have experiences in war contexts.

### **Theoretical Framework**

Labeling is the identification of differences among a marginalized population which causes some in society to stigmatize and form negative conceptions of that targeted group (Corrigan & Kleinlein, 2005). As conceptions and stereotypes of targeted groups are confirmed in individual instances (i.e., the media or personal experiences), society members may distance themselves from the targeted group because of fear for their own well-being. Ultimately, this process can lead members of society to deny meaningful social, economic, and employment opportunities to members of the targeted group. This labelling process may further contribute to self-stigmatization of those in the targeted group who may likewise adopt less than positive labels, internalizing negative beliefs about themselves and lowering their self-esteem (Corrigan, 2005).

Modified Labeling Theory (MLT; Link, Cullin, Struening, Shrout, & Dowhenrend, 1989) posits that individuals labeled for attributes of differentness likely respond in one of two ways, either 1) the person of a different attribute does not internalize the societal label, and consequently, has no negative consequences; or 2) the target of the label applies the label to his/her self and reacts by a) being secretive about the condition to protect his/herself from discrimination and other negative effects (Goffman, 2009); and/or b) limits interaction to similar others. Limiting interaction with others outside of their group allows members of stigmatized groups to empathize with and support each other. Studies indicate that limiting interactions to those who are similar can reduce both social opportunities and the formation of meaningful relationships with others outside of the group (Corrigan, 2005; Kranke, Floersch, Townsend, & Munson, 2010). The aforementioned reactions have

several negative consequences: feeling shame from having to hide the condition, and/or disengagement from opportunities because he/she self-discriminates or considers themselves less than. Ultimately, the effects of stigma and labeling can have negative implications for overall health and quality of life of the targeted individual (Link et al., 1989).

### **Contextual Factors in Responding to Labeling**

Our previous study suggested that combat veterans volunteering in disaster relief settings with Team Rubicon (TR) reported improved reintegration into society because of the interaction with other combat veterans (Kranke, Saia, Gin, Heslin, & Dobalian, 2016). Team Rubicon is an organization comprised of over 50,000 volunteers, primarily veterans of Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF). Formed in 2010 by military veterans, TR deploys humanitarian aid teams to areas that are acutely affected by disasters, warfare, and other extreme events, both domestically and internationally (Disaster Response Veterans Service Organization & Team Rubicon, n.d.). In many cases, TR members who were veterans faced similar reintegration barriers as other veterans, which helped them to normalize their shared experiences (Klein, 2015). This analysis builds upon our earlier work by examining if and how volunteering in disasters along with other combat veterans and civilians alters the experience of stigma among combat veterans. Since volunteering in disasters increases interaction with civilians, the study assessed if personal contact with (the other) civilians with no military background potentially eradicates the effects of stigma and labeling (Corrigan, 2005). Personal contact is an empirically-based intervention assumed to reduce stigma because it allows for the direct interaction with the target group. Such direct interaction could contribute to others valuing their contribution and thus disconfirming negative attitudes or beliefs others may have of them (Corrigan, 2005; Kranke & Floersch, 2009; Weber & Crocker, 1983). This study applied modified labeling theory (MLT), as it is instrumental in identifying the underlying assumptions of why stigmatized individuals react the way they do. Thus, what we empirically know about the stigma of a combat veteran in the context of disaster relief is limited. This analysis was guided by the following research question: What is the experience of stigma among combat veterans in interactions with civilians while volunteering in disaster relief?

## **Methods**

### **Sampling and Design**

The design was a cross-sectional qualitative study. The protocol was approved by the U.S. Department of Veterans Affairs Greater Los Angeles Healthcare System's Institutional Review Board. Each participant gave written informed consent before participating in the study. Researchers conducted semi-structured interviews with nine current TR members over a period of three months in 2014 at a secure and private setting on the West Coast of the United States. The participants also completed a brief self-administered demographic questionnaire prior to each interview.

Participants were indirectly recruited through an email message sent by the TR Program Director to the entire TR roster of volunteers in the local area (n=155). The email announced the study, explained the inclusion criteria, and provided a contact number for the Principal Investigator (PI). Interested veterans called the PI to obtain more information about the study. Inclusion criteria were that the participants had to be at least 18 years of age, must be available for an in-person interview during the interview period, and must have been deployed on one mission with TR. Participation in the study did not require prior military combat experience.

### **Sample Demographics**

All participants (n=9) were males who served in combat—eight in OEF and/or OIF. The average age of study participants was 36 ( $SD=11.09$ ; range 24-57). Five participants were in the Marine Corps, and four were in the Army. Five reported as White and four reported as Latino. Participants had been separated from the military for an average of 10.4 years ( $SD=5.9$ ; range 6-25). Four were married, three were never married, and two were divorced/separated.

### **Instrument**

The semi-structured interview collected narrative data on TR perceptions of societal attitudes and behaviors toward combat veterans, and benefits/drawbacks of interacting with other combat veterans and civilians. The term “societal attitudes and behaviors” refers to self-reports of how participants perceived opportunities and marginalization in society as they related to reintegration concerns (i.e., employment, education, housing, social networks, and intimate relationships). The term “benefits/drawbacks of interacting” refers to how the interaction with fellow combat veterans improved or reduced opportunities. We were exploring both positive and negative responses from participants about their perceptions of societal attitudes and the benefits/drawbacks of interacting with civilian others. To elicit the data, the researchers asked each respondent a series of general questions about his life after deployment before and after joining TR. The interviewers used probes as needed to elicit data on the respondent’s perceptions of his daily activities, professional relationships, and physical and social environments. Each interview lasted between 60 and 90 minutes. The participants received no compensation. To ensure data safety, the transcripts were stored in a password-protected computer that could only be accessed by researchers who were given permission by the Principal Investigator of the study. Questionnaires were kept in a secure and locked cabinet.

### **Data Analysis**

Digital audio recordings of interviews were transcribed verbatim and transferred to Atlas.ti, software specifically designed for qualitative data coding and management (Muhr, 1993). Two members of the research team conducted the thematic analysis, first by applying *a priori* codes, such as stigma (Kim et al., 2010), shared experience (Karp, 2006), and limiting interaction (Kranke et al., 2010; Link et al., 1989). The same two researchers also conducted open coding to identify relevant themes. We then sorted themes by shared content (i.e., “TR provides an environment where I can freely discuss my problems” and

“I can be open with my peers in TR”). Reporting of themes was based on substantive significance (Patton, 2002)—in other words, how they informed the extant literature. In particular, we used the constant comparative method (Boeije, 2002) using constructs of MLT (Link et al., 1989) as a framework. We reported those themes that both aligned with constructs of MLT (e.g., public perceptions and limited opportunities) and those themes that added a nuanced understanding to the model (e.g., no shame or secrecy, expanding interaction beyond similar others, improved outlook). The sample size for this qualitative study was appropriate because the research question was exploratory in nature. For very detailed studies, the sample size can be in single figures (Padgett, 2008).

To establish the trustworthiness of the findings, the first and third authors created a codebook after each coded three interviews independently. They then reviewed the codes and created a master codebook that contained all of the codes from the first six interviews, and added any relevant codes to the remaining three interviews. When there was disagreement, the codes were expanded to include the characteristics that were evident across the narratives. As a cross-check, the first and third authors also conducted secondary coding of each other’s analysis.

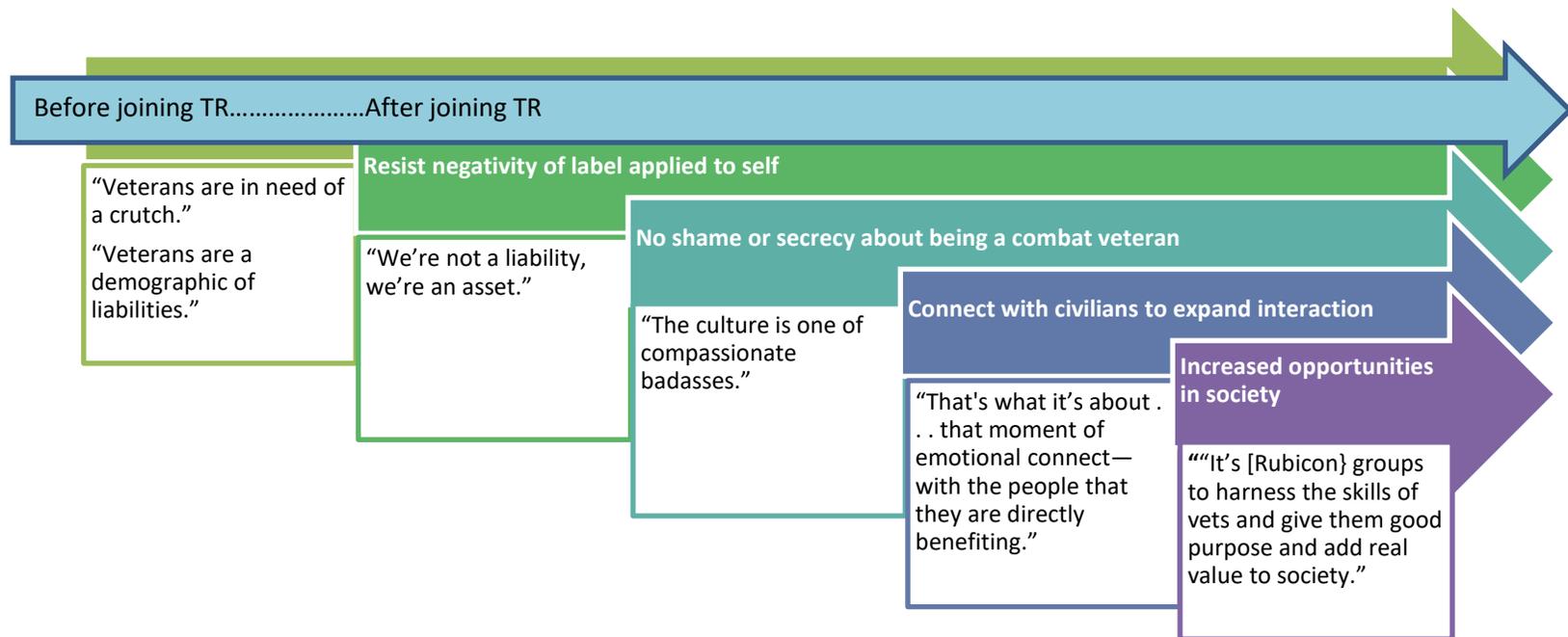
## Results

Thematic analysis revealed that the label of being a “combat veteran” is frequently associated with negative stereotypes, which some veterans then internalize and apply to themselves, as MLT (Link et al., 1989) suggests. However, our findings show a more complex scenario. Participants’ responses suggest that engagement in organizations like TR may be an avenue to promote interaction with civilians, thus alleviating negative stereotypes of the veterans and reducing the harmful impact of labeling. This section applies the components of the MLT to identify nuanced understandings of the stigma and labeling process by 1) illustrating the perceived societal stereotypes and marginalization of combat veterans in society; 2) demonstrating how combat veterans engaged in disaster relief respond to stigma and discrimination; and 3) elucidating how the context of volunteering and contact with non-military civilians in disasters can modify veterans’ responses to the labeling process. See Figure 1.

### **Before Joining TR: Perceived Stigma and Marginalization from Society**

Team Rubicon members believed that as combat veterans, they were socially stigmatized as being a burden on society. Respondents identified their perceptions of societal views of “veterans as a demographic of liabilities with a lot of problems.” Many of them had internalized these societal perceptions and viewed themselves as unable to cope. One veteran said, “As vets we are encouraged to see ourselves as damaged or in need of a crutch.” These perceptions marginalize and differentiate veterans as not being able to function in civilian society. Veterans internalize these stigmatizing views into their own self-perceptions, contributing to their loss of self-confidence and feelings of being marginalized, separated, and isolated from society.

Figure 1. TR Members' Response to Public Stigma and Labeling



**Reduced opportunities.** Veterans who feel stigmatized often perceive that their veteran status limits their opportunities and that prospective employers will not want to hire them because of stereotypes about veterans' abilities. Team Rubicon members described how they perceived their employment opportunities to be limited due to the marginalization of combat veterans, and that skills built in the military were not valued in civilian life. As one TR member described, "I'd just graduated. I wasn't going to get hired any time soon because, you know, out of the 200 places I applied to I only had like maybe one response, two responses." This exhaustive effort led him to the conclusion that, "I had no talents that were valued in the market." This conclusion was devastating to him because "you did all of these great things (in the military) but now you have to start from, zero basically."

The marginalization of combat veterans in terms of employment opportunities gave some TR members a grim outlook. For instance, one participant said, "A lot of people will come back from Iraq or Afghanistan and assume that they can never find a career or opportunity later in life that will ever sniff the value they derived from what they did overseas." Another participant remarked, "I'm never going to have as important a role as I did when I was 19 years old." They perceived that civilian life would be a letdown because their military experiences and skills were not valued at home.

**Limited interaction.** For TR members, social relationships with civilians, even family members, were fraught with an inability to connect or relate across the divide of their military experience and identity. One study participant mentioned they limited their interaction with non-veterans because they felt they had: "No connection, not even with my own family." Another combat veteran spoke of coming home from deployment and having a limited social network because "I didn't have many, if any, civilian friends. My whole family, I just couldn't relate to them, couldn't talk to them." One TR member identified how those with families experience an emotional rift with their own spouse or children, who "don't understand why daddy or their husband is doing this (deployment)." Another TR member described this divide in the context of coming home and reintegrating in a college setting with non-military students who have not experienced some of the atrocities or faced the hardships that combat veterans have endured. He described his perception that society seems to value what non-veteran college students can contribute over the contributions of veterans—despite veterans' life-skills, experience, and actual service to society: "You're coming home and going to college and seeing these kids who know everything and have this happy-go-lucky attitude and you feel like they don't know everything." Veterans perception that their skills are devalued in contrast to those of civilians contributes to their sense of alienation and separation from the rest of society. These feelings may lead them to want to reduce their interaction with non-veterans.

### **After Joining TR: Combat Veteran Response to Stigma and Labeling**

**No shame or secrecy about combat veteran status.** Universally, all of the TR members in this study disputed societal perceptions of veterans being a liability and in need of a crutch: "We're not a liability, we're an asset." They asserted their lack of shame or secrecy about their veteran status. One combat veteran demonstrated a valued shared identity by referring to themselves "a culture of compassionate bad-asses." They were not

secretive about sharing their identities as combat veterans with other veterans and civilians in the disaster context because volunteering in TR offered a context for the veterans to openly discuss their experiences in combat. One TR member reported, “We all have our unique stories, and unique experiences we went through. But when we come back, it seems like we all go through the same thing . . . all our stories are the same.” It is likely that veterans in TR were motivated to expand their interaction to others in society because the shared experiences helped to reduce feelings of differentness or alienation in the larger context.

### **Interaction with Others**

**Interact with similar others.** Connecting and interacting with others who share common attributes emerged as an important objective for these combat veterans. Specifically, combat veterans who served in recent conflicts (OEF/OIF) found particularly strong connections or emotional attachments with other combat veterans who served during the same time period because of a shared understanding of the close, interconnected, interdependence inherent to the daily lifestyle that they had become accustomed to during their time in combat as described by this participant:

*When you're in the military, particularly when you're in combat, you experience pure, simple, collective living. We all take care of each other, we all support each other. There everyone eats the same thing, everyone sleeps in the same place, our objectives are clear. Right? Especially for a combat soldier; don't die, kill the enemy.*

Team Rubicon members are able to bridge the divide between combat and non-combat veterans, branches of service, and even include civilian first-responders in creating a shared identity encompassing anyone committed to service. One respondent described how creating this large, collective, shared identity helps to reduce their sense of differentness and isolation:

*You're with likeminded people; generally veterans have experienced some similar things whether the Army, Navy, Air Force, Marines, Vietnam, here and now, you're in for the same thing with the service. And a couple of the guys were just first responder test [phonetic] but they still, it's service, you know, service-oriented mentality persons.*

**Reshaping the other's perception.** There is an emotional and/or intellectual disconnect among some civilians and combat veterans because the former cannot comprehend or fathom the values and experiences of the latter. However, one TR member did not assign blame on society for its inability to comprehend combat veterans' mentality. Rather, he articulated a broader view of the uniqueness of the veteran experience and the value that it can offer to society. He views the challenge of translating that value to civilians optimistically, as a step toward creating jobs for veterans:

*We have the experience of being a relatively insignificant piece in a large, important machine. And that experience and when I'm trying to convince some of*

*these companies to hire vets that's difficult to articulate, but a very important experience.*

By emphasizing valued attributes, this TR member sought to reframe an identity commonly perceived as stigmatized by society as a valued identity based on shared strengths and assets: "You want someone that knows how to be a team player, take someone who's learned how to be a team player by the boot."

**Connecting with the other.** Team Rubicon participants reported that being able to help civilians through volunteering in TR's disaster relief enabled them to apply the strengths gained through their military background in a setting where they are uniquely qualified to assist others. This opportunity led them to feel more optimistic about their ability to connect and reintegrate with civilians in a non-military context. For instance, one TR member said, "I'm in a good place now, I'm secure, and a lot of that I attribute . . . to go and face them and talk to others like with Team Rubicon." Another TR member described a change in his level of interaction with civilians, "Before [TR] I didn't talk to anybody. Now I interact with everybody."

In addition, several TR members described the profound experience of providing disaster relief to a civilian. Both examples demonstrate one of the first times the veteran was able to feel connected with civilians because it helped the veteran to see beyond his own struggles and focus instead on the value of human dignity in helping others in a non-combat setting: "That's what it's about . . . that moment of emotional connect—with the people that they are directly benefiting." Another TR member described an observation of a fellow combat veteran connecting with a civilian victim of a disaster: "The [TR combat veteran] person's hugging, this homeowner, this woman is just in tears, hugging this guy who's got to be sitting at 260, you know, 6-9 and he's just like, "Don't touch me, don't touch me, get away," you know. He's about to go, he's about to have a, uh, anxiety attack. And then all of a sudden it's, it's just tears coming out."

Team Rubicon emphasizes specific strengths of combat veterans: grit, perseverance, team work, camaraderie, loyalty to fellow military combat veterans, refusal to give up in face of adversity, and continuing to serve their country: "We're all working together for that sense of pride in knowing that we've helped families out, that we've just saved lives in just a different form." These core attributes are used by TR as tools to tackle the shared challenge of reintegration among recent OEF/OIF combat veterans, as one TR member puts it: "The common story of reintegration and isolation and lack of purpose seem to me, from my anecdotal experience, to be the common theme with this generation of veterans coming home."

All participants described TR as a vehicle for ending the cycle of stigma and marginalization associated with being a combat veteran (thus, possibly implying that engaging in TR provides a destigmatizing condition): "This is about being a support network for a very unique demographic of Americans." One member describes how TR helps veterans reintegrate by applying their distinctive skills to solve problems and demonstrating their resilience, rather than treating them as defective and in need of "fixing:"

*We are consciously attempting to set the example for a generation of veterans. . . It's not only groups to support broken vets, it's groups to harness the skills of vets and give them good purpose and add real value to society. That's good for society and that's good for the members. Everyone wants to have worth, everyone wants to contribute, particularly vets who are the type of people who took an oath to go fight a war for their neighbors.*

## Discussion

The application of Modified Labelling Theory (Link et al., 1989) among combat veterans who engage in civilian disaster relief provided several novel findings. There were discrepancies with some of the responses regarding the experience of stigma and labeling, and there were differences in some of the underlying assumptions of those responses. The following paragraphs describe the nuanced understandings among this population and setting.

While the MLT (Link et al., 1989) posits that the perceived stigma and label of differentness makes the targeted individual secretive about their status or label to avoid rejection, our findings suggest that while combat veterans may initially experience social stigma around their identities, they are not secretive or shameful about being labeled a combat veteran. There are several possible explanations for this. First, the stereotype by some in society is linked with attributes such as: being a hero, and fighting for the country (Brown, 1984; Woolf, 2012), or possessing hyper-masculine values (Keats, 2010)—all of which appear to be more desirable to society than those values associated with labels of mental illness or being a burden on society (Corrigan, 2005). Next, in being able to interact with civilians in a disaster context, where their military skills and identity are valued, participating in TR allowed veterans to transform their formerly devalued veteran identity among civilians into an identity that was valued and shared among those in society.

Second, although the MLT proposes that individuals with a label associated with differentness limit interaction to those they can trust or that have a similar condition to avoid discrimination or rejection (Link et al., 1989), our findings indicate that these TR members did not limit interaction out of fear of rejection or discrimination from society. Rather, our study suggests that TR members limited interaction to veterans (both combat and non-combat) because of their beliefs that civilians who have not served in the military cannot comprehend or appreciate their unique experience as combat veterans (as opposed to limiting interactions because of fear of rejection or discrimination). They believe that those who have never been in their shoes simply “don’t get it” (Greden et al., 2010, p. 95).

Furthermore, our findings illustrate how volunteering in disaster relief helped to bridge the “us vs. them” gap (veterans versus civilians). The TR experience created a destigmatizing environment that fostered prolonged social interaction with civilians, which at the same time may have also made civilians realize the value of combat veterans because of the goodwill they demonstrated. Some participants described how positive interactions with civilians opened the door for job opportunities outside of TR. Ultimately, interaction with civilians increased TR members’ social capital and led to additional opportunities in

society which consequently resulted in a positive transition for these veterans into the civilian world (Kranke et al., 2016).

### **Implications for Community Transition**

It is estimated that half of those who meet criteria for mental health conditions such as posttraumatic stress disorder or major depression do not seek services (U.S. Department of Veterans Affairs [VA], 2011). The majority of services for veterans come from civilian community providers as opposed to social workers in uniform or providers from the VA (Weiss & Albright, 2014). Therefore, civilian providers must be sensitive to military culture and the experiences of combat veterans (Coll, Weiss, Draves, & Dyer, 2012) in order to not further stigmatize them. From these study findings, the implications for social workers interacting with veterans whether as mental health providers or as case managers, is that the focus of interaction should be on the relational and empathic aspects of psychotherapy or service provision in order to interrupt the internalization of negative self-stigma in veterans. Taking an attachment-based perspective, a meaningful professional relationship with a civilian psychotherapist or case manager can support a positive sense of self in the client and can help shape affirming relationships with others (Badenoch, 2008) including those that have never shared the combat experience.

### **Limitations and Future Research**

The findings of this study are not generalizable because of the small non-representative sample of male TR members. Veterans who volunteered in TR may be unique because of environmental factors and support. One must be cautious when broadly applying these findings because the study participants were highly resilient and reacted favorably to uncovering stigmatizing beliefs and societal perceptions of themselves, as well as interacting with civilians. Future work is needed to confirm the findings of this study, as well as examine the experience of stigma and labeling among combat veterans not engaged in disaster work. A broader perspective that assesses female TR members' experiences may yield different findings because of gender differences in dealing with stigma. Additionally, including a wider range of military service branches may provide a more holistic view of military culture and show potential variations of response to stigma and labeling. Representation from various ethnic or racial groups may also yield different findings as some groups have been marginalized by society on the basis of race or sexual orientation. Finally, the long term trajectory of these veterans is unknown because the study was cross-sectional. Personal contact and meaningful interpersonal relationships to overcome the effects of stigma and labeling can have long-term effects. Conducting a follow-up study with this subset could yield insight about combat veterans' integrating into civilian settings, and how that transition process impacts health behaviors as well as social, employment and educational opportunities.

### **Conclusion**

This study examined the experience of stigma and labeling among combat veterans in disaster settings by applying the MLT (Link et al., 1989). We found that combat veterans were not stigmatized by their label because the stereotypes of being a combat veteran are

commonly linked with being a hero or fighting for their country. In addition, the combat veterans indicated they expanded their interaction beyond other veterans because the TR setting facilitated interaction among TR combat veterans and civilians victimized by disaster. Volunteering in TR helped the combat veterans bridge the gap of us vs. them. They had emotional connections and attachments with civilians in disasters and with their civilian TR teammates. Personal contact and interpersonal relationships with civilians may have had several effects. The combat veterans felt that they were of value to society again by serving their country through TR and saving lives in a different venue, thereby dispelling negative beliefs that the civilians they encountered may have had of them. These positive relationships may have also altered their sense of self and ability to connect emotionally with others. Ultimately, our findings suggest that the disaster context helped the combat veterans in TR feel more optimistic about their ability to connect with civilians in life outside of the military. This has significant implications for both engaging in psychotherapy or services with social workers as well as promoting a positive transition into civilian life post military service.

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## New Em@ncipatory Landscapes? Young People With Intellectual Disabilities, Internet Use, and Identification Processes

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**Abstract:** *Although research on young people's identification processes on the Internet is a growing field, few studies illustrate conditions for young people with intellectual disabilities (ID). Previous studies have shown that young people with ID are worried about being marginalized, and that many in fact are lonelier than other young people. Internet and social networking sites might be of vital importance as a space for exploring alternative and less stigmatized identities. This article reports findings from individual interviews with 27 young people with ID in Sweden. The transcribed interviews were analyzed using a thematic content analysis. A prominent finding concerned the informants being well aware of both risks and opportunities using Internet and Social Networking Sites. Consequently, the more they interacted with non-disabled peers, the more they experienced negative consequences of Internet use. These circumstances rather lead to downsizing than upsizing Internet use, and less participation on Social Networking Sites. The experiences of the informants are discussed in a conceptual framework of social identity, participation, and emancipation. We recommend that social work practitioners reflect upon the ways that support can be arranged in order to empower young people with ID to participate on the Internet.*

**Keywords:** *Intellectual disability; Internet use; participation; identification processes; social networking sites (SNS)*

Although research on young people's identification processes on the Internet is a growing field, there are few studies that illustrate conditions for young people with intellectual disabilities (ID). Previous studies show that young people with ID are worried about being marginalized from other young people, and that many in fact report experiences of loneliness and living more isolated lives than others (McVilly, Stancliffe, Parmenter, & Burton-Smith, 2006). Internet and social media might be of vital importance as a space for exploring alternative and less stigmatized identities. However, Scandinavian research has shown that a new generation of young people with ID is emerging who have developed somewhat new ways of relating to issues of participation and identity (Löfgren-Mårtenson, 2005; 2008; Mineur, 2013; Molin, 2008). These strategies mainly concern the possibilities of expressing alternative self-presentations, which are not necessarily connected to a specific functional impairment or a certain welfare institutional belonging (e.g., special need student or care user) (Molin & Gustavsson, 2009). One such strategy can concern attempts to, in an online setting, present a preferred identity (e.g., that of a hockey fan or a musician), which may differ from their disabled identity, which would be apparent in an offline setting. A Swedish research project—*Particip@tion on Internet? Pupils with intellectual disabilities and identification processes on Internet*—aims to investigate these

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processes based on the perspectives of young people with ID, school staff, and parents.

The concept of intellectual disability can be used in different connotations across national affiliations. In this article we refer to intellectual disability in terms of the American Association of Intellectual and Developmental Disabilities (AAIDD) put forward by Schalock et al. (2010): “Intellectual disability is characterized by significant limitations both in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18” (p. 1). In the context of Swedish school legislation, an intellectual disability (utvecklingsstörning) along with an assessment of not being able to attain the regular knowledge goals is considered as a requirement for being enrolled in the special program schooling for pupils with ID (särskola).

The number of studies concerning young people’s use of the Internet has radically increased in the last decade (Boonaert & Vettenburg, 2011). However, rather few studies include young people with disabilities in general and young people with ID in particular. *EU Kids Online*—Europe’s largest study of these issues—stresses the need for research focusing on groups that could be considered as extra vulnerable for content and consequences following Internet use (Livingstone & Haddon, 2009; Livingstone, Haddon, & Ólafsson, 2011). On this matter, Chadwick, Wesson, and Fullwood (2013) concluded:

More needs to be done to consider what proportion of individuals with an ID actually can access the Internet as well as the barriers which may preclude access. Attitudinal barriers need much further consideration, with a view to altering negative attitudes. Issues of safety, risk and protection online for people with ID have yet to be adequately investigated and these currently serve as reasons given for hindering people from gaining online access. (pp. 390-391)

On the one hand, Chadwick et al. (2013) describe an emerging *digital divide* in which some individuals and groups (e.g., elderly people with severe impairments) tend to be marginalized along with an increased and more advanced use of technology in society. On the other hand, there are indications exemplifying young people and young adults using Internet and Social Networking Sites (SNS) for the purpose of exploring alternative self-presentations. In this study we define SNS broadly as an overall concept including both social media platforms (e.g., Facebook, Twitter, Instagram, Snapchat) and other kinds of communicative platforms such as Blogs, Vlogs, online chat forums, discussion threads on YouTube channels, etc. According to Chadwick and colleagues (2013), there are several combined factors that influence whether people with ID will gain access to the Internet, such as individual functional variation, education/training, support and assistance, but also the broader political, economic and attitudinal climate. Within these factors one could find both limitations and opportunities. In this regard Thoreau (2006) concluded, “the reality of the Internet may not be as emancipatory for disabled people as has been claimed” (p. 443). Chadwick et al. (2013) stresses—with references to Bowker and Tuffin (2003)—“hiding ID is likely to do little to reduce the stigma or increase the acceptance of people with ID within society” (p. 386).

Managing and shaping social identities in different settings have been of vast interest for different disciplines over the years. The concept of social identity is often referred to as a sense of who a person is in relation to a group membership. Jenkins (2007) put forward a distinction between a more static concept of *identity* towards a

more dynamic and negotiable concept of *identification processes*.

Too much contemporary writing about identity treats it as something that simply *is* [...] Indeed, identity can only be understood as process, as 'being' or 'becoming'. One's identity – one's identities, indeed, for who we are is always singular *and* plural – is never a final or settled matter [...] we should probably only talk about 'identification.' (Jenkins, 2007, p. 5)

Internet and SNS could be considered as a prominent context in which these identification processes can take place. Shpigelman and Gill (2014) claim that “when using social networking sites disabled people have the opportunity to project a preferred identity to the online world which may differ from their disabled identity projected in the real world” (p. 1603). Gustavsson and Nyberg (2015) similarly argue that people with disabilities can choose to highlight, reject, or renegotiate their disability identity in different contexts. Empowerment researchers have further suggested that people going from an excluded identity to a more included identity often display a civic identity (Borland & Ramcharan, 2000). In this sense, different SNS on the Internet could be of vital contextual importance for expressing these alternative civic identities in which, for instance, belonging to a special program or care user identity is not salient. Beart, Hardy, and Buchan (2005) claim that people with ID sometimes have problems understanding the terms that are used to categorise them, in particular, many people with ID “experience the stigma of their social identity through their interactions with others” (p. 54).

In a pilot study based on focus group interviews, we found that professionals expressed a concern that young people will get hurt and end up in undesirable situations (such as being cheated or abused), while parents mainly consider the Internet as a possible future venue for the development of new and on-going social relations (Löfgren-Mårtenson, Sorbring, & Molin, 2015; Molin, Sorbring, & Löfgren-Mårtenson, 2015). Another result from this pilot study was the informants' emphasis on the Internet as a tool that could promote both more and less participation in society. Consequently, “the pendulum seems to strike higher in both directions” (Molin et al., 2015, p. 27), as one of the informants claimed.

Drawing upon this background, the aim of this article is to describe and analyze how young people with ID view risks and opportunities on the Internet and, in addition, how they reflect upon emancipative strategies and issues of online and offline identification processes. Of relevance for the disability perspective in social work, the voices of young people with ID are put forward in order to shed light on both the individual's limitations and opportunities and “how this interacts with supports to affect capability and subsequent agency in engaging with the online world” (Chadwick et al., 2013, p. 391).

### **Previous research**

Previous research on disability and the Internet has often focused on limitations, risks, and shortcomings that people with ID face when using the Internet. For example, Didden et al. (2009) discuss cyberbullying among pupils within special educational settings. Furthermore, Normand and Sallafranque-St-Louis (2016) have shown in a literature review that young people with intellectual or developmental disability (IDD) run a greater risk for sexual solicitation. Contributing risk factors like sexual and physical abuse, isolation, loneliness, depression, and chatting were found to be more

prevalent within the target group compared with a general population (c.f., Buijs, Boot, Shugar, Fung, & Bassett, 2016; Priebe, Mitchell, & Finkelhor, 2013; Wells & Mitchell, 2014). Notably, Maïano, Aimé, Salvas, Morin, and Normand (2016) conclude in another systematic review that when youth with ID were compared with other disabilities or so-called typically developed (TD) youth, no clear differences of victimization were found. Seale (2014) discusses issues of risk and safety in relation to the quality of technology access. The author argues that the concept of positive risk-taking could be useful in order to understand how the relationship between supporters, technologies, and people with ID is mediated by risk. Positive risk-taking involves strategies for enabling people with ID (among others) to have greater control over their lives. With reference to Morgan (2004), it is generally about “managing risk not avoiding or ignoring it; taking positive risks because the potential benefits outweigh the potential harm” (Seale, 2014, p. 228). Shared decision-making (between support workers and people with ID), possibility thinking (in terms of *What happens if something goes right?* rather than *What happens if something goes wrong?*) and resilience (achieving good outcomes in spite of various threats) are put forward as central dimensions of positive risk-taking.

Another common focus concerns topics of friendship and loneliness (Emerson & McVilly, 2004; McVilly et al., 2006). Sharabi and Margalit (2011) compared how young people with and without ID participate in online activities. The study revealed several similarities between the two groups in how they used the Internet (c.f., Shpigelman & Gill, 2014). Though, it was the motives for Internet use that separated the groups. Young people with ID reported to a much higher extent that online activities were mostly a way to handle feelings of being lonely.

Another focus often highlighted in recent research concerns issues of accessibility (Karreman, van der Geest, & Buusink, 2007). Studies have investigated how the Web could be made more accessible for people with ID, in order to facilitate participation within the *intellectual disability community* (Kennedy, Evans, & Thomas, 2011). Even if people with ID often use the Internet in the same way as others, they also report challenges in handling privacy settings and literacy demands following a more technically advanced and online society (Shpigelman & Gill, 2014). Several studies have shed light on how Information and Communication Technology (ICT) can be arranged in different settings, such as in daily activities and residential services (Näslund & Gardelli, 2012; Parsons, Daniels, Porter, & Robertson, 2006). Parsons et al. (2006) concluded that ICT promoted more accessible communication, but it was still linked to within-service activities rather than to those external to service provision. These findings could be related to Molin and Gustavsson's (2009) discussion of how young adults with ID sometimes ascribe self-expectations of being *like* others and sometimes self-expectations of being *with* others.

Studies examining ICT use among people with ID in special program schools and caring services show that professionals' commitment and curiosity in the area plays a crucial role in determining, for example, how the Internet is used in different contexts. It is also noteworthy that the staff paying attention to students' own interests and experiences through ICT contributed greatly to increasing user agency (Näslund & Gardelli, 2012). These findings could be linked with several studies stressing that young people with ID and their Internet use are greatly influenced by the attitude and support approach from the nearest parental and/or staff in their surroundings (Chadwick et al., 2013; Löfgren-Mårtenson, 2005; Molin et al., 2015; Palmer,

Wehmeyer, Davies, & Stock, 2012).

Finally, research on the Internet, identification processes, and the role of support seems to have received less attention in comparison with the above-mentioned topics. Though, there are a few exceptions (Holmes & O'Loughlin, 2012; Johansson, 2014; McClimens & Gordon, 2009; Salimkhan, Manago, & Greenfield, 2010). Löfgren-Mårtenson (2008) reports how young people with ID handle issues of sexuality and social relations on the Internet. The study describes Internet and digital spaces as a new *free zone* for people with ID where they can socialize with others in a unique way without insight from care staff and/or parents. These new meeting places create both risks and opportunities for the users, specifically when it comes to the development of alternative identities, which is not connected to otherwise ordinary experiences of stigmatization and alienation. However, Seale (2001; 2007) has a specific interest in aspects of belonging and identification in relation to Internet use among people with ID. In an early study she analyzed how people with Down syndrome manage their identities on their own personal websites. The study examined how the informants choose to present their self-images in relation to their disability, that is, to what extent they accept or deny a group membership for people with Down syndrome. One result was that the websites give people the opportunity to express "multiple identities" in the sense that the informants' identifications were both similar and different from other people with Down syndrome. Correspondingly, Molin and Gustavsson (2009) characterize the so-called new generation of integration, i.e., those who grew up during a time when reforms in a number of areas have been salient and they have also participated in various social arenas in a completely different way from previous generations. Some representatives of this generation tend to strive for a "third way" between, on the one hand, reconciliation to a special program or care user affiliation (belonging) and on the other hand, trying to break free from the stigma and low-valued belongings. Many also exhibit a strong belief in the right to be involved and participate (Gustavsson, 1998).

The literature shows a gap in knowledge regarding a more nuanced understanding of issues of participation and identification processes on the Internet among young people with ID. Rather few studies have put forward young people's own voices. We will argue that these voices are of vital importance in order to understand the complexity of Internet use and intellectual disabilities.

## Method

### Participants

This article reports findings from individual interviews with pupils in an upper secondary special program for pupils with ID ( $n=27$ ). Altogether 15 adolescent boys and 12 adolescent girls were interviewed. Their ages ranged between 16 and 20 with a mean of 17.2 years. The pupils and their parents were informed about the aim and method of the study in accessible writing and that their participation was voluntary. In connection with the interview, both oral and written information about the study was provided and written consent was collected. The individual interviews were conducted at two similar upper secondary special program schools for pupils with ID in the western part of Sweden. At the first school 9 interviews were held with 4 boys and 5 girls. At the second school 18 interviews (11 boys and 7 girls) were conducted. The experiences of the informants are presented with pseudonyms and age.

Upper secondary school for individuals with ID in Sweden is a four-year voluntary type of school that pupils can choose to attend once they have completed the nine-year compulsory school. It is divided into two programs. The individual program is primarily designed for pupils with a severe or moderate ID. The national program is mainly designed for pupils with a mild ID. There are in total nine national upper secondary school programs for pupils with ID, spanning program-specific courses and assessed coursework. The interview participants were all enrolled within national programs such as the programme for health and care-providers, hotel, restaurant and bakery workers, vehicles mechanics, or media.

### **Procedure**

First, the principal of the special program school was contacted so that the researcher received approval to proceed with contacting the school's teachers and pupils. In the next step, the teachers were contacted by written letter/mail and by telephone and in turn they informed parents and pupils of the study. Pupils that were interested in participating in the study registered their interest with the teacher, who drew up a list of pupils that wanted to be enrolled in the interviews. The interviews were conducted by one of the authors in a quiet room located at the special program schools. The length of the interviews averaged 22 minutes. The ethical board of West Sweden approved the project (Dnr 048-15) and the study was adapted to comply with the Swedish code of ethics concerning requirements of information, consent, usage of data, and confidentiality.

### **Measures and analysis**

The individual interviews were semi-structured following a pre-designed interview guide with the following themes: (1) the Internet as an arena for identity formation, love and sexuality, (2) attitudes and experiences of young people's self-presentations and Internet relations, (3) the Internet and its participative opportunities and (4) parents' and professionals' attitudes and coping strategies for how young people use the Internet. These themes, with related questions, were influenced by the pilot study prior to this study (Löfgren-Mårtenson et al., 2015; Molin, et al., 2015). All 27 interviews were recorded (in total, 9 hours and 51 minutes of recorded material).

The transcribed interviews were analyzed using a thematic content analysis (Braun & Clarke, 2006). This is a method for identifying, analysing, and reporting patterns within data sets. In the first step the interviewing author read the transcribed material several times in order to "get to know the data" and to illuminate characteristic statements. The next step was to systematically code interesting features of the material in relation to the research aim and objectives. Eleven main codes were then organized into different themes. The themes that emerged were designed to capture the content of the data set. In order to ensure this, the data were systematically reviewed and refined by all three authors, and empirically derived themes were then redefined in a dialectic process with the theoretical and conceptual framework of the study. This analytical step has generally been inspired by Willis and Trondman (2002) TIME-model—*Theoretically Informed Methodology for Ethnography*. The use of MAXQDA 12 (2015) assisted in the analysis.

The analysis resulted in the following themes: 1) risk awareness and positive risk-taking, 2) quest for authenticity, 3) participation *like* others or *with* others, and 4) the

role of support. Excerpts from the data set were selected from the transcript in order to highlight characteristic experiences of the participants with regard to a specific theme. In the following phase of the analysis, three characteristic and categorical groups were identified in the material, namely: *the consumers*, *the insiders*, and *the outwardly directed*. In order to maintain confidentiality, no names or identifying information appear when presenting the results.

## Results

The findings in the study are structured according to four different themes: risk awareness and positive risk-taking, quest for authenticity, participation *like* others or *with* others, and the role of support.

### (1) Risk awareness and positive risk-taking

The theme of risk awareness and positive risk-taking is divided into two different sub-categories. The first sub-category contains experiences of *the risk of being hurt* or ending up in undesirable situations. Most of the informants seemed to be well aware of the risks of Internet use and they could articulate how to handle difficult situations (“bring someone with you if you are going to meet someone offline...”).

*I am very, very careful on the Internet, because you never know if you will get into trouble [...] I would rather not meet people on the Internet because I'm afraid something bad will happen, e.g., me being abused by someone. There are those dating-sites...I have visited those sites, looked at them – but you have to be very careful visiting those sites!* (Mia, 17 years)

Several informants put forward the risks associated with gaming online and, especially, public chat forums linked to different types of online games. The second sub-category was represented by *risk experiences of missing something or ending up lonely*. Several informants reported that they did not block unknown friend proposals on Facebook (FB) immediately. Either they intended to check out who it is or they would ask a friend who it might be. However, they would block unknown people if they behaved inappropriately.

*I'm not afraid of adding people, but if they behave badly I put them away* (Ninni, 18 years)

*Well, if it's a girl...I usually babble widely, but if it's a guy I block him. TAKE HIM AWAY!* (Abeba, 17 years)

*Even if it is a normal person, or a girl who looks nice I block them. I dare not. I added a girl once who looked fairly nice, but then she put up some sort of porn video and 56 other names – so – I blocked her right away. I manage. More and more people remove their Facebook accounts, I hear* (Thommy, 19 years)

Some informants reported experiences of developing a romantic relationship with others through SNS. Either they had these experiences of their own or they knew people in their immediate surroundings who had become a couple on the Internet. In some cases, the relationships have lasted for quite a long time. In other cases, the relationship only lasted for a short period. In both cases, the informants stressed that it was “worth trying,” but they made a point of saying that offline-based relations had better potential.

*I have been together with people I have met on the Internet. But it didn't last long...so I probably prefer meeting people in real life (laughter) (Ninni, 18 years)*

## (2) Quest for authenticity

One salient feature of the theme of self-presentations and Internet relations was related to issues of authenticity and striving for greater honesty on the Internet. One common experience was that people often exaggerated too much on the Internet. In addition, that things taking place online were not ascribed as much importance as things happening offline.

*Its important to be as clear as possible on the Internet, and not to exaggerate [...]...guys can be so crafty and wacky [...] I usually say that it is of great importance to bring things up face to face (Ester, 18 years)*

*You can make things up on the Internet. It's not always that serious... (Sara, 18 years)*

Some participants reported experiences of behaving differently online and offline. Some informants stressed that they mainly wanted to have and maintain genuine, close relations on the Internet and SNS. They called for more honesty online. Axel, Anton and Dragan illustrate this in the following excerpts:

*If you are a girl, don't show yourself naked. Don't try to be tougher than you really are. Try to be softer [...] you can say nice things, but it is often too exaggerated on the Internet (Axel, 20 years)*

*I just want to have people who really know me on Facebook (Anton, 17 years)*

*On the Internet you can fool around so to speak – like being cool...uploading pictures. But in real life – it's only you. (Dragan, 16 years)*

Some informants had a skeptical approach to the presence of online conversations replacing the everyday offline relations. Therefore, the content of the material shows a shared quest for authenticity both online and offline as illustrated by the following quotes:

*Nowadays, people sitting next to me on the bench are sending me Facebook-messages. Hey, look! I'm sitting right in front of you! I mean, It's crazy. We, I mean us young kids, we are so desperate for the Internet. [...] It was better in the old days – when Internet was smaller...back then everybody was more "social" (Patrick, 17 years)*

*...most people live their lives on the Internet, and they have the Internet as their lives. Unfortunately, they don't live their lives! [...] Going out dancing, or whatever. If you meet someone at a dance, rather than meeting someone on the Internet, that's love for real. (Thomas, 17 years)*

*Maybe it's easier to say that you like somebody on the Internet ...rather than face-to-face. Honestly, I think I have only used the Internet to tell girls that I like them (laughter). You want to say it face-to-face, but it's really hard... (Thommy, 19 years)*

### (3) Participation *like* others or *with* others

Informants stated that they predominantly have contacts in their immediate surroundings (peer mates from their school class, family members, relatives) on SNS. Other informants indicated that they have between 200-300 friends on Facebook. Having mostly contacts with peer group members was a general feature in the material. Some respondents expressed that they wanted to use the Internet and SNS like everybody else, or so to say, participate *like* others. But some informants distinguished themselves from others by highlighting their everyday contacts with people outside their immediate peer group. One example came from Peter who described himself as a “seeker” on the Internet (“I like to dig deep into things that I find interesting on the Internet”). Though Peter did not strive for participation like others on the Internet, he was mainly aiming to establish new contacts *with* others in a wider context. It was Peter’s gaming experiences that provided him with this opportunity.

*When I play an online game on the Internet I chat with people from...all over the world. So, when I have chatted for a while I contact them...on social media rather than within the game...I speak English every day. Actually, I don't think I have one single Swedish contact... (Peter, 16 years)*

Another example of participation with others outside the nearest peer group was reported from Lovisa, who claimed that she received about ten new friend proposals on FB every day.

*I had a YouTube-channel but I took it down...I had three very popular music videos...with a lot of views. [...] ...but I still work with my music. You never know, maybe I'll bring it back someday...because it's a bit hard to be famous – if you consider it. I remember when I had that YouTube-channel and when I walked in the streets downtown. Everybody said, 'Oh, it's you!! Please, make us another song!' ...and a lot of other stuff, so it can be too much sometimes – you have to set limits! (Lovisa, 17 years)*

Notably, those informants who were striving for participation in a wider society also reported experiences of hate comments, threats, and cyberbullying. Patrick reported one example of this scenario. He had for many years developed great gaming skills and had recently become a participant on a gaming team competing at the international level. But Patrick had ambivalent experiences with this situation:

*I am a member of the Gaming team called [name] and there's another team called [name] ...and they have started to threaten me [on FB and in online chat forums]...saying 'if you win this match I will look you up and kill you' ...it's my everyday life so to say. Getting hate comments. Of course, you get both hate and cheering comments. But mostly hate I think. (Patrick, 17 years)*

Stefan, also a gamer, reported similar experiences:

*If I write (on FB) that I'm happy or something like that, it will be followed with a long discussion thread with quarrel. I just try to be nice. But such friends I have now deleted. I was almost up to 1000 friends on FB, but now I have deleted about 300. I'm pretty satisfied. Now, only real friends left... [...] Don't bully each other on the Internet. Otherwise life proceeds pretty*

*well. Don't write stupid things about committing suicide and such crap. Be kind, Be gentle. Behave!* (Stefan, 19 years)

The more the pupils expressed experiences of interaction with peers outside the ID community, the more vulnerability they experienced. As a consequence, they seem to avoid participation in a wider society.

*I'm not sitting by the computer so much lately. Mostly I watch films nowadays...It's more relaxing...* (Stefan, 19 years)

#### **(4) The role of support**

The theme of the role of support was divided into two sub-categories, namely *Technical support* and *Moral and emotional support*. Most informants expressed little need for technical support. And if they needed that kind of support they knew whom to turn to: mostly siblings, cousins, or close friends. There were several reports of parents who still did not understand technical issues (e.g., safety adjustments, etc.). The vast majority of informants claimed that adults in general should increase their involvement, responsibility, and control of young people's Internet use, especially at younger ages. Lovisa and Ester came to similar conclusions on this issue:

*Well, I have my brother's daughter, she's soon to be six years old, and she's already started checking out Bloggers and stuff. And I have told him that he has to keep an eye on her. Because, in the end, it won't turn out well. She's gonna get addicted and perhaps forget her friends...* (Lovisa, 17 years)

*Oh, Yes!! Some adults should take more notice of what young people do on the Internet. Of course, some adults take more notice than others...* (Ester, 18 years)

Participants noted difficulties in turning to parents, particularly when it came to handling cyberbullying tendencies. They think the situation could get even worse if their parents found out. Even if there was a common trend in the material on the absence of parental discussions of Internet use issues, there were several reports of parents willing to give advice on Internet behaviour.

*I'm not the one who tells my mother about everything. Let's say something happened in school. She asks 'how was school today, Patrick?' And I say 'Good!' ...but actually it wasn't that good. So, I'm the one who keeps things inside so to say...* (Patrick, 17 years)

*From Mum and Dad I've got the advice that 'don't sit too much with the Internet' or 'don't upload so much from the Internet, it would lead to less bullying'...so I have not uploaded so much the last couple of weeks – and nothing has happened! The world's best advice, actually!* (Stefan, 19 years)

Nevertheless, some issues concerning sexuality and relationships could be easier to discuss with parents than with others. The majority of the informants stated that they had a girlfriend/boyfriend (often a peer pupil in the special program school), and sometimes there was a need for discussing certain eventualities.

*Somehow, if my girlfriend got pregnant ...what should I think about? What would happen? Economy? Will they (the parents) support me? Well, questions like that...* (Jonny, 17 years)

## Discussion

In the pilot study that preceded the youth interviews parents and school teachers put forward the perception that young people with ID were often naive and had difficulties in understanding the consequences of Internet and SNS use. Although some of the excerpts from the results above could be interpreted as a bit naive (e.g., Ninni and Abeba on risks and Stefan on having just nearly 700 “real” Facebook friends left after deleting those who behaved strangely) it is interesting to note the common awareness of potential risks when using the Internet and SNS. Especially, when it comes to addressing the factor of so-called *positive risk-taking* (Seale, 2014)—what happens if something goes right? The young people’s own voices in the study also stress the risk of being lonely, isolated and perhaps missing vital life experiences if you opt out of potential Internet relations. On the one hand, it could be a methodological dilemma that the young informants’ awareness is basically a repeat of what the adults in their immediate surroundings have told them. Then again, the material gives self-reflective examples of the informants having made risk-related choices, where they have learned something from the consequences of their actions (e.g., Ninni and Peter).

### Identification processes and emancipation

The main question this article poses concerns if and in what way the Internet and SNS could promote new emancipatory landscapes for young people with ID. In order to answer that question, the informants could be divided into different categorical groups with certain characteristics, namely “*The insiders*”, “*The consumers*” and “*The outwardly directed*”.

Figure 1. Three Types of Internet Users among Youth with ID



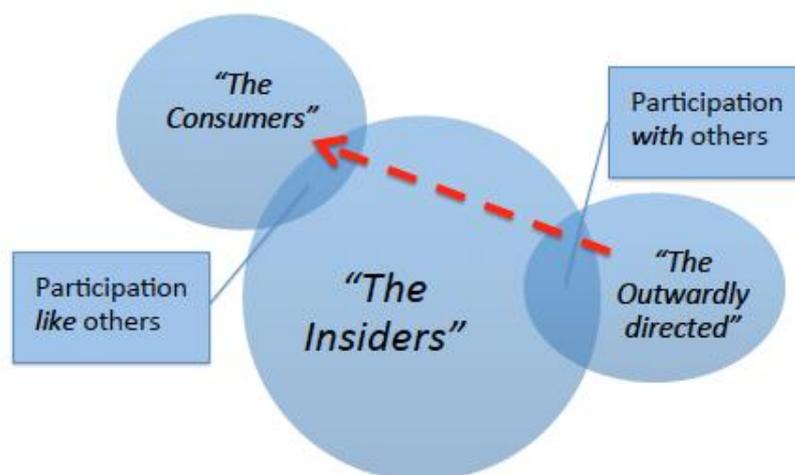
First, in general, those interviewed could be characterized as “*The insiders*” The vast majority of the interviewees reported daily use of the Internet and SNS. The purpose of their Internet use was mainly for interacting with others in their immediate surroundings. Consequently, they had their contact network predominantly within their peer group (e.g., FB friends from their own special program class, family members, and relatives) within the specific school setting (c.f., Näslund & Gardelli, 2012). They

chose to immediately ignore new and unknown friend proposals on social media and the most common pattern was to first become friends In Real Life (IRL) and then ask if someone wanted to be added as a friend on Facebook, for instance.

Secondly, "*The consumers*" (e.g., Dragan, Thomas, Ester and Sara) mainly use the Internet for content-consuming purposes, e.g., watching funny YouTube clips, checking out cool cars on E-bay, or checking out news or sports results. These kinds of activities seem to bring little harm to the informants. Some of the informants within this categorical group reported that they also used social media (such as Facebook, Instagram, Snapchat) but they hardly ever contributed anything. They were just following what others were doing. Consequently, there were rather few negative experiences of Internet use within these two categories. On the other hand, the Internet and SNS do not seem to promote new contacts and participation in a wider society for these groups. These findings are in line with Sveningsson's (2014) study on (mainstream) young Swedes' understandings of social media use for political discussion; they take part but they do not participate. Another way of saying this is that these two groups participate on the Internet *like* others (and not *with* others outside their peer group)

But—thirdly—the last categorical group stood out compared to the other ones. This small third group could be designated as "*The outwardly directed*", namely The Gamers (Peter, Patrick and Stefan) and The Vlogger (Lovisa). It could be argued that online gaming and vlogging with open public access can promote both more and less participation. All of the informants within this group had a broad online network, widely—both nationally and internationally—spread outside their own peer group. In many ways it seems that they used the Internet and SNS as a "free zone" in which they could disclose so-called alternative identifications in relation to otherwise lowly valued and stigmatized identities as a special program pupil (c.f., Löfgren-Mårtenson, 2008). In terms of participation it could be stressed that they had high levels of involvement in everyday activities and, in contrast to the other two groups, they participated—not just *like* others but also—*with* others in the wider community. In return they also reported experiences of cyberbullying, harassment, and threats, as well as positive experiences of appreciation and high status within their peer group. As a consequence, several informants have chosen to tone down their Internet involvement becoming "consumers" again (e.g., Lovisa and Stefan).

Figure 2. Types of Internet Users with ID and Their Strategies for Online Participation.



#### Limitations of the study

The analysis is based on a small sample and it is difficult to generalize. Compared to studies of mainstream youth and their Internet use, there are several similarities in how youth with ID use the Internet and SNS (c.f., Shpigelman & Gill, 2014). Young people with ID could be considered more vulnerable to what the Internet has to offer. In addition, there is also a possibility of so-called social desirability, namely that the informants' answers are put forward in order to be viewed favourably by others (e.g., saying things they think the researcher wants to hear).

#### Implications and Conclusions

So, do the Internet and SNS promote new emancipatory landscapes for young people with ID? Mainly, no. Maybe in a few cases it could be said that the Internet and SNS have helped them to stimulate emancipative strategies for alternative identifications. But in these cases they have chosen to downsize their involvement on SNS due to experiences of cyberbullying and/or unwanted exposure. The result is partly in line with previous studies, which identify both positive and challenging dimensions of the use of social media for people with ID (Caton & Chapman, 2016). Recall that Thoreau (2006) argued that the emancipatory possibilities of the Internet may be overstated. The results of our study shed light on how the Internet and SNS can contribute to both more and less participation for young people with ID. This could be viewed as a paradoxical development for young people with ID when, as Chadwick et al. (2013) point out, "in terms of self-expression, the Internet affords an opportunity for people with disabilities, including ID, to present themselves outside of their disability, having the option to disclose, or not, their disabled identity at will" (p. 385). One implication for social work practice is to be aware of the different meanings of participation experienced by young people with ID rather than measuring social participation in terms of the number of social contacts (c.f., Guillen, Coromina, & Saris, 2011). Piškur and colleagues (2014) raise the crucial question: is more [participation] always better? Another implication for the adult world in general and for social work practitioners in particular, is awareness and reflection upon how support can be

arranged in order to empower young people with ID to participate on the Internet. Adults' lack of awareness of the online world and, as Chadwick et al. (2013) point out, negative attitudes towards Internet use and SNS, commonly function as reasons for hindering people with disabilities from being digitally included. In social work practice there is a need for enhanced listening and understanding of the voices of young people with ID: Which possibilities can emerge in a space beyond potential problems and obstacles? In line with Seale (2014)—empowering young people with ID to use the Internet is often about managing risks, not avoiding them.

Future research may further investigate identification processes on the Internet for young people with ID. A mixed method design or a netnographic approach could be useful in order to capture new dimensions of understanding—i.e., not only what informants state that they do or what their experiences are, but also what they actually do in everyday online settings.

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# **“We Pride Ourselves on Being Strong...and Able to Bear a lot”: Examining the Socio-Cultural and Historical Context of Black Americans’ Experiences with Depression and Help-Seeking**

**Rosalyn Denise Campbell**

**Abstract:** *Research consistently shows that Black Americans’ symptoms of depression are more severe and persistent than their white counterparts yet they seek out and/or use services at a far lower rate. While trying to understand this disparity, it is important that researchers explore the socio-cultural and historical context around Black Americans’ experiences with depression and help-seeking. This study involved semi-structured in-depth interviews with 17 Black American men and women, aged 21-57, who experienced depression. A thematic analysis revealed that Black Americans’ experiences are often rooted in a socio-cultural and historical context where Black people are seen as a strong people, able to deal with anything, and do not get depressed. These findings suggest that Black Americans may go through a process of reconciling being depressed with certain aspects of their cultural identity as they strive to better understand themselves, their illness, and options to help alleviate their symptoms. Researchers and practitioners alike should pay more attention to this complex process as they attempt to understand the illness experiences and help-seeking behaviors of Black Americans.*

**Keywords:** *Depression; Black Americans; experiences; culture; help-seeking*

Depression is a major mental health issue that impacts the lives of many in the U. S. regardless of racial/ethnic background (Kessler, Berglund et al., 2005, Williams et al., 2007). While Black Americans have consistently been found to be less likely to meet the diagnostic criteria for major depressive disorder (MDD) than Whites (Kessler, Berglund et al., 2005; Kessler, Chiu, Demler, & Walters, 2005; Williams et al., 2007), the course of MDD among Blacks tends to be more severe and persistent (Williams et al., 2007). Black Americans have higher rates of unmet needs related to this disorder than do Whites (Redmond, Galea, & Delva, 2009; USDHHS, 1999, 2001). Most of the diagnosable cases of MDD among Black Americans go untreated and tend to have more impairing effects (Wang et al., 2005; Williams et al., 2007). In terms of professional help-seeking for depression and other mental health problems, research has shown that Black Americans utilize mental health services at a rate below that of Whites (Alegría, Chatterji et al., 2008; Keyes et al., 2008; Williams et al., 2007), even when they have insurance. Despite efforts through the Affordable Health Care Act to increase access to care and establish mental health parity, the overall gap in service use between Blacks and Whites is expected to persist (Alegría, Lin et al., 2012). This means that the group who experiences greater burden due to this illness receives the least professional help.

To better understand these disparities, it is important to take a closer look at the experiences of Black Americans with depression, including their experiences of the disorder itself as well as their help-seeking behaviors and service use patterns related to

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this illness. Part of this exploration must include an examination of the socio-cultural and historical context of those experiences. This study sought to do just that by interviewing Black Americans diagnosed with depression about their experiences, focusing specifically on how various aspects of culture and history influence those experiences.

## **Literature Review**

### *Culture and Health*

To begin to understand the socio-cultural and historical context of Black Americans' experiences with depression, it is important that the impact of culture on health is explored. Culture, as it is used and understood in this study, is "broadly defined as a common heritage or set of beliefs, norms, and values" (USDHHS, 1999, 2001, p. 9). Research has shown that "culture plays a [crucial] role in shaping beliefs, value and rule systems, problem-solving patterns, communication styles, and learned coping behaviors" (Matthews & Hughes, 2001, p. 77). Health behavior, or how people think about and define illness as well as how they think about and approach health and healing, is heavily shaped by culture (Angel & Thoits, 1987; Bagley, Angel, Dilworth-Anderson, Liu, & Schinke, 1995; Kleinman, 1980, 1992; Murray, 2001; Olafsdottir & Pescosolido, 2009). Moreover, what is considered normal behavior and what is considered symptomatic of an illness is determined based on any given number of factors and/or circumstances, meaning culturally-shaped conceptions of "health" and "illness" can vary according to time, place, and social context (Angel & Thoits, 1987; Capers, 1991; Kleinman, 1988; Murray, 2001; Scheff, 1966). Culture also influences how people experience illness and how their distress is communicated (Angel & Thoits, 1987; Bagley, et al., 1995; Good, 1997; Kleinman, 1988; Murray, 2001).

While scholars, researchers, and practitioners know that culture has a strong influence on health, it has become a "long abandoned topic" in scholarship (Small, Harding, & Lamont, 2010, p. 6). With the popularization and subsequent vilification by many of the "culture of poverty" doctrine introduced by Oscar Lewis in the 1960s, many scholars sought to distance themselves from a theory viewed as racist, ethnocentric, or at best, incomplete (Small et al., 2010, p. 6). However, rather than challenging the theory, many researchers abandoned culture as a crucial concept necessary for exploring differences between and within groups.

The use of the concept of culture in health research has its supporters and critics. As previously mentioned, because of the lingering legacy of the "culture of poverty" era, some interpret the use of "culture" in any type of commentary or analysis as a form of victim-blaming (Small et al., 2010; Valentine, 1968). Critics of an (over)emphasis on culture, particularly in health research, believe that scarce resources should be used to research and craft interventions that can be applied more universally (Fabrega, 1989). On the other hand, those who support using culture in research and practice believe that it is an important lens to better view and understand health behavior (Angel & Thoits, 1987; Bagley et al., 1995; Good, 1997; Kleinman, 1980, 1992; Murray, 2001; Olafsdottir & Pescosolido, 2009).

Arguably, most scholars believe that the problem with culture is not its inclusion in research but its misuse. A number of investigators have stated that the actual issue is the tendency of researchers to employ either outdated or narrow definitions of culture (Angel & Thoits, 1987; Lopez & Guarnaccia, 2000; Valentine, 1968). Too often particular beliefs, practices, and/or values are situated within a single ethnocultural group instead of viewed as expressions related to the beliefs and practices themselves, ones that the group just so happens to embody and employ (Lopez & Guarnaccia, 2000). Therefore, some behaviors and norms are erroneously ascribed to a group that may not truly reflect its inner-workings. It is this practice that made the “culture of poverty” theory problematic (Valentine, 1968). Finally, some researchers over-emphasize differences *between groups* and under-emphasize *within* group differences.

While the use of culture has had its problems in research, it still remains a key means to understanding how individuals from various racial/ethnic groups might think about depression and help-seeking, and thus, how they approach service use (Broman, 1987; Schnittker, Freese, & Powell, 2000). An approach to research that acknowledges the influence of culture can offer a wealth of information to researchers and practitioners looking to better understand the health experiences, behaviors, and choices of people of color.

#### *Culture and Black Americans*

Black Americans have seen themselves historically, culturally, and socially as a strong people, and they have been viewed by others through both research and relationship as being resilient (Thompson, Bazile, & Akbar, 2004; USDHHS, 2001). Surviving and overcoming historical injustices and experiences of discrimination have been the basis for feelings of cultural/racial pride, strength, and resolve. It is often this pride, along with the desire to handle problems themselves or with the help of loved ones that keeps a number of Black Americans from seeking professional help for mental health problems (Rostain, Ramsay, & Waite, 2015). Further, depression is often seen as a sign of weakness (Alang, 2016), antithetical to the strength and resilience often associated with being Black. So what does this mean for a person whose racial group is seen socio-culturally and historically as strong? How do the feelings of weakness often associated with suffering from a mental disorder interact with the perception of strength linked with being a Black American? How, then, does this socio-cultural context influence and shape Black Americans’ experiences with depression, help-seeking, and service use?

Only a small body of research has examined the direct link between cultural/racial identity and help-seeking among adults, particularly mental health service utilization. While the body of literature is small, it illuminates the importance of focusing on the socio-cultural context of experiences, including meanings and messages around what it means to be Black and/or what help should look like when one is experiencing problems. For instance, Redmond and colleagues (2009) found that individuals reporting stronger cultural identity are more likely to view their experiences in treatment with some providers as less helpful and less fulfilling.

### **Specific Study Aims**

The original study, from which the basis of this manuscript was drawn, was aimed at better understanding the experiences of Black Americans with depression, including help-seeking behaviors and patterns of service use. The author used qualitative interviews to explore those experiences and a number of themes emerged. This analysis seeks to highlight those themes that spoke to the socio-cultural and historical context of those experiences. This study does not seek to extend blame or hold Black Americans responsible for the behaviors that are noted and the patterns that are observed herein; it simply attempts to better understand how Black Americans think about depression and help-seeking in the hopes of informing interventions to increase service use participation for those who feel that they might benefit.

### **Methods**

A qualitative interviewing approach was used to explore the topic of depression, help-seeking, and service use with 17 Black American adults who had experienced depression. Following the protocol recommended by qualitative methodologist Charmaz (2006), in-depth interviews were selected because they allowed the researcher to: 1) focus on the details and nuances of the participants' experiences, 2) explore various statements and/or topics in more depth, and 3) ask specifically about feelings, thoughts, perceptions, and behaviors. Also, face-to-face interviews have been found to be preferable among African American research participants over telephone or mail surveys, allowing for trust between researcher and participant to be established, fostered, and respected (Burlew, 2003). Additionally, qualitative methods have been essential to health research in that it allows the researcher to capture the complexity of health experiences and behaviors (Stewart, Makwarimba, Barnfather, Letourneau, & Neufeld, 2008).

### **Recruitment and Interview Procedures**

This study was approved by the University of Michigan's Medical Institutional Review Board. Subsequent recruitment took place during the summer months of 2007 and 2008. Flyers containing information about the purpose of the study and the criteria for participation were posted at local colleges/universities, libraries, area churches, social service agencies, doctors' offices, and outpatient mental health organizations. Individuals meeting the following criteria were encouraged to contact the principal investigator: 1) aged 18 years or older, 2) identified as Black or African American, and 3) responded "yes" to at least one of the following: a) has felt sad, empty or depressed for 2 weeks or more during their life; b) has been told by a doctor, pastor, co-worker, family member or friend that they were depressed; or c) has seen a doctor, counselor or mental health professional for depression. While no incentive was offered during the 2007 recruitment period, an incentive of a \$10 gift card to a grocery or local discount store was offered during the 2008 recruitment period to encourage participation from a greater range of participants. The 2007 cohort included eight women, the majority of whom were pursuing graduate degrees. The 2008 cohort included five women and four men with various educational and occupational experiences.

A total of 17 Black American men and women were ultimately recruited and provided informed consent. The principal investigator then scheduled and conducted semi-structured interviews with the participants in locations they selected, including their homes and local coffee shops. The interviews followed a guide created to capture the various aspects of the participants' experiences with depression, including help-seeking and service use experiences. The length of the interviews ranged from 30 minutes to 2.5 hours and were audio-recorded with the participants' permission. The interviews were transcribed by the principal investigator, a trained undergraduate research assistant, and a paid transcriptionist. Many of the "ums," "likes," and "you knows" were removed when appropriate to improve the clarity of the respondents' thoughts. Pseudonyms are used in the presentation of findings to ensure confidentiality.

### **Analysis**

A thematic analysis was performed on the interview transcripts to identify relevant themes. This approach, as outlined by Braun and Clarke (2006), was selected because it allows the researcher to identify, refine, and report themes that emerge from the data, similar to the grounded theory approach developed by Glaser and Strauss (1967). However, the thematic analysis does not insist that the findings contribute heavily, or even remotely, to theory development as does grounded theory, which was not a goal of this study. The study aim was to explore the richness of the narratives shared and note overarching themes in the participants' experiences.

Several factors were considered when approaching the thematic analysis. As recommended by Braun and Clarke (2006), the author contemplated the following:

- 1) Will the analysis be a "rich description of the data set or a detailed account of one particular aspect?" (Braun & Clarke, 2006, p. 11)
- 2) Will an inductive or deductive approach be used?
- 3) Is the level of analysis explicit or interpretive?
- 4) Is the researcher using an essentialist or a constructionist epistemology?

Even though a number of topics were discussed during these semi-structured interviews, the thematic analysis focused particularly on excerpts that highlighted the socio-cultural and historical context of the participants' experiences. The author approached the data inductively, allowing the themes to come from the data itself, not fitting the data into pre-set categories. In other words, the themes were not selected beforehand. The analysis was more interpretive in that the author sought "to identify or examine the *underlying* ideas, assumptions, and conceptualizations – and ideologies - that are theorized as shaping or informing the semantic content of the data" (Braun & Clarke, 2006, p. 13). The author brought a constructivist orientation to this work, an epistemology that "does not seek to focus on motivation or individual psychologies, but instead seeks to theorize the socio-cultural context, and structural conditions, that enable the individual accounts that are provided" (Braun & Clarke, 2006, p. 14). In other words, the researcher paid attention to the factors that externally pushed and pulled participants and not those that were internally or self-driven.

After establishing the approach to examining the data, i.e., recorded experiences, the researcher progressed through the analysis in six phases as outlined by Braun and Clarke (2006): 1) familiarize yourself with your data, 2) generate initial codes, 3) search for themes, 4) review themes, 5) define and name themes, and 6) produce the report. First, the author became familiar with the data by reading and rereading the transcripts. No coding was completed at this point, but the investigator did jot down notes, including general thoughts about the data and what patterns and meanings seemed to be reflected. Braun and Clarke (2006) recommend this approach as it can help inform the formal coding process.

Next, the author generated some initial codes. The codes were quite simple at first, noting when keywords were used that reflected illness (e.g., “depression”), help-seeking behaviors (e.g. “talked to family member about depression,” “talked to friend about depression”), or service use (“saw a therapist,” “prescribed medication”). After the initial coding, the author began to search for themes. This process included recoding the data by (re)contextualizing the initial codes (i.e., providing some additional context). For example, as the author focused on excerpts coded as “beliefs,” they were seen as providing context to respondents’ illness, help-seeking, and service use experiences. These codes were reexamined and recoded to note various details about said belief (e.g., was this a belief held by the respondent; was it a belief thought to be held by Black Americans in general; what was the impact of the belief on the participants’ experiences; what behaviors, practices, and subsequent beliefs were borne out of that belief, etc.). These recodes then became initial themes.

Braun and Clarke’s (2006) fourth step calls for a review of the themes. Since this analysis aimed to highlight the socio-cultural and historical aspects of the participants’ experiences with depression and help-seeking specifically, the investigator focused on those themes that seemed to speak to that particular context of the participants’ experiences (e.g. “culturally-influenced belief that respondent believes shapes experience,” “reference to the influence of slavery and civil rights on Black Americans beliefs about help-seeking”). After focusing on those specific themes, the author moved to what Braun and Clarke (2006) refer to as “define and refine” the selected themes, “identifying the ‘essence’ of what each theme is about (as well as the themes overall), and determining what aspect of the data each theme captures” (p. 22). It was at this point that the investigator noticed that the themes seemed to speak or convey a message to the participants related to their depression and help-seeking experiences. The investigator then selected themes that reflected the voice that participants heard as they navigated their episodes of depression and attempts at help-seeking (e.g. “Black people don’t get depressed,” “Black people can deal with anything that comes their way”).

Finally, the investigator wrote up the study’s results. Noticing a clear pattern in how the themes broke down (i.e., the representation of the beliefs themselves and the impact of these beliefs on participants), the investigator decided to reflect this pattern in the presentation of the results, separating the findings into sections that reflected “the beliefs” and “their impact,” each with their own subthemes.

## Findings

### The Respondents

The 17 participants ranged in age from 21 to 57, with a mean age of 36 years ( $SD = 2.8$ ; see Table 1). The majority of participants were female ( $n=13$ ). Over half of the participants ( $n=9$ ) were diagnosed with major depression at one point in their lives by a mental health professional, three were diagnosed by a medical physician, and 5 diagnosed themselves as having problems with depression. Overall, the study participants had achieved a high level of post-secondary education: five completed at least a Master's level education (three of whom were pursuing doctorates), four participants were college graduates, and four reported completing some college (three of whom were currently enrolled). Three participants reported their highest level of education completed as high school or receiving a GED, and one participant, the eldest in the study, did not graduate high school, finishing the 11<sup>th</sup> grade.

Table 1. *Profile of Study Respondents (n=17)*

Respondent	Gender	Age	Education	Source of Diagnosis	Sought Professional Help
Carol	F	24	Some college*	Self	Yes; talk therapy via psychologist
Denise	F	26	College**	Clinician	Yes; talk therapy via psychotherapist
Derrick	M	40s***	College	Clinician	Yes; medication & talk therapy via various mental health professionals
Devon	F	32	College	Self	No
Donna	F	37	High School	Self	No, not for depression but did for other mental health problems
Doris	F	57	Some High School	Clinician	Yes; medication via unknown clinician
Drucilla	F	49	High School	Clinician	Yes; talk therapy via counselor
Elisa	F	28	Master's degree**	Clinician	Yes; medication & therapy through counselor; prescribing clinician unknown
Janelle	F	27	Master's degree	Self	No
Kamille	F	26	Master's degree**	Clinician	Yes; medication via psychiatrist & talk therapy via psychologist
Keith	M	54	College	Clinician	Yes; medication only through physician

Respondent	Gender	Age	Education	Source of Diagnosis	Sought Professional Help
Laura	F	21	Some college*	Clinician	Yes; medication & talk therapy; professionals unknown
Margie	F	49	Doctorate	Clinician	Yes; medication, talk therapy, & hospitalization; professionals unknown
Miller	M	43	GED	Clinician	Yes, medication only through psychiatrist
Richard	M	39	Some college	Clinician	Yes; medication & talk therapy; professionals unknown
Shalesa	F	35	Master's degree**	Clinician	Yes; medication via psychiatrist & talk therapy via social worker
Sidney	F	28	Some college*	Self	Not for depression; physician prescribed medication for sleep problems brought on by "stress"

\*Enrolled in college; \*\*Enrolled in doctorate program; \*\*\*Not included in the mean

### Socio-Culturally and Historically-Shaped Beliefs

Participants spent a fair amount of time speaking about how beliefs shaped by Black Americans' socio-cultural and historical experiences in the United States influenced their experiences with depression and help-seeking. Before speaking about how these beliefs influenced participants, it is important to first name those beliefs as the participants understood them.

#### *Black People Don't Get Depressed*

Many respondents talked about what Kamille, a 26-year-old woman, described as the "perception that Black folks don't get depressed." Sidney, a 28-year-old woman, shared this sentiment stating that "some Black people believe that Black people can just dust their shoulders off and not get depressed and can deal with everything." Janelle, another woman in her late 20s, expanded on this idea, saying

*I think [Black] people would joke around, "oh, Black people don't get depressed; they..." There was a saying. I can't remember, but it was pretty much saying Black people don't get depressed; they get over it or something to that effect, like it was non-existent in the Black community."*

Other participants noted how this idea that depression was not something Blacks experienced was reflected in their families and communities, specifically. Twenty-eight-year-old Elisa stated that depression was a foreign topic within her family; rather, "white people talk about stuff like that." In her experience, depression was not seen as a "Black

person's disease." Kamille shared this experience, stating that for her, therapy was something "for white people." For Laura, the youngest respondent at 21 years old, it was not even that depression was something experienced by others; it just did not exist. "At home, [she] kind of felt like there wasn't any such thing as depression. It wasn't real."

Janelle and Kamille felt that Black Americans' belief in the lack of depression among Black Americans was gender-specific and discussed depression in the context of being a Black woman. When talking about the messages she received about depression, Janelle said that for her, "the biggest thing was Black women are strong; they can handle anything." Kamille talked about this perception in greater detail:

*I think that there is a perception that Black women don't get depression and that no matter what life throws at us, we just find a way to deal with it and overcome and pray and move on and then it's over, which is a really oversimplified version of what happens. So, I think that there's this perception that white women, they can cry and fall apart and they're depressed and they take their medications and whatever, but Black women aren't like that. (laughs) You know? We've been dealing with all kinds of adversities for generations. This a historical legacy that we just deal with it and move on, so I think that makes it hard to acknowledge the fact that you're depressed when you are.*

Some participants viewed Black Americans' perception of depression as more complex. They believed that Black Americans did in fact have an understanding of depression but not one that necessarily reflected a clinical understanding of the illness. Elisa stated that distress in Black communities is "not seen as depression" and that "feel[ing] bad all the time" is "just how life is." She went on to say that there is an assumption that "people get depressed but you just suck it up. You deal with it." Sidney, Keith and Kamille made statements about the ability to deal with the difficulties of life by "dust[ing] your shoulders off" (Sidney), "walk[ing] it off" (Keith) or simply "just deal[ing] with it" (Kamille).

A number of respondents discussed a link between a shared historical past and the apparent rejection of the clinical conceptualization of depression. Participants shared the belief that life was supposed to be hard but nevertheless "dealt with" as a pervasive thought among Black Americans. They felt that it was the traversing of events in this "past" that, for many Black Americans, deemed one's seeming inability to cope as counter to the very definition of being Black. Respondents shared the belief that difficulties, including culturally-understood experiences of depression, could be successfully endured or surmounted. Elisa stated that based on "the context that Black Americans have had in this country, [Black Americans believed] you just had to struggle and suck it up. Depressed or not, [as a Black person] you had to suck it up and cope the best way you could." Elisa shared more about this "context," stating,

*Well, I could always pull out slavery for one, but just... you know, discrimination, racism, poverty, economic strife, educational inequality, violence. I mean, these are all real reasons to be sad regardless if you're not predisposed to be depressed or not. So we've had to learn to cope with sadness whereas I think with my white and Asian friends, they didn't have to cope with that in the same way.*

*Black People Are Strong and Can Deal with Anything*

Perhaps the most prominent idea to emerge from these interviews was that participants thought that most Black Americans believed that Black Americans were a “strong people” who could deal with anything that came their way. Most of the respondents made some reference to the idea of “strength” being a definitive characteristic of being Black, with most connecting the idea of strength with the ability to deal with many hardships. It was a belief that Shalesa, a 35-year-old female, stated she had heard “so many times.” Margie, a woman in her late 40s, described it more as a kind of “folk wisdom,” “the kinda thing that, you know, when people are sittin’ around the table bull shittin’, that we all say, probably even me, you know.”

Respondents felt that an air of pride often accompanied the belief that Blacks can deal with anything. Margie says that she had heard this belief and that “the Black American community say that with a lot of regard.” A 24-year-old named Carol stated that as Black Americans, “we pride ourselves in being strong, emotionally strong and able to bear a lot.” Some respondents stated how the idea of strength was firmly rooted in the historical and social experience of Black Americans in the United States. Denise, a woman in her mid-20s, stated that “[Blacks] feel like Black people are stronger than everybody else because Black people have been through so much.” Keith, a 55-year-old male, stated it differently. When supporting his belief that Black Americans at large would agree with the idea that Blacks can deal with anything, he said, “I agree that they do. They deal with it. You know some of the comedians say, you know, they walk it off. And we’ve had to do it, you know? Collectively, we’ve had to do it.”

Kamille had more to say about the historical legacy when asked to explain why she believed Black Americans experienced depression differently than other groups.

*I think like we have such a historical cultural legacy of overcoming and dealing with things and being able to get through that I think that contributes to the perception that Black folks don’t get depressed or even if you do, you just pray about it and God will take it away, and you just deal with it. Whereas I think that, for example, white people don’t have that same type of legacy. I don’t know, we always hear about celebrities going to like the hospital for like exhaustion and stuff. There’s this perception that you’re Black, you have to go out and work, you know? You don’t have time to be going to the hospital talkin’ ‘bout you exhausted (laughs). You know, you just deal, and I think that’s a huge difference.*

Even those that did not explicitly link Black Americans' historical past to the theme of strength talked about the difficulties of the Black historical experience. When discussing how Blacks are different from other groups experiencing depression, Doris, the eldest respondent at 57 years old, believed that while depression does not discriminate, this country does: “Blacks are coming up from slavery, and we still have a lot of prejudiced people even today.” She also believed that “Blacks have been exposed to a lot more hardships.” Derrick, a male in his late 40s to early 50s, also cited Blacks’ historical experience when explaining why he believed Blacks’ experience of depression was different than other groups:

*Well because we had to fight, our backgrounds, our ancestors and where we came from and what we all had to go through. When you think about what Rosa Parks did that day on the bus, why does she have to sit in the back of the bus because of the color of her skin? That's depressing. And just thinking about what she stood for at that moment and we as a people had to fight for to be where we are today, to me that weighs more on a scale versus let's say a Caucasian race or Indians, the native Indians. You know what I'm saying? We had to fight more even though your particular situation or your particular family structure may be upper and you're doing well and you might not have to fight for nothing and your dad might be governor, you know? It's still there. Martin Luther King is still there. It's real, you know?*

### **The Impact**

After speaking about the socio-culturally and historically-shaped beliefs that they felt Black Americans held about concepts like depression and strength, the participants spent time discussing the impact these beliefs had on their personal experiences of depression and help-seeking. They spoke about how these types of beliefs initially shaped their thoughts about and experiences with depression, followed by a discussion around how they eventually began to challenge, for themselves, certain aspects of those culturally-held views.

#### *Initial (Mis)Understandings of Depression and Help-Seeking*

Some respondents expressed how these beliefs made it difficult for them to identify depression or recognize their symptoms as problematic. Kamille said that she “didn’t even recognize [her] symptoms as depression...simply because [she] thought that...Black people just don’t get depressed.” Kamille went on to say,

*I think I would be more willing to recognize a weepy white woman as being depressed versus a Black woman who did the same thing. I think there's almost a stereotype that that's how white people are, that they haven't had any hardships, so of course, they're gonna fall apart at the slightest provocation. I think I just thought that Black people just weren't...we just weren't built that way, so-to-speak.”*

Elisa stated how she “didn’t think [depression] was an illness or anything until [she] got to be 19 and got out of [her] house and was around a bunch of white people” (laughs). She said that it was not until that time that she was “like ahh, wait! This isn’t normal.”

Other respondents cited the concept of strength in relation to Black Americans’ historical past in the United States that made it difficult for them to admit to being depressed. Richard, a male aged 39, stated that the idea that “we are strong and when you are strong you can get over anything” made him reluctant to share his struggles with others for fear of appearing weak. He also stated that the historically and culturally-infused concept of strength kept him from seeking help:

*Because we have been through so much physically, it'll make you think that you don't need help. You are going to get over it one day; you just need the strength, you know?*

Laura shared this sentiment stating:

*I think because Black Americans have gone through so much as a race and have been through so many hard things that being depressed for what seems like no reason isn't something you can really admit to.*

Janelle agreed:

*Blacks will have [depression] but not acknowledge it or they'll deny it, especially Black women cause it's always "oh, you're the matriarch, you have to be the strong one" and you know, it's kinda like you're not allowed to be depressed, almost.*

#### *Eventual Rejection of the "Ability to Deal with Anything"*

While there is understandably a great deal of pride surrounding the strength of a people who could endure being enslaved and the vestiges of the system of slavery including racism and discrimination, many respondents stated that as they begin to learn and understand more about depression, they began to take issue with some of the culturally-influenced beliefs. Of particular focus was the belief around the apparent ability to deal with just about anything. As Kamille shared:

*I think there is a perception that we can deal with anything without any trouble, and that if we keep working at it then things will get better. But I honestly think that there is some things that happen...or maybe it's not even one single thing, it's a series of things...any one person should not be expected to just be able to deal with it on their own.*

Elisa stated that even though she felt it was "reasonable" for many Black Americans to think that feeling bad was a part of life when "considering the context in which we've had in this country," she believes that it is "totally unreasonable to assume that [if] you feel bad, you're sad...that you just deal with it." Keith, who was quoted earlier discussing the ability of Blacks to "walk it off," quickly followed this statement saying that he did not mean to say that this was "always positive." Like Elisa and Keith, other respondents doubted the ability of anyone, including Blacks, to simply "deal with" struggles like depression. Margie stated:

*It is frequently interpreted...that I don't need help, I can deal with anything that comes my way, and I not only strongly disagree with that for Black people, I strongly disagree with that for human beings in general.*

Shalesa said it more plainly: "I don't think anyone can deal with anything that comes their way." She went on to say that "that whole image of the strong Black woman or the strong Black man can do more damage than good. It's not like Black people are invincible. No one is."

Respondents also discussed the impact of simply accepting beliefs like “life sucks” and the ability to “suck it up and just deal with it” without reflecting on their impact on people and persons. Elisa observed that Black people come to accept that people feel bad and that life sucks without “realizing how it’s affected how they look at life.” Kamille also considered the acceptance of these beliefs and the toll it takes on Black Americans’ mental health, many times unbeknownst to them:

*I think it’s really important that as Black people, we really stop and assess the emotional toll that things have on our lives. I think a lot of times we just sort of just suck it up and just deal with it without recognizing the emotional, the spiritual, the psychological toll that things can have on us. I mean, I think there’s just been very bad situations that I’ve been in that I just thought that, I just have the strength to just deal with it and make it through without really assessing the emotional toll it was having on me.*

### Discussion

This study sought to highlight the socio-cultural and historical context of Black Americans’ experiences with depression and help-seeking. The results helped illuminate the complexity of these experiences, especially when considering meanings and messages around what it means to be “Black” and what it means to be “depressed.” The findings encourage us to think more critically and act with more intentionality when working with Black Americans around depression and help-seeking as well as other mental, behavioral, and public health issues. The findings were divided into two sections, “the beliefs” and “the impact,” each with specific sub-themes. In the first section, cultural beliefs that respondents believed Black Americans held related to Black Americans’ mental health experiences and racial identity were identified. Through the themes labeled as “Black people don’t get depressed” and “Black people are strong and can deal with anything,” respondents identified and discussed culturally-informed beliefs that seemed to equate the racial identity of “Black” with the concept of “strength.” Respondents were particularly critical of the idea that Black people do not get depressed. While all of the respondents did not hold this belief at the time of the interview, they did discuss how they noticed what could be described as an ambiguity among Black Americans around what constitutes depression. Some indicated that many Black Americans simply did not “buy into” the idea of depression or thought it did not exist in Black communities. Still others felt that Black Americans understood the concept of depression but not in a way indicative of illness requiring medical intervention. These participants stated that depression, as Black Americans defined it, was simply a part of life that must be endured or pushed through, a finding that has been reflected in other research (Anderson et al., 2006; Beauboeuf-Lafontant, 2007; Hines-Martin, Malone, Kim, & Brown-Piper, 2003; Thompson, et al., 2004).

Infused in these beliefs were ideas related to strength and the ability to handle adversity due to Blacks’ historical and socio-cultural past. Consistent with previous research, this study finds that strength and the ability to deal with adversity of many kinds is tied to the historical and social experiences of Blacks in the U.S. (Beauboeuf-Lafontant, 2007; USDHHS, 2001). Many respondents felt that the message they derived from these concepts

was clear: if Black Americans could endure slavery as well as racism and discrimination as experienced during the Jim Crow era, they could and should be able to deal with anything. According to a few respondents, many Black Americans believed that it was because people from other races lacked this past that they were not “as strong” and were unable to deal with things. Thus, these non-Black Americans became depressed and needed help to cope. In conclusion, the message conveyed was that needing help to cope (with depression) was seen as something foreign to the Black experience.

The second section of findings, entitled “the impact,” had sub-themes capturing how the aforementioned socio-culturally and historically-shaped beliefs impacted participants’ depression experiences: “initial (mis)understandings of depression and help-seeking” and “eventual rejection of the ‘ability to deal with anything.’” These findings highlight the impact that the absence of conversations about mental health in Black communities can have on depression sufferers. Respondents felt that it was the relationship between Black identities and being strong that made depression seem non-existent in Black communities. This view of Black strengths also contributed to the racialized views of depression and help-seeking. Many respondents described the difficulty in trying to acknowledge and deal with their depression in communities that, for socio-cultural and historical reasons, viewed depression as undermining the image of Black strength and the act of seeking professional help was exclusive to “white people.” For many of these participants, it was not until they left their familial homes or were exposed to people of other races that they begin to see depression as a “real” problem.

The idea that life was expected to be difficult and Black Americans were built to handle difficulties was also expressed by respondents. This understanding of life and living is supported by previous research showing that many Black Americans believe that hard times and adversity are a part of life and that they are expected to show strength in order to get through them (Anderson et al., 2006; Beauboeuf-Lafontant, 2007; Hines-Martin, et al., 2003; Thompson, et al., 2004). Some respondents echoed these sentiments stating that “feel[ing] bad all the time” was “not seen as depression” and instead, was “just how life is.” Respondents perceived that Black Americans were to follow the lead of their ancestors and “dust your shoulders off,” “walk it off,” or simply “just deal with it.”

Respondents believed that it was beliefs like these that delayed their attempts to seek help for their depression and currently keeps many Black Americans who need help from seeking it. They felt that the belief in their ancestors’ ability to overcome adversity is understood too simply. While they believed that it was no doubt admirable and a source of great pride that Black Americans survived many historical and social atrocities, some respondents felt that the failure to recognize the “emotional, the spiritual, the psychological toll that things can have on us” makes the cry to “dust your shoulders off” an uninformed and potentially dangerous practice. For them, they felt that they had to go through a process of rejecting such beliefs in order to pursue the help that eventually and, for some, successfully addressed their depression.

### **Implications for Research and Practice**

While this study was not without its limitations, including the reliance on self-diagnosis in some participants and drawing heavily from one particular demographic of the Black American population, it showed how beliefs around being “Black” and “depressed” impacted how respondents thought about themselves and help-seeking for their depression. The study uncovered the perception that Black Americans suffering from depression might have to go through a process of rejecting or, perhaps better articulated as, reconciling being depressed with certain aspects of their cultural/racial identity in order to seek help for depression. Future research is needed to investigate this idea more explicitly, intentionally focusing on the role of identity in Black Americans’ illness experiences and the process of identity rejection and/or reconciliation. While culturally adapted interventions do exist that appreciate and target illness education, healthy coping, and stigma bred by culturally-shaped beliefs (Ward & Brown, 2015), studies need to focus more explicitly on how identities around race, ethnicity, and gender interact with those around illness, as well as the process of identity rejection and/or reconciliation and their role in facilitating treatment engagement.

This study included the views of participants who had not sought a formal diagnosis of depression. The idea was to capture the thoughts from Black Americans who do not, for a variety of reasons, seek professional help for depression. While this study offers a glimpse into the perspectives of non-professionally-diagnosed individuals who are often missing from the research, the findings might have been strengthened by capturing how those participants identified themselves as depressed. In other words, a discussion around how these individuals determined they had experienced depression would help us better understand the similarities and differences in professionals’ and lay individuals’ understanding of depression.

Future research could also explore the experiences of a more diverse group of Black Americans. Most of the participants in this study had completed a high level of education, and while the findings were fairly consistent across education levels, further study would continue to seek and note within group differences.

Social work practitioners can benefit from a more nuanced understanding of the socio-cultural and historical context of the clients they serve. Understanding that Black Americans may go through a process in which they must contemplate how depression impacts their racial, and possibly core, identity can help social workers be more culturally-responsive to these clients. Clients who struggle to come to terms with certain aspects of diagnosis and treatment would then be seen as engaging in a more complex process of “accepting” their illness rather than being labeled as resistant, non-adherent, or non-compliant. Practitioners could then aid clients in this process, or at least provide the opportunity to attend to this process, as part of their therapeutic work and/or interventions. Engaging in this process not only expands upon social work’s tenets of seeing the person in environment (i.e., context) but also operate from a strengths-based perspective in that they see the processing around identity in a less problematic light.

### Conclusion

It is important that research continues to take a more culturally-focused approach to better understanding Black Americans' ideas about depression, help-seeking, and treatment with the goal of informing the design and implementation of interventions aimed at improving the rates of mental health service use rates and the experiences of those who feel they may benefit from services. This focus on being culturally-attentive and responsive in research and practice will also help destigmatize depression and treatment as well as redefine the concept of "strength," thereby shifting the understanding of depression, treatment and what it means to be a Black American and experience a mental health problem.

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